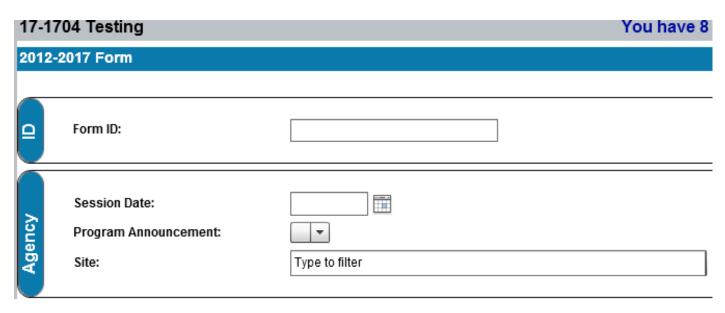
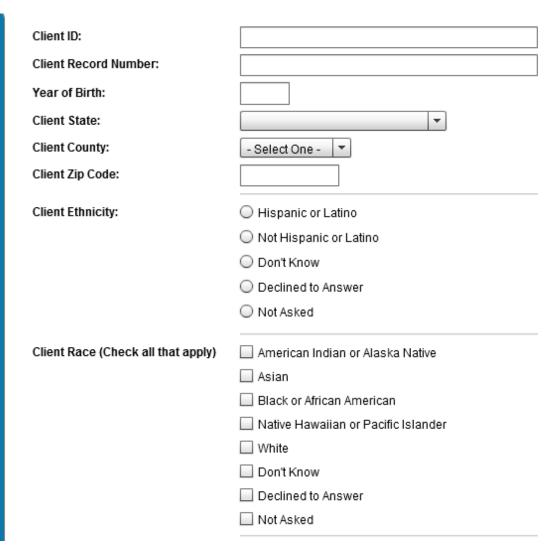
Agency information:



Client information: Client ID is not reported to CDC.



Client information continued:

	Client Assigned Sex at Birth:	O Male		
		Female		
		O Not Asked		
		O Declined to Answer		
	Current Gender Identity:	○ Male		
		○ Female		
		Transgender - MTF		
		Transgender - FTM		
		Transgender - Unspecified		
		O Not Asked		
		Additional (specify)		
		O Declined to Answer		
	Other Current Gender:			
HIV	testing history			
	Previous HIV Test?	○ No		
		Yes		
		O Don't Know		
		O Declined to Answer		
		O Not Asked		
	Client Self Reported HIV Test	O Positive		
	Result:	○ Negative		
		Preliminary Positive		
		○ Indeterminate		
		○ Don't Know		
벋		O Declined to Answer		
Client		O Not asked		

HIV test information:

	HIV Test 1				
	Sample Date:				
	Worker ID:	Type to filter			
	Test Election:	Tested anonymously			
		Tested confidentially			
		○ Test not offered			
		O Declined Testing			
	Test Technology:	○ Conventional			
		○ Rapid			
		NAAT/RNA Testing			
		Other			
	Test Result:	O Positive/Reactive			
		○ Negative			
		○ Indeterminate			
		○ Invalid			
		No Result			
	Result Provided:	No No			
		○ Yes			
		Yes, client obtained the result from another agency			
ation	If results not provided, why?	Declined notification			
Ĕ		Old not return/Could not locate			
Ě		Other			
HIV LEST INTOFMATION	Show HIV Test 2:	○ No			
€		O Yes			

Behavioral risk profile:

