


Agency information:

18-1802 Testing	
HIV Test 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: **Local Client ID# is not reported to CDC.**

Client	Local Client ID# (optional) <input type="text"/>	
	Year of Birth <input type="text"/>	
	State <input type="text" value="- Select One -"/>	
	County <input type="text" value="- Select One -"/>	
	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
	Race	<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"/> Not specified	
	<input type="checkbox"/> Declined to answer	
	<input type="checkbox"/> Don't know	
Assigned Sex at Birth	<input type="radio"/> Male	
	<input type="radio"/> Female	
	<input type="radio"/> Declined to Answer	
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"/> Another Gender	
	<input type="radio"/> Declined to Answer	
Has the client had an HIV test previously?	<input type="radio"/> No	
	<input type="radio"/> Yes	
	<input type="radio"/> Don't Know	

HIV test information:

Specimen Collection Date

HIV Test Election

- Anonymous
- Confidential
- Test Not Done

Test Type

- CLIA-waived point-of-care (POC) Rapid Test(s)
- Laboratory-based Test(s)

Final Test Result

- Preliminary positive
- Positive
- Negative
- Discordant
- Invalid

Laboratory-based Test(s)

- HIV-1 Positive
- HIV-1 Positive, possible acute
- HIV-2 Positive
- HIV Positive, undifferentiated
- HIV-1 Negative, HIV-2 Inconclusive
- HIV-1 Negative
- HIV Negative
- Inconclusive, further testing needed

Result provided to client?

- No
- Yes
- Yes, client obtained the result from another agency

Negative test result

Negative Test Result

Is the client at risk for HIV infection?

- No
 - Yes
 - Risk Not Known
 - Not Assessed
-

Was the client screened for PrEP eligibility?

- No
 - Yes
-

Is the client eligible for PrEP referral?

- No
 - Yes, CDC criteria
 - Yes, by local criteria or protocol
-

Was the client given a referral to a PrEP provider?

- No
 - Yes
-

Was the client provided with services to assist with linkage to a PrEP provider?

- No
- Yes

Positive test result

Positive Test Result

Did the client attend an HIV medical care appointment after this positive test?

- Yes, confirmed
 Yes, client/patient self-report
 No
 Don't Know
-

Has the client ever had a positive HIV Test?

- No
 Yes
 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
-

What was the client's most severe housing status in the last 12 months?

- Literally Homeless
 Unstably housed and at-risk of losing housing
 Stably housed
 Not Asked
 Declined to answer
 Don't know
-

Is the client pregnant?

- No
 Yes
 Don't Know
 Declined to Answer
-

Is the client in prenatal care?

- No
 Yes
 Don't Know
 Declined to Answer
 Not Asked
-

Was the client screened for the need of perinatal HIV service coordination?

- No Yes
-

Does the client need perinatal HIV service coordination?

- No Yes
-

Was the client referred for perinatal service coordination?

- No Yes
-

Positive Test Result

Additional test information

Additional Tests

Was the client tested for co-infections? No Yes

Was the client tested for Syphilis? No Yes

Was the client tested for Gonorrhea? No Yes

Was the client tested for Chlamydial infection? No Yes

Was the client tested for Hepatitis C? No Yes

PrEP

PrEP/Risks

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

Essential Support Services

	Screened for need	Need determined	Provided or referred
Navigation services for linkage to HIV medical care	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Linkage services to HIV medical care	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Medication adherence support	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Health benefits navigation and enrollment	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Evidence-based risk reduction intervention	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Behavioral health services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Social services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes