

Attachment 5B. National HIV Prevention Program Monitoring and Evaluation (NHM&E) Data Variable Options (OMB 0920-0696, Exp. 02/28/2019)

Option 1 is available through December 31, 2018 for health departments funded under PS18-1802. However, additional time may be granted to those health departments unable to transition to Option 2 by that date. Option 1 is required for community based organizations funded under PS15-1502 through the last year of current funding (June 30, 2020) and those funded under PS17-1704 through March 31, 2019.

Option 2 is available to health departments beginning July 1, 2018 and required for all health departments on January 1, 2019. Option 2 will be required for any new CBO NOFO. New Variables will be available following OMB approval.

| Variable Number | Variable Name | Option 1: NHM&E Requirements | Option 2: NHM&E Requirements | Status |
|-----------------|-----------------|------------------------------------|------------------------------------|--------|
| Agency | | | | |
| A01 | Agency Name | <input type="checkbox"/> | <input type="checkbox"/> | |
| A01a | Agency ID | <input type="checkbox"/> | <input type="checkbox"/> | |
| A02 | Jurisdiction | <input type="checkbox"/> | <input type="checkbox"/> | |
| A27 | CBO Agency Name | <input type="checkbox"/> | <input type="checkbox"/> | |
| A28 | CBO Agency ID | <input type="checkbox"/> | <input type="checkbox"/> | |
| Site | | | | |
| S01 | Site ID | <input type="checkbox"/> | <input type="checkbox"/> | |
| S04 | Site Type | <input type="checkbox"/> | <input type="checkbox"/> | |
| S08 | Site - County | <input type="checkbox"/> | <input type="checkbox"/> | |
| S09 | Site - State | <input type="checkbox"/> | <input type="checkbox"/> | |
| S10 | Site - Zip Code | <input type="checkbox"/> | <input type="checkbox"/> | |
| S03 | Site Name | | <input type="checkbox"/> | |
| CDC | | | | |
| CDC06 | CDC Variable 6 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CDC07 | CDC Variable 7 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CDC08 | CDC Variable 8 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CDC09 | CDC Variable 9 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CDC10 | CDC Variable 10 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Client | | | | |

| Variable Number | Variable Name | Option 1: NHM&E Requirements | Option 2: NHM&E Requirements | Status |
|-----------------|--|------------------------------------|------------------------------------|--------|
| G101 | Date Client Demographic Data Collected | <input type="checkbox"/> | <input type="checkbox"/> | |
| G103 | Local Client ID | <input type="checkbox"/> | <input type="checkbox"/> | |
| G112 | Date of Birth - Year | <input type="checkbox"/> | <input type="checkbox"/> | |
| G114 | Ethnicity | <input type="checkbox"/> | <input type="checkbox"/> | |
| G116 | Race | <input type="checkbox"/> | <input type="checkbox"/> | |
| G120 | State/Territory of Residence | <input type="checkbox"/> | <input type="checkbox"/> | |
| G123 | Assigned Sex at Birth | <input type="checkbox"/> | <input type="checkbox"/> | |
| G124 | Current Gender Identity | <input type="checkbox"/> | <input type="checkbox"/> | |
| G124a | Specify Current Gender Identity | <input type="checkbox"/> | | |
| G132 | Client - County | <input type="checkbox"/> | <input type="checkbox"/> | |
| G134 | Client - Zip Code | <input type="checkbox"/> | <input type="checkbox"/> | |
| G200 | Date Client Risk Collected | <input type="checkbox"/> | <input type="checkbox"/> | |
| G200_1 | Client Behavioral Risk Profile | <input type="checkbox"/> | | |
| G204 | Previous HIV Test | <input type="checkbox"/> | <input type="checkbox"/> | |
| G205 | Self-Reported HIV Test Result | <input type="checkbox"/> | | |
| G209 | Pregnant (Only If Female) | <input type="checkbox"/> | <input type="checkbox"/> | |
| G210 | In Prenatal Care (Only if Pregnant) | <input type="checkbox"/> | <input type="checkbox"/> | |
| G211_01 | Injection Drug Use | <input type="checkbox"/> | <input type="checkbox"/> | |
| G211_08 | Share Drug Injection Equipment | <input type="checkbox"/> | | |
| G212 | Additional Client Risk Factors | <input type="checkbox"/> | | |
| G216a | Vaginal or Anal Sex with a Male | <input type="checkbox"/> | <input type="checkbox"/> | |
| G216b | Vaginal or Anal Sex with a Female | <input type="checkbox"/> | <input type="checkbox"/> | |
| G216c | Vaginal or Anal Sex with a Transgender Person | <input type="checkbox"/> | <input type="checkbox"/> | |
| G217a | Vaginal or Anal Sex without a Condom with a Male | <input type="checkbox"/> | | |
| G217b | Vaginal or Anal Sex without a Condom with a Female | <input type="checkbox"/> | | |
| G217c | Vaginal or Anal Sex without a Condom with a Transgender Person | <input type="checkbox"/> | | |
| G218a | Vaginal or Anal Sex with a Male IDU | <input type="checkbox"/> | | |

