

Attachment 1

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0xxx. Public reporting burden for this collection of information is estimated to average 8 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

SAMHSA MAI Rapid HIV/HEPATITIS Testing Clinical Information Form

SECTION A: SITE CHARACTERISTICS		1. Date of visit (mm/dd/yyyy): _____			
2. Grantee #: _____		3. Partner ID (if applicable): _____			
4. CLIENT ID: _____		5. Site type code # (see site code on back page) _____			
SECTION B: DEMOGRAPHICS					
1. Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	3. Race (check all that apply) <input type="checkbox"/> Alaska Native/ American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> White	4. Age (check) <input type="checkbox"/> <18 yrs <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-34 yrs <input type="checkbox"/> 35-44 yrs <input type="checkbox"/> 45-54 yrs <input type="checkbox"/> 55-64 yrs <input type="checkbox"/> 65+ yrs	5. Previous HIV Test <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: (check one) <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown		
2. Ethnicity (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		6. Previous Viral Hepatitis Test <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: (check one) <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown			
SECTION C: RISK BEHAVIORS					
1. During the past 30 days have you - from the date of this form (check all that apply)					
<input type="checkbox"/> had unprotected sex with a male <input type="checkbox"/> had unprotected sex with a female <input type="checkbox"/> had unprotected sex with a transgender individual <input type="checkbox"/> had unprotected sex with significant other in a monogamous relationship <input type="checkbox"/> had unprotected sex with multiple partners <input type="checkbox"/> had unprotected sex with an HIV positive person <input type="checkbox"/> had unprotected sex with an Hepatitis positive person		<input type="checkbox"/> had unprotected sex with a person who injects drugs <input type="checkbox"/> had unprotected sex with a man who has sex with men <input type="checkbox"/> exchanged sex for drugs/money/shelter <input type="checkbox"/> been diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes) <input type="checkbox"/> refusal <input type="checkbox"/> the client reports no known sexual risk factors			
2. During the past 30 days have you used: from the date of this form (check all that apply)					
<input type="checkbox"/> 4 or more alcoholic drinks in 1 sitting (for men) <input type="checkbox"/> 3 or more alcoholic drinks in 1 sitting (for women) <input type="checkbox"/> cocaine (crack)		<input type="checkbox"/> marijuana <input type="checkbox"/> ecstasy <input type="checkbox"/> heroin <input type="checkbox"/> methamphetamine <input type="checkbox"/> non-medical use of prescription drugs <input type="checkbox"/> shared injection equipment (i.e. needle and drug paraphernalia) <input type="checkbox"/> refusal <input type="checkbox"/> the client reports no known substance use risk factors <input type="checkbox"/> other (specify) _____			
3. Have you (check all that apply)					
<input type="checkbox"/> been diagnosed with alcohol or drug dependence, in the past 12 months <input type="checkbox"/> been in alcohol or drug treatment in the past 12 months <input type="checkbox"/> ever been in alcohol or drug treatment		<input type="checkbox"/> been diagnosed with psychological distress, in the past 12 months (e.g., major depression, anxiety disorder) <input type="checkbox"/> ever received treatment for psychological distress during the past 12 months? (e.g., major depression, anxiety disorder) <input type="checkbox"/> none of the above			
SECTION D: Rapid HIV TESTING RESULTS		SECTION E: Rapid HEPATITIS B & C TESTING RESULTS			
1. Rapid HIV test result (check one)		1. Rapid Hepatitis test results (check all)			
<input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal </td> </tr> </table>		<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal	<input type="checkbox"/> Hepatitis C <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal
<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal	<input type="checkbox"/> Hepatitis C <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal				
2. Did client receive result of rapid HIV test? (check one)		2. Did client receive results of rapid HEP test? (check one)			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Retest HIV Result: (check one)		3. Retest HEP Result: (check one)			

<input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid/indeterminate <input type="checkbox"/> N/A	<input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid/indeterminate <input type="checkbox"/> N/A
4. Did client receive retest result of test? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Did client receive retest results of test? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION F: CONFIRMATORY TESTING of HIV (if rapid HIV test result is positive/reactive) 1. Confirmatory HIV test result (check one) <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid/indeterminate <input type="checkbox"/> Results pending 2. Type of confirmatory test (check one) <input type="checkbox"/> Blood (plasma, serum, or blood spot) <input type="checkbox"/> Oral <input type="checkbox"/> Urine	SECTION G: CONFIRMATORY TESTING of HEP B & C Test (if rapid Hepatitis test result is positive/reactive) 1. Confirmatory HEP test result (check one) <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid/indeterminate <input type="checkbox"/> Results pending 2. Type of confirmatory test (check one) <input type="checkbox"/> Blood (plasma, serum, or blood spot)

SECTION H: TYPE OF HIV SERVICES PROVIDED (Check all that apply) <input type="checkbox"/> HIV Pre/Post- Prevention Counseling <input type="checkbox"/> HIV Pre/Post-Test Counseling <input type="checkbox"/> HIV Testing <input type="checkbox"/> Referred to HIV Care and Treatment Services <input type="checkbox"/> Linked to HIV care treatment after positive confirmation (Client attended a routine HIV medical care visit in last 3 months) <input type="checkbox"/> Linked to HIV prevention/ancillary services if negative test result	SECTION I: TYPE OF Hepatitis SERVICES PROVIDED (Check all that apply) <input type="checkbox"/> Hepatitis Pre/Post- Prevention Counseling <input type="checkbox"/> Hepatitis Pre/Post-Test Counseling <input type="checkbox"/> Viral Hepatitis Testing <input type="checkbox"/> Hepatitis Vaccination <input type="checkbox"/> Yes <input type="checkbox"/> A Date 1: _____ <input type="checkbox"/> B Date 2: _____ <input type="checkbox"/> Twinrix Date 3: _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Referred to Hepatitis Care after positive confirmation <input type="checkbox"/> Linked to Hepatitis care treatment after positive confirmation (Client attended a routine Hepatitis medical care visit in last 3 months) <input type="checkbox"/> Linked to Hepatitis prevention/ancillary services if negative test result
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Codes for Site Types

S01	Inpatient Facility	S16	Community Setting-AIDS Service Organization-non-clinical
S02	Inpatient Hospital	S17	Community Setting-Community Center
S03	Inpatient-Drug/Alcohol Treatment	S18	Community Setting-Shelter/Transitional
S04	Inpatient Facility-Other	S19	Community Setting-School/Education Facility
S05	Outpatient-Drug/Alcohol Treatment	S20	Community Setting-Residential
S06	Clinic Outpatient-HIV Specialty Clinic	S21	Community Setting-Public
S07	Outpatient-Community Mental Health	S22	Community Setting-Workplace
S08	Outpatient-Community Health	S23	Community Setting-
S09	Clinic Outpatient-TB Clinic	S24	Commercial Community
S10	Outpatient-School/University Clinic	S25	Community Setting-Bar/Club/Adult Entertainment
S11	Outpatient-Prenatal/OBGYN	S26	Community Setting-
S12	Clinic Outpatient-Family Planning	S27	Church/Mosque/Synagogue/Temple Correctional
S13	Outpatient-Private Medical Practice	S28	Blood Bank, Plasma Center
S14	Outpatient-Health Department/Public Health		
S15	Clinic Outpatient-Health Department/Public Health		