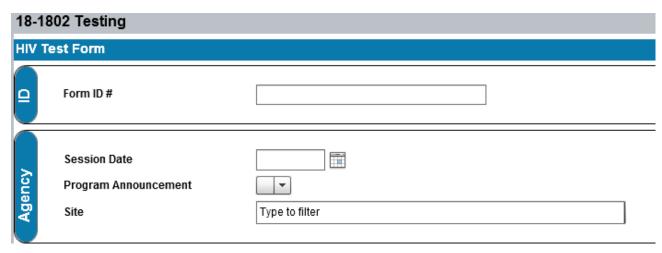
# Agency information:



Client information: Local Client ID# is not reported to CDC.

Local Client ID# (optional)	
Year of Birth	
State	- Select One - ▼
County	- Select One - ▼
ZIP Code	
Client Ethnicity:	Hispanic or Latino
Cilett Ethnicity.	Not Hispanic or Latino
	O Don't Know
	Declined to Answer
	_ Declined to Allswell
Race	American Indian or Alaska Native
	Asian
	Black or African American
	☐ Native Hawaiian or Pacific Islander
	☐ White
	☐ Not specified
	☐ Declined to answer
	☐ Don't know
Assigned Sex at Birth	○ Male
	O Female
	O Declined to Answer
Current Gender Identity	○ Male
	○ Female
	○ Transgender - MTF
	○ Transgender - FTM
	Transgender - Unspecified
	Another Gender
	O Declined to Answer
Has the client had an HIV test	○ No
previously?	○ Yes
	○ Don't Know

### **HIV test information:**

Specimen Collection Date	
HIV Test Election	O Anonymous
	<ul> <li>Confidential</li> </ul>
	○ Test Not Done
Test Type	CLIA-waived point-of-care (POC) Rapid Test(s)
	<ul> <li>Laboratory-based Test(s)</li> </ul>
Final Test Result	Preliminary positive
	OPositive
	Negative
	O Discordant
	○ Invalid
	Laboratory-based Test(s)
	HIV-1 Positive
	O HIV-1 Positive, possible acute
	O HIV-2 Positive
	HIV Positive, undifferentiated
	O HIV-1 Negative, HIV-2 Inconclusive
	O HIV-1 Negative
	O HIV Negative
	O Inconclusive, further testing needed
Result provided to client?	○ No
	○ Yes
	O Yes, client obtained the result from another agency

#### Negative test result

	Is the client at risk for HIV	○ No
	infection?	○ Yes
		○ Risk Not Known
		○ Not Assessed
	Was the client screened for PrEP eligibility?	○ No ○ Yes
	Is the client eligible for PrEP	○ No
.	referral?	O Yes, CDC criteria
esul		O Yes, by local criteria or protocol
legative Test Result	Was the client given a referral to a PrEP provider?	○ No ○ Yes
   Negativ	Was the client provided with services to assist with linkage to a PrEP provider?	○ No ○ Yes

### Positive test result

	Did the client attend an HIV medical	O Yes, confirmed
	care appointment after this positive test?	Yes, client/patient self-report
		○ No
		○ Don't Know
	Has the client ever had a positive	○ No
	HIV Test?	○ Yes
		O Don't Know
	Was the client provided with	
	individualized behavioral risk- reduction counseling?	○ No ○ Yes
	Was the client's contact information provided to the health department for Partner Services?	○ No ○ Yes
Ħ	What was the client's most severe	Literally Homeless
Ses	housing status in the last 12 months?	Unstably housed and at-risk of losing housing
St	monuis:	O Stably housed
<u> </u>		O Not Asked
		O Declined to answer
Positive lest Kesult		O Don't know
	Is the client pregnant?	<ul><li>○ No</li><li>● Yes</li><li>○ Don't Know</li><li>○ Declined to Answer</li></ul>
	Is the client in prenatal care?	○ No
		Yes
		○ Don't Know
		O Declined to Answer
		O Not Asked
Kesult	Was the client screened for the need of perinatal HIV service coordination?	● No ○ Yes
OSITIVE LEST RESUIT	Does the client need perinatal HIV service coordination?	● No ○ Yes
III O	Was the client referred for perinatal service coordination?	○ No

### **Additional test information**

	Was the client tested for co- infections?	○ No • Yes	
	Was the client tested for Syphilis?	○ No ○ Yes	
Tests	Was the client tested for Gonorrhea?	○ No ○ Yes	
onal Te	Was the client tested for Chlamydial infection?	○ No ○ Yes	
Additional	Was the client tested for Hepatitis C?	○ No ○ Yes	

### PrEP

Has the client ever heard of PrEP (Pre-Exposure Prophylaxis)?	○ No ○ Yes
Is the client currently taking daily PrEP medication?	○ No ○ Yes
Has the client used PrEP any time in the last 12 months?	○ No ○ Yes
In the last 5 years, has the client had sex with a male?	○ No ○ Yes
In the last 5 years, has the client had sex with a female?	○ No ○ Yes
In the last 5 years, has the client engaged in intravenous drug use?	○ No ○ Yes

## **Essential Support Services**

	Screened for need	Need determined	Provided or referred
Navigation services for linkage to HIV medical care	○ No	○ No	○ No
	O Yes	O Yes	O Yes
Linkage services to HIV medical care	○ No	○ No	○ No
	O Yes	O Yes	O Yes
Medication adherence support	○ No	○ No	○ No
	O Yes	O Yes	O Yes
Health benefits navigation and enrollment	○ No	○ No	○ No
	O Yes	O Yes	O Yes
Evidence-based risk reduction intervention	○ No	○ No	○ No
	O Yes	O Yes	O Yes
Behavioral health services	○ No	○ No	○ No
	O Yes	O Yes	O Yes
Social services	○ No	○ No	○ No
	O Yes	○ Yes	O Yes