


Agency information:

17-1704 Testing		You have 8
2012-2017 Form		
ID	Form ID:	<input type="text"/>
	Session Date:	<input type="text"/> 
Agency	Program Announcement:	<input type="text"/>
	Site:	<input type="text" value="Type to filter"/>

Client information: **Client ID is not reported to CDC.**

Client ID:	<input type="text"/>
Client Record Number:	<input type="text"/>
Year of Birth:	<input type="text"/>
Client State:	<input type="text"/>
Client County:	<input type="text" value="- Select One -"/>
Client Zip Code:	<input type="text"/>
Client Ethnicity:	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't Know <input type="radio"/> Declined to Answer <input type="radio"/> Not Asked
Client Race (Check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Not Asked


Client information continued:

Client	Client Assigned Sex at Birth:	<input type="radio"/> Male
		<input type="radio"/> Female
		<input type="radio"/> Not Asked
		<input type="radio"/> Declined to Answer
<hr/>		
	Current Gender Identity:	<input type="radio"/> Male
		<input type="radio"/> Female
		<input type="radio"/> Transgender - MTF
		<input type="radio"/> Transgender - FTM
		<input type="radio"/> Transgender - Unspecified
		<input type="radio"/> Not Asked
		<input checked="" type="radio"/> Additional (specify)
		<input type="radio"/> Declined to Answer
	Other Current Gender:	<input type="text"/>
<hr/>		

HIV testing history

Client	Previous HIV Test?	<input type="radio"/> No
		<input checked="" type="radio"/> Yes
		<input type="radio"/> Don't Know
		<input type="radio"/> Declined to Answer
		<input type="radio"/> Not Asked
<hr/>		
	Client Self Reported HIV Test Result:	<input type="radio"/> Positive
		<input type="radio"/> Negative
		<input type="radio"/> Preliminary Positive
		<input type="radio"/> Indeterminate
		<input type="radio"/> Don't Know
		<input type="radio"/> Declined to Answer
		<input type="radio"/> Not asked

HIV test information:

HIV Test 1	
Sample Date:	<input type="text"/> 
Worker ID:	<input type="text" value="Type to filter"/>
Test Election:	<p><input type="radio"/> Tested anonymously</p> <p><input type="radio"/> Tested confidentially</p> <p><input type="radio"/> Test not offered</p> <p><input type="radio"/> Declined Testing</p> <hr/>
Test Technology:	<p><input type="radio"/> Conventional</p> <p><input type="radio"/> Rapid</p> <p><input checked="" type="radio"/> NAAT/RNA Testing</p> <p><input type="radio"/> Other</p> <hr/>
Test Result:	<p><input type="radio"/> Positive/Reactive</p> <p><input type="radio"/> Negative</p> <p><input type="radio"/> Indeterminate</p> <p><input type="radio"/> Invalid</p> <p><input checked="" type="radio"/> No Result</p> <hr/>
Result Provided:	<p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Yes, client obtained the result from another agency</p> <hr/>
If results not provided, why?	<p><input type="radio"/> Declined notification</p> <p><input type="radio"/> Did not return/Could not locate</p> <p><input type="radio"/> Other</p> <hr/>
Show HIV Test 2:	<p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>

HIV Test Information

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:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
Vaginal or Anal Sex without a Condom with a Male:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
Vaginal or Anal Sex with a Male IDU:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
Vaginal or Anal Sex with HIV-Positive Male:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
<hr/>				
Vaginal or Anal Sex with a Female:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
Vaginal or Anal Sex without a Condom with a Female:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
Vaginal or Anal Sex with a Female IDU:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
Vaginal or Anal Sex with HIV-Positive Female:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
<hr/>				
Vaginal or Anal Sex with a Transgender Person:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
Vaginal or Anal Sex without a Condom with a Transgender Person:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
Vaginal or Anal Sex with a Transgender IDU:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
Vaginal or Anal Sex with HIV-Positive Transgender Person:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
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Injection Drug Use:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
Share Drug Injection Equipment:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response
Vaginal or Anal Sex with MSM:	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Don't Know	<input type="radio"/> No Response