| Variable Number | Variable Name | Option 1: NHM&E Requirements | Option 2: NHM&E Requirements | Status |
|-------------------------|--|------------------------------------|------------------------------------|--------|
| G218b | Vaginal or Anal Sex with a Female IDU | <input type="checkbox"/> | | |
| G218c | Vaginal or Anal Sex with a Transgender IDU | <input type="checkbox"/> | | |
| G219a | Vaginal or Anal Sex with HIV-Positive Male | <input type="checkbox"/> | | |
| G219b | Vaginal or Anal Sex with HIV-Positive Female | <input type="checkbox"/> | | |
| G219c | Vaginal or Anal Sex with HIV-Positive Transgender Person | <input type="checkbox"/> | | |
| G220 | Vaginal or Anal Sex with MSM (female only) | <input type="checkbox"/> | | |
| G222 | Vaginal or Anal Sex without a Condom (PS only) | <input type="checkbox"/> | <input type="checkbox"/> | |
| G223 | Vaginal or Anal Sex with an IDU (PS only) | <input type="checkbox"/> | | |
| G205a | Previous HIV Test Result | | <input type="checkbox"/> | |
| G400 | In the past 5 years, has the client/patient had sex with a male? | | <input type="checkbox"/> | |
| G401 | In the past 5 years, has the client/patient had sex with a female? | | <input type="checkbox"/> | |
| G402 | In the past 5 years, has the client/patient injected drugs that were not prescribed to him/her by a medical care provider? | | <input type="checkbox"/> | |
| G403 | In the past 5 years, has the client/patient had sex with a transgender person? | | <input type="checkbox"/> | New |
| Testing 1 | | | | |
| H04a | Test Form ID | <input type="checkbox"/> | <input type="checkbox"/> | |
| H06 | Session Date | <input type="checkbox"/> | <input type="checkbox"/> | |
| H800 | Has the client/patient ever heard of PrEP, the medicine taken daily to reduce the risk for getting HIV? | | <input type="checkbox"/> | |
| H802 | Has the client/patient used PrEP anytime in the last 12 months? | | <input type="checkbox"/> | |
| H04c | eHARS State Number | | <input type="checkbox"/> | |
| H04d | eHARS City/County Number | | <input type="checkbox"/> | |
| Partner Services | | | | |
| PCR101 | Case Number | <input type="checkbox"/> | <input type="checkbox"/> | |
| PCR103 | Case Open Date | <input type="checkbox"/> | <input type="checkbox"/> | |
| PCR104 | Case Close Date | <input type="checkbox"/> | <input type="checkbox"/> | |

| Variable Number | Variable Name | Option 1: NHM&E Requirements | Option 2: NHM&E Requirements | Status |
|------------------|---|------------------------------------|------------------------------------|--------|
| PCR108 | Date of Report | <input type="checkbox"/> | | |
| PCR109 | Reported to Surveillance | <input type="checkbox"/> | | |
| PCR200 | Date Collected | <input type="checkbox"/> | | |
| PCR202a | Local PS ID | <input type="checkbox"/> | | |
| PCR207 | Partner Type | <input type="checkbox"/> | <input type="checkbox"/> | |
| PCR209 | Notification Plan | <input type="checkbox"/> | | |
| PCR104a | Care Status at Case Close Date | | <input type="checkbox"/> | |
| Testing 2 | | | | |
| X103 | Test Technology | <input type="checkbox"/> | | |
| X104 | HIV Test Election | <input type="checkbox"/> | | |
| X104a | HIV Test Election | | <input type="checkbox"/> | |
| X105 | Sample Date | <input type="checkbox"/> | <input type="checkbox"/> | |
| X110 | Test Result | <input type="checkbox"/> | | |
| X111 | Result Provided | <input type="checkbox"/> | <input type="checkbox"/> | |
| X115 | If Result Not Provided, Why | <input type="checkbox"/> | | |
| X124 | Basis of Final Determination | | <input type="checkbox"/> | |
| X125 | HIV Test Result, Final Determination | | <input type="checkbox"/> | |
| X126 | Preliminary Positive point-of-care rapid test | | <input type="checkbox"/> | |
| X126a | Specimen Collection Date of Preliminary Positive point-of-care rapid test | | <input type="checkbox"/> | |
| X127 | Tests for co-infections | | <input type="checkbox"/> | |
| X127a | Syphilis Test | | <input type="checkbox"/> | |
| X127b | Gonorrhea | | <input type="checkbox"/> | |
| X127c | Chlamydial infection | | <input type="checkbox"/> | |
| X127d | Hepatitis C | | <input type="checkbox"/> | |
| X135 | Worker ID | <input type="checkbox"/> | <input type="checkbox"/> | |
| X136 | In Surveillance System or Records | <input type="checkbox"/> | | |
| X137 | Program Announcement or Program Strategy | <input type="checkbox"/> | <input type="checkbox"/> | |

| Variable Number | Variable Name | Option 1: NHM&E Requirements | Option 2: NHM&E Requirements | Status |
|-----------------|--|------------------------------------|------------------------------------|--------|
| X137-1 | Specify Program Announcement/Strategy | <input type="checkbox"/> | | |
| X138 | Client HIV Status | | <input type="checkbox"/> | |
| X150 | Has the client/patient ever had a positive HIV test? | | <input type="checkbox"/> | |
| X150a | If yes, date of first positive HIV test | | <input type="checkbox"/> | |
| X224 | Stage of infection | | <input type="checkbox"/> | |
| X302 | Attempt to Locate Outcome | <input type="checkbox"/> | <input type="checkbox"/> | |
| X303 | Reason for Unsuccessful Attempt | <input type="checkbox"/> | <input type="checkbox"/> | |
| X303a | Specify Reason for Unsuccessful Attempt | <input type="checkbox"/> | | |
| X306 | Enrollment Status | <input type="checkbox"/> | <input type="checkbox"/> | |
| X502 | Time Period for Recall (in months) | <input type="checkbox"/> | | |
| X503 | Total number of claimed sex and/or needle-sharing partners within the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | |
| X511 | Total number of named sex and/or needle sharing partners within the last 12 months (with enough information to locate) | <input type="checkbox"/> | <input type="checkbox"/> | |
| X511a | Total Number of Named Male Partners | <input type="checkbox"/> | | |
| X511b | Total Number of Named Female Partners | <input type="checkbox"/> | | |
| X511c | Total Number of Named Transgender Partners | <input type="checkbox"/> | | |
| X600 | Partner Notifiability | <input type="checkbox"/> | <input type="checkbox"/> | |
| X601 | Actual Notification Method | <input type="checkbox"/> | <input type="checkbox"/> | |
| X602 | Previous HIV Test | <input type="checkbox"/> | | |
| X603 | Self-Reported HIV Test Result | <input type="checkbox"/> | | |
| X604 | Date of Last HIV Test | <input type="checkbox"/> | | |
| X702 | Referral Date | <input type="checkbox"/> | | |
| X702a | Reason Client Not Referred to HIV Medical Care | <input type="checkbox"/> | | |
| X703_01 | Referred To HIV Testing | <input type="checkbox"/> | | |
| X703_10 | Referred To Medical Care | <input type="checkbox"/> | | |
| X703_14 | Referred To Partner Services | <input type="checkbox"/> | | |
| X703_17 | Referred To HIV Prevention Services | <input type="checkbox"/> | | |

