


General tab

PS24-0047 PID 3937

Actions:  Modify instrument

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- Cancel -

General

 Editing existing Record ID 1.

Record ID

1

To rename the record, see the record action drop-down at top of the [Record Home Page](#).

Date submitted

* must provide value



05/09/24

State ID

* must provide value



FL ▾

Form Status

Complete?



Complete ▾

Save & Exit Form

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- Cancel -

Delete data for THIS FORM only

NOTE: To delete the entire record (all forms/events), see the record action drop-down at top of the [Record Home Page](#).

Diagnosis

 Editing existing Record ID 1. (Instance #1)

Record ID

1

State ID



CA



EHE Jurisdiction





Of all people served in a health care facility conducting routine opt-out HIV screening, the percentage who were screened for HIV infection

	Served	Tested	Percentage
Total	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation

Gender

	Served	Tested	Percentage
Male	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Female	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Missing	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation

Age

	Served	Tested	Percentage
< 13	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
13-24	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
25-34	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
35-44	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
45-54	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
55-64	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
≥ 65	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Missing	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation

Race/Ethnicity

	Served	Tested	Percentage
American Indian/Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Asian	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Black/African American	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Hispanic/Latino	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Middle Eastern or North African	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Native Hawaiian/other Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
White	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Multiracial	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Missing	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation

Sexual orientation

	Served	Tested	Percentage
Straight or heterosexual	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Lesbian	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Gay	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Bisexual	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Other	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Decline to answer	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Missing	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation

Population Group

	Served	Tested	Percentage
MSM	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
MSM who inject drugs	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
People who inject drugs	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Heterosexual males	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Heterosexual females	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Other	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Missing	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation

Facility name

	Served	Tested	Percentage
Facility name 1	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Facility name 2	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Facility name 3	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Facility name 4	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation
Facility name 5	<input type="text"/>	<input type="text"/>	<input type="text"/> View equation

Partner Services

Index

	Test result	Interviewed
New	<input type="text"/>	<input type="text"/>
Previous	<input type="text"/>	<input type="text"/>

Partners

	Number	Percentage
Notifiable partners	<input type="text"/>	
Partners notified	<input type="text"/>	<input type="text"/> View equation
Notified partners tested	<input type="text"/>	<input type="text"/> View equation

Partner test results

Number of new positive tests	<input type="text"/>	Number of partners with a new positive test that were linked to HIV medical care within 30 days	<input type="text"/>
Number of previous positive tests	<input type="text"/>	Number of partners who had a previous positive test and were not in care	<input type="text"/>
Number of partners who had a previous positive test and were linked to HIV medical care within 30 days	<input type="text"/>		
Number of negative tests	<input type="text"/>	Number of partners with a negative test referred to PrEP provider	<input type="text"/>
Unknown test results	<input type="text"/>		

Self-testing

Home collection kits

	Number of home collection kits distributed	Number of people receiving ≥ 1 home collection kit	Number of people with a positive result
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender

	Number of people with a positive result
Male	<input type="text"/>
Female	<input type="text"/>
Missing	<input type="text"/>

Age

Race/Ethnicity

	Number of people with a positive result		Number of people with a positive result
< 13	<input type="text"/>	American Indian/Alaska Native	<input type="text"/>
13-24	<input type="text"/>	Asian	<input type="text"/>
25-34	<input type="text"/>	Black/African American	<input type="text"/>
35-44	<input type="text"/>	Hispanic/Latino	<input type="text"/>
45-54	<input type="text"/>	Middle Eastern or North African	<input type="text"/>
55-64	<input type="text"/>	Native Hawaiian/other Pacific Islander	<input type="text"/>
≥ 65	<input type="text"/>	White	<input type="text"/>
Missing	<input type="text"/>	Multiracial	<input type="text"/>
		Missing	<input type="text"/>

Sexual orientation

Population Group

	Number of people with a positive result		Number of people with a positive result
Straight or heterosexual	<input type="text"/>	White MSM	<input type="text"/>
Lesbian	<input type="text"/>	Black MSM	<input type="text"/>
Gay	<input type="text"/>	Latino MSM	<input type="text"/>
Bisexual	<input type="text"/>	Other MSM	<input type="text"/>
Something else/ a different term	<input type="text"/>	People who inject drugs	<input type="text"/>
Decline to answer	<input type="text"/>	Missing	<input type="text"/>
Missing	<input type="text"/>		

Rapid test kits

	Number of rapid HIV self-test kits distributed	Number of people receiving ≥ 1 rapid HIV self-test kit	Number of people with a positive result
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender

	Number of people receiving ≥ 1 rapid HIV self-test kit	Number of people with a positive result
Male	<input type="text"/>	<input type="text"/>
Female	<input type="text"/>	<input type="text"/>
Missing	<input type="text"/>	<input type="text"/>

Age

	Number of people receiving ≥ 1 rapid HIV self-test kit	Number of people with a positive result
< 13	<input type="text"/>	<input type="text"/>
13-24	<input type="text"/>	<input type="text"/>
25-34	<input type="text"/>	<input type="text"/>
35-44	<input type="text"/>	<input type="text"/>
45-54	<input type="text"/>	<input type="text"/>
55-64	<input type="text"/>	<input type="text"/>
≥ 55	<input type="text"/>	<input type="text"/>
Missing	<input type="text"/>	<input type="text"/>