Choose one if:	Client completed a behavioral risk	profile				
	Client was not asked about behavioral risk factors					
	Client was asked, but no behavioral risks were identified					
	Client declined to discuss behavioral risk factors					
In past 12 months, client has identified the following:						
Vaginal or Anal Sex with a Male:		○ No	Yes	O Don't Know	O No Response	
Vaginal or Anal Sex without	a Condom with a Male:	○ No	• Yes	O Don't Know	O No Response	
Vaginal or Anal Sex with a N	fale IDU:	○ No	• Yes	O Don't Know	O No Response	
Vaginal or Anal Sex with HIV	/-Positive Male:	○ No	Yes	O Don't Know	O No Response	
Vaginal or Anal Sex with a Female	e:	○ No	Yes	O Don't Know	O No Response	
Vaginal or Anal Sex without	a Condom with a Female:	○ No	Yes	O Don't Know	O No Response	
Vaginal or Anal Sex with a F	emale IDU:	○ No	Yes	O Don't Know	O No Response	
Vaginal or Anal Sex with HIV	/-Positive Female:	○ No	Yes	O Don't Know	O No Response	
Vaginal or Anal Sex with a Transo	gender Person:	○ No	• Yes	O Don't Know	O No Response	
Vaginal or Anal Sex without	a Condom with a Transgender Person:	○ No	Yes	O Don't Know	O No Response	
Vaginal or Anal Sex with a T	ransgender IDU:	○ No	• Yes	O Don't Know	O No Response	
Vaginal or Anal Sex with HIV	/-Positive Transgender Person:	○ No	Yes	O Don't Know	O No Response	
Injection Drug Use:		○ No	Yes	O Don't Know	O No Response	
Share Drug Injection Equipm	nent:	○ No	Yes	O Don't Know	O No Response	
Vaginal or Anal Sex with MSM:		○ No	Yes	O Don't Know	O No Response	
Onal risks: Additional Client Risk Factors	s:	_	-		needed	
	05 - With person of unkr	nown HI	V Status			
	06 - With person who ex	change	s sex for	drugs/money		
□ 08 - With anonymous pa			artner			
12 - Diagnosed with a sexually transmitted disease (STD)				⁻ D)		
☐ 13 - Sex with multiple pa						
 ☐ 14 - Oral Sex (optional) ☐ 15 - Unprotected vaginal/anal sex with a person who is an IDU ☐ 16 - Unprotected vaginal/anal sex with a person who is HIV positive 						
			al/anal sex with a person who is an IDU			
			HIV positive			
17 - Unprotected vaginal/anal sex in exchange for drugs/money/or something they needed			s/money/or something they needed			
18 - Unprotected vaginal/anal sex with person who exchanges sex for drugs/money				nanges sex for drugs/money		
	☐ 19 - Unprotected sex with multiple partners					

Negative test result:

	Is the client at high-risk for HIV infection? • Yes • No • Not Assessed					
	Navigation and Prevention a	lavigation and Prevention and Essential Support Services				
	Services for HIV Negative Clients Only		Referred	Provided		
	High Impact Prevention (HIP) b	ehavioral Intervention				
	Non-occupational post-exposu	Non-occupational post-exposure prophylaxis (nPEP)				
	Pre-exposure prophylaxis (PrEP)					
	Screening for STDs (syphilis, gonorrhea, and chlamydia)					
	Screening for viral hepatitis					
	Screening for TB/TB infection					
	Treatment for STDs (syphilis, gonorrhea, and chlamydia)					
	Treatment or vaccination for vira	al hepatitis				
	Treatment for TB/TB Infection					
Posi	tive test result:					
03	tive test result.					
	Was client referred to HIV medical ○ No					
	care?	⊙ Yes				
		O Don't Know				
	If yes, did client attend the first	OPending				
	appointment?	Confirmed- Accessed Service	e			
		O Confirmed- Did Not Access S				
		O Lost to Follow-up				
		O No Follow-up				
		O Don't Know				
	Date client attended first HIV medical care appointment:					
	Was the client referred No					
	to/contacted by Partner Services?	Yes				
		O Don't Know				
	If yes, was client interviewed for No					
	Partner Services?	Yes				
		O Don't Know				
	If yes, was client interview within	○ No				
	30 days of receiving their result?	Yes				
		O Don't Know				

Pos	Positive test result continued:						
	Was client referred to HIV	○ No					
	Prevention services?	Yes					
		O Don't Know					
	If yes, did client receive HIV	○ No					
	Prevention Services?	Yes					
		O Don't Know					
	What was the client's housing	Literally Homeless					
	status in the past 12 months?	Unstably housed and at-risk of losing housing					
		 Stably housed 	○ Stably housed				
8		O Not Asked					
Referrals		O Declined to answer					
8	○ Don't know						
	<u> </u>						
Surveillance	Prior to the client testing positive during this testing event, was she/he previously reported to the jurisdiction's surveillance department as being HIV-positive?	•					
	At the time of this positive test, is the client already in HIV medical Yes No Declined to Answer Not Asked care?						
	Navigation and Prevention a	nd Essential Support	Services				
	Services for HIV Positive Clients	Only	Referred	Provided			
	High Impact Prevention (HIP) be	havioral intervention					
	Medication adherence support s	ervices					
	Screening for STDs (syphilis, go	norrhea, and chlamydia)					
	Screening for viral hepatitis						
	Screening for TB/TB Infection						
	Treatment for STDs (syphilis, go	norrhea, and chlamydia)					
	Treatment or vaccination for viral	hepatitis					
	Treatment for TR/TR Infection						

Additional Support Services for all clients:

u	Additional Support Services For All Clients	eferred
ion	Basic education continuation and completion services	
PS15-1502/PS17-1704 Additional Questions	Employment services	
ğ	Housing Services	
ons	Insurance navigation and enrollment services	
dditi	Sex Education, including HIV education	
4 A(Mental Health Counseling and Services	
170	Substance abuse treatment and services	
317 -	Transportation services	
Sd/2	Primary medical care	
1502	Violence prevention services	
-91	Educational services for hormone replacement therapy (HRT) and sex reassignment procedures	
PS	Other	