| Variable Number | Variable Name | Option 1: NHM&E Requirements | Option 2: NHM&E Requirements | Status |
|-----------------|---|------------------------------------|------------------------------------|--------|
| X706 | Referral Outcome | <input type="checkbox"/> | | |
| X706b | First HIV Medical Care Appointment within 90 Days of HIV Test | <input type="checkbox"/> | | |
| X706c | HIV Medical Care Linkage | | <input type="checkbox"/> | |
| X706d | First HJV Medical Appointment Date | | <input type="checkbox"/> | |
| X712 | HIV Test Performed | <input type="checkbox"/> | <input type="checkbox"/> | |
| X712a | Coinfection Screen (Partner Services) | | <input type="checkbox"/> | |
| X712b | Co-infection Result (Partner Services) | | <input type="checkbox"/> | |
| X713 | HIV Test Result | <input type="checkbox"/> | | |
| X714a | HIV Test Results Provided | <input type="checkbox"/> | <input type="checkbox"/> | |
| X724 | Client Received Prevention Services | <input type="checkbox"/> | | |
| X725 | Partner Service Interview | <input type="checkbox"/> | | |
| X725a | Was the PS Interview within 30 Days of Receiving a Positive HIV Test Result | <input type="checkbox"/> | | |
| X725b | Care Status at Time of the PS Interview | | <input type="checkbox"/> | |
| X730a | Housing status in past 12 months - revised | <input type="checkbox"/> | <input type="checkbox"/> | |
| X731 | PrEP Status | | <input type="checkbox"/> | |
| X731a | Partner referred to PrEP Provider (Partner Services) | | <input type="checkbox"/> | |
| X740 | Seen a Medical Care Provider in past 6 months | | <input type="checkbox"/> | |
| X741 | Attend HIV medical care appointment | | <input type="checkbox"/> | |
| X741a | Appointment Date | | <input type="checkbox"/> | |
| X742 | Individualized behavioral risk-reduction counseling | | <input type="checkbox"/> | |
| X743 | Information provided for partner services | | <input type="checkbox"/> | |
| X744 | Interviewed for partner services | | <input type="checkbox"/> | |
| X744a | Date of partner services interview | | <input type="checkbox"/> | |
| X745 | Screened for perinatal HIV service coordination needs | | <input type="checkbox"/> | |
| X746 | Perinatal HIV service coordination needs identified | | <input type="checkbox"/> | |
| X747 | Referred for HIV perinatal service coordination | | <input type="checkbox"/> | |
| X748 | Screened for PrEP eligibility | | <input type="checkbox"/> | |

| Variable Number | Variable Name | Option 1: NHM&E Requirements | Option 2: NHM&E Requirements | Status |
|------------------|--|------------------------------------|------------------------------------|--------|
| X749 | Eligible for PrEP referral | | <input type="checkbox"/> | |
| X750 | Referred to a PrEP Provider | | <input type="checkbox"/> | |
| X751 | Assistance with linkage to a PrEP provider | | <input type="checkbox"/> | |
| X752a | Navigation services for linkage to HIV medical care – screened for need | | <input type="checkbox"/> | |
| X752b | Navigation services for linkage to HIV medical care – need identified | | <input type="checkbox"/> | |
| X752c | Navigation services for linkage to HIV medical care – provided or referred for service | | <input type="checkbox"/> | |
| X752e | Linkage services to HIV medical care – screened for need | | <input type="checkbox"/> | |
| X752f | Linkage services to HIV medical care – need identified | | <input type="checkbox"/> | |
| X752g | Linkage services to HIV medical care – provided or referred for service | | <input type="checkbox"/> | |
| X753a | Health benefits navigation and enrollment – screened for need | | <input type="checkbox"/> | |
| X753b | Health benefits navigation and enrollment – need identified | | <input type="checkbox"/> | |
| X753c | Health benefits navigation and enrollment – provided or referred to service | | <input type="checkbox"/> | |
| X754a | Medication adherence support – screened for need | | <input type="checkbox"/> | |
| X754b | Medication adherence support – need identified | | <input type="checkbox"/> | |
| X754c | Medication adherence support – provided or referred to service | | <input type="checkbox"/> | |
| X755a | Evidence-based risk reduction intervention – screened for need | | <input type="checkbox"/> | |
| X755b | Evidence-based risk reduction intervention – need identified | | <input type="checkbox"/> | |
| X755c | Evidence-based risk reduction intervention – provided or referred to service | | <input type="checkbox"/> | |
| X756a | Behavioral health services – screened for need | | <input type="checkbox"/> | |
| X756b | Behavioral health services – need identified | | <input type="checkbox"/> | |
| X756c | Behavioral health services – provided or referred to service | | <input type="checkbox"/> | |
| X758a | Social services – screened for need | | <input type="checkbox"/> | |
| X758b | Social services – need identified | | <input type="checkbox"/> | |
| X758c | Social services – provided or referred to service | | <input type="checkbox"/> | |
| Aggregate | | | | |