Race/Ethnicity

	Number of people receiving ≥ 1 rapid HIV self-test kit	Number of people with a positive result
American Indian/Alaska Native	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>
Black/African American	<input type="text"/>	<input type="text"/>
Hispanic/Latino	<input type="text"/>	<input type="text"/>
Middle Eastern or North African	<input type="text"/>	<input type="text"/>
Native Hawaiian/other Pacific Islander	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text"/>
Multiracial	<input type="text"/>	<input type="text"/>
Missing	<input type="text"/>	<input type="text"/>

Sexual orientation

	Number of people receiving ≥ 1 rapid HIV self-test kit	Number of people with a positive result
Straight or heterosexual	<input type="text"/>	<input type="text"/>
Lesbian	<input type="text"/>	<input type="text"/>
Gay	<input type="text"/>	<input type="text"/>
Bisexual	<input type="text"/>	<input type="text"/>
Something else/ a different term	<input type="text"/>	<input type="text"/>
Decline to answer	<input type="text"/>	<input type="text"/>
Missing	<input type="text"/>	<input type="text"/>

Priority population

	Number of people receiving ≥ 1 rapid HIV self-test kit	Number of people with a positive result
White MSM	<input type="text"/>	<input type="text"/>
Black MSM	<input type="text"/>	<input type="text"/>
Latino MSM	<input type="text"/>	<input type="text"/>
Other MSM	<input type="text"/>	<input type="text"/>
People who inject drugs	<input type="text"/>	<input type="text"/>
Missing	<input type="text"/>	<input type="text"/>

Successes, Challenges, Evaluation and TA needs

This text box has a MAXIMUM of 250 words; if you exceed this limit, please use a Word document and upload it in the provided box to answer the questions and submit it here.

Can you tell us about aspects of your program monitoring and evaluation that have been successful or that you are proud of as it relates to the diagnose pillar?



Expand


What barriers or challenges have you faced during your program monitoring and evaluation as it relates to the diagnose pillar?



Expand

Successes and challenges word document upload




 [Upload file](#)


Form Status

Complete?



Incomplete 

Save & Exit Form


Save & Go To Next Form 

- Cancel -

Treat

Treat


Current instance: 1

 Editing existing Record ID 1. (Instance #1)

Record ID	1
<h2>Successes, Challenges, Evaluation and TA needs</h2>	
<p>This text box has a MAXIMUM of 250 words; if you exceed this limit, please use a Word document and upload it in the provided box to answer the questions and submit it here.</p>	
State ID	H CA <input type="button" value="v"/>
Can you tell us about aspects of your program monitoring and evaluation that have been successful or that you are proud of as it relates to the treat pillar?	H <input type="text"/> Expand
What barriers or challenges have you faced during your program monitoring and evaluation as it relates to the treat pillar? <small>* must provide value</small>	H <input type="text"/> Expand
Document upload for successes and challenges	H <input type="button" value="Upload file"/>
Form Status	
Complete?	H Incomplete <input type="button" value="v"/>
<input type="button" value="Save & Exit Form"/> <input type="button" value="Save & Go To Next Form"/>	


Prevent


Prevent

 Editing existing Record ID 1. (Instance #1)	
Record ID	1
State ID	<input type="text" value="CA"/>
<h2>Condom Distribution</h2>	
Number of condoms distributed	<input type="text"/>
<h2>Syringe Services Programs (SSPs)</h2>	
Number of SSPs operating in the jurisdiction	<input type="text"/>
<h2>Successes, Challenges, Evaluation and TA needs</h2>	
<p>This text box has a MAXIMUM of 250 words; if you exceed this limit, please use a Word document and upload it in the provided box to answer the questions and submit it here.</p>	
Can you tell us about aspects of your program monitoring and evaluation that have been successful or that you are proud of as it relates to the prevent pillar?	<input type="text"/>
	Expand
What barriers or challenges have you faced during your program monitoring and evaluation as it relates to the prevent pillar? <small>* must provide value</small>	<input type="text"/>
	Expand
Document upload for successes and challenges	Upload file
Form Status	
Complete?	<input type="text" value="Incomplete"/>
<input type="button" value="Save & Exit Form"/> <input type="button" value="Save & Go To Next Form"/>	

General assistance

Actions:

 Modify instrument

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 [Video: Basic data entry](#)

General Assistance

 Editing existing Record ID 1.

Record ID

1

Are there any areas where you need support to accomplish your program monitoring and evaluation?

(Possible areas could include: data analysis help, evaluation design, data collection, interpretation, and data use)



Expand

Please use the following as the headers for each section where appropriate:

- Story title/headline
- Summary
- Issue or challenge encountered
- Intervention or strategies used to implement the solution
- Result or impact achieved
- Sustainability plan
- Lessons learned



Expand

Stories document upload



 [Upload file](#)

Form Status

Complete?



Incomplete ▾

Save & Exit Form

Save & Stay ▾