Additional risks:

Additional Client Risk Factors:

- 01 - Exchange sex for drugs/money/or something they needed
- 02 - While intoxicated and/or high on drugs
- 05 - With person of unknown HIV Status
- 06 - With person who exchanges sex for drugs/money
- 08 - With anonymous partner
- 12 - Diagnosed with a sexually transmitted disease (STD)
- 13 - Sex with multiple partners
- 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
- 17 - Unprotected vaginal/anal sex in exchange for drugs/money/or something they needed
- 18 - Unprotected vaginal/anal sex with person who exchanges 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 and Essential Support Services

Services for HIV Negative Clients Only	Referred	Provided
High Impact Prevention (HIP) behavioral Intervention	<input type="checkbox"/>	<input type="checkbox"/>
Non-occupational post-exposure prophylaxis (nPEP)	<input type="checkbox"/>	
Pre-exposure prophylaxis (PrEP)	<input type="checkbox"/>	
Screening for STDs (syphilis, gonorrhea, and chlamydia)	<input type="checkbox"/>	<input type="checkbox"/>
Screening for viral hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Screening for TB/TB infection	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for STDs (syphilis, gonorrhea, and chlamydia)	<input type="checkbox"/>	
Treatment or vaccination for viral hepatitis	<input type="checkbox"/>	
Treatment for TB/TB Infection	<input type="checkbox"/>	

Positive test result:

Was client referred to HIV medical care? No Yes Don't Know

If yes, did client attend the first appointment? Pending Confirmed- Accessed Service Confirmed- Did Not Access Service Lost to Follow-up No Follow-up Don't Know

Date client attended first HIV medical care appointment: 

Was the client referred to/contacted by Partner Services? No Yes Don't Know

If yes, was client interviewed for Partner Services? No Yes Don't Know

If yes, was client interview within 30 days of receiving their result? No Yes Don't Know

Positive test result continued:

Referrals

- Was client referred to HIV Prevention services?
 - No
 - Yes
 - Don't Know

- If yes, did client receive HIV Prevention Services?
 - No
 - Yes
 - Don't Know

- What was the client's housing status in the past 12 months?
 - Literally Homeless
 - Unstably housed and at-risk of losing housing
 - Stably housed
 - Not Asked
 - Declined to answer
 - Don't know

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 care? Yes No Declined to Answer Not Asked

Navigation and Prevention and Essential Support Services

Services for HIV Positive Clients Only	Referred	Provided
High Impact Prevention (HIP) behavioral intervention	<input type="checkbox"/>	<input type="checkbox"/>
Medication adherence support services	<input type="checkbox"/>	<input type="checkbox"/>
Screening for STDs (syphilis, gonorrhea, and chlamydia)	<input type="checkbox"/>	<input type="checkbox"/>
Screening for viral hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Screening for TB/TB Infection	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for STDs (syphilis, gonorrhea, and chlamydia)	<input type="checkbox"/>	
Treatment or vaccination for viral hepatitis	<input type="checkbox"/>	
Treatment for TB/TB Infection	<input type="checkbox"/>	

Additional Support Services for all clients:

PS15-1502/PS17-1704 Additional Questions

Additional Support Services For All Clients

Referred

- | | |
|--|--------------------------|
| Basic education continuation and completion services | <input type="checkbox"/> |
| Employment services | <input type="checkbox"/> |
| Housing Services | <input type="checkbox"/> |
| Insurance navigation and enrollment services | <input type="checkbox"/> |
| Sex Education, including HIV education | <input type="checkbox"/> |
| Mental Health Counseling and Services | <input type="checkbox"/> |
| Substance abuse treatment and services | <input type="checkbox"/> |
| Transportation services | <input type="checkbox"/> |
| Primary medical care | <input type="checkbox"/> |
| Violence prevention services | <input type="checkbox"/> |
| Educational services for hormone replacement therapy (HRT) and sex reassignment procedures | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
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