| Variable Number | Variable Name | Option 1: NHM&E Requirements | Option 2: NHM&E Requirements | Status |
|--------------------|--|------------------------------------|------------------------------------|--------|
| ME201a | Category A total PS18-1801-funded aggregate test events | <input type="checkbox"/> | <input type="checkbox"/> | |
| ME201b | Category A total reimbursed aggregate test events | <input type="checkbox"/> | <input type="checkbox"/> | |
| ME202a | Category A PS18-1801-funded aggregate newly diagnosed HIV-positive test events | <input type="checkbox"/> | <input type="checkbox"/> | |
| ME202b | Category A reimbursed aggregate newly diagnosed HIV-positive testing events | <input type="checkbox"/> | <input type="checkbox"/> | |
| CBO | | | | |
| CBOCL003 | Client Record Number | <input type="checkbox"/> | <input type="checkbox"/> | |
| CBOTEST001 | Target Population(s) | <input type="checkbox"/> | <input type="checkbox"/> | |
| CBOTEST002 | High-Risk Client | <input type="checkbox"/> | <input type="checkbox"/> | |
| CBOTEST003 | HIV Medical Care at the time of this positive test | <input type="checkbox"/> | <input type="checkbox"/> | |
| CBOTEST004 | Navigation and prevention and essential support services, HIV Testing | <input type="checkbox"/> | <input type="checkbox"/> | |
| CBOTEST004S P | Other recommended support services, HIV testing | <input type="checkbox"/> | <input type="checkbox"/> | |
| CBOTEST005 | Date client attended first medical care appointment | <input type="checkbox"/> | <input type="checkbox"/> | |
| Data Upload | | | | |
| Z03c | Schema Version Number | <input type="checkbox"/> | <input type="checkbox"/> | |
| Z06 | Data Type in File | <input type="checkbox"/> | <input type="checkbox"/> | |
| Budget | Health Department PS18-1802 Only | | | |
| BASTRAT10a1 P | Percent Allocated - Monitoring and Evaluation - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT10a1S | Percent Allocated - Monitoring and Evaluation - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT11a1 P | Percent Allocated - Capacity Building and TA - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT11a1S | Percent Allocated - Capacity Building and TA - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT11a2 P | Percent Allocated - Geocoding - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT11a2S | Percent Allocated - Geocoding - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT1a1S | Percent Allocated - Data Activities - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |

| Variable Number | Variable Name | Option 1: NHM&E Requirements | Option 2: NHM&E Requirements | Status |
|-----------------|--|------------------------------------|------------------------------------|--------|
| BASTRAT1a2P | Percent Allocated – Data Activities - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT2a1P | Percent allocated - Routine HIV testing, Healthcare -Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT2a2P | Percent allocated - Targeted HIV testing, non-Healthcare - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT2a3P | Percent allocated - HIV Partner Services - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT2a4P | Percent allocated - D2C - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT2a4S | Percent expended - D2C - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT3a1P | Percent Allocated - HIV Transmission Clusters and Outbreaks - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT3a1S | Percent Allocated - HIV Transmission Clusters and Outbreaks - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT4a1P | Percent Allocated - CPP, Continuum of Care - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT4a2P | Percent Allocated - CPP, Risk Reduction Interventions - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT4a3P | Percent Allocated - Other CPP - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT5a1P | Percent Allocated - Prevention with HIV-negative persons - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT5a2P | Percent Allocated - PrEP Access and Support - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT5a3P | Percent Allocated - PEP Access and Support - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT6a1P | Percent Allocated - Perinatal HIV Exposure Reporting - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT6a1S | Percent Allocated - Perinatal HIV Exposure Reporting - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT6a2P | Percent Allocated - Perinatal HIV Surveillance Coordination - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT6a2S | Percent Allocated - Perinatal HIV Surveillance Coordination - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT7a1P | Percent Allocated - Community-level Prevention Activities - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT7a2P | Percent Allocated - SSP - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT7a3P | Percent Allocated - Condom Distribution - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT8a1P | Percent Allocated - HIV Planning - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT8a1S | Percent Allocated - HIV Planning - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT9a1P | Percent Allocated - Health Information Infrastructure - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT9a1S | Percent Allocated - Health Information Infrastructure -Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT9a2P | Percent Allocated - Data Security and Confidentiality - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT9a2S | Percent Allocated - Data Security and Confidentiality - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BASTRAT9a3P | Percent Allocated - Policies and Protocols - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |

| Variable Number | Variable Name | Option 1: NHM&E Requirements | Option 2: NHM&E Requirements | Status |
|-----------------|---|------------------------------------|------------------------------------|--------|
| BASTRAT9a3S | Percent Allocated - Policies and Protocols - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT10a1P | Percent Expended - Monitoring and Evaluation - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT10a1S | Percent Expended - Monitoring and Evaluation - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT11a1P | Percent Expended - Capacity Building and TA - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT11a1S | Percent Expended - Capacity Building and TA - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT11a2P | Percent Expended - Geocoding - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT11a2S | Percent Expended - Geocoding - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT1a1S | Percent Expended - Data Activities - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT1a2P | Percent expended - NHME | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT2a1P | Percent expended - Routine HIV testing, Healthcare - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT2a2P | Percent expended - Targeted HIV testing, non-Healthcare - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT2a3P | Percent expended - HIV Partner Services - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT2a4P | Percent expended - D2C - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT2a4S | Percent expended - D2C - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT3a1P | Percent Expended - HIV Transmission Clusters and Outbreaks - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT3a1S | Percent Expended - HIV Transmission Clusters and Outbreaks - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT4a1P | Percent Expended - CPP, Continuum of Care - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT4a2P | Percent Expended - CPP, Risk Reduction Interventions - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT4a3P | Percent Expended - Other CPP - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT5a1P | Percent Expended - Prevention with HIV-negative persons - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT5a2P | Percent Expended - PrEP Access and Support - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT5a3P | Percent Expended - PEP Access and Support - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT6a1P | Percent Expended - Perinatal HIV Exposure Reporting - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT6a1S | Percent Expended - Perinatal HIV Exposure Reporting - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT6a2P | Percent Expended - Perinatal HIV Surveillance Coordination - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT6a2S | Percent Expended - Perinatal HIV Surveillance Coordination - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT7a1P | Percent Expended - Community-level Prevention Activities - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT7a2P | Percent Expended - SSP - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |

| Variable Number | Variable Name | Option 1: NHM&E Requirements | Option 2: NHM&E Requirements | Status |
|------------------------|---|---|---|---------------|
| BESTRAT7a3P | Percent Expended - Condom Distribution - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT8a1P | Percent Expended - HIV Planning - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT8a1S | Percent Expended - HIV Planning - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT9a1P | Percent Expended - Health Information Infrastructure - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT9a1S | Percent Expended - Health Information Infrastructure - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT9a2P | Percent Expended - Data Security and Confidentiality - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT9a2S | Percent Expended - Data Security and Confidentiality - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT9a3P | Percent Expended - Policies and Protocols - Prevention | <input type="checkbox"/> | <input type="checkbox"/> | New |
| BESTRAT9a3S | Percent Expended - Policies and Protocols - Surveillance | <input type="checkbox"/> | <input type="checkbox"/> | New |
| CSTRATEGY1 | Comments - Strategy 1 | <input type="checkbox"/> | <input type="checkbox"/> | New |
| CSTRATEGY10 | Comments - Strategy 10 | <input type="checkbox"/> | <input type="checkbox"/> | New |
| CSTRATEGY11 | Comments - Strategy 11 | <input type="checkbox"/> | <input type="checkbox"/> | New |
| CSTRATEGY2 | Comments - Strategy 2 | <input type="checkbox"/> | <input type="checkbox"/> | New |
| CSTRATEGY3 | Comments - Strategy 3 | <input type="checkbox"/> | <input type="checkbox"/> | New |
| CSTRATEGY4 | Comments - Strategy 4 | <input type="checkbox"/> | <input type="checkbox"/> | New |
| CSTRATEGY5 | Comments - Strategy 5 | <input type="checkbox"/> | <input type="checkbox"/> | New |
| CSTRATEGY6 | Comments - Strategy 6 | <input type="checkbox"/> | <input type="checkbox"/> | New |
| CSTRATEGY7 | Comments - Strategy 7 | <input type="checkbox"/> | <input type="checkbox"/> | New |
| CSTRATEGY8 | Comments - Strategy 8 | <input type="checkbox"/> | <input type="checkbox"/> | New |
| CSTRATEGY9 | Comments - Strategy 9 | <input type="checkbox"/> | <input type="checkbox"/> | New |