EvaluationWeb® 2018 HIV Test Template

Form ID (enter or adhere)

1 Agency and Client Information (complete for ALL persons)

Session Date

Program Announcement
- PS15-1506 PrIDE
- PS15-1509 THRIVE
- PS17-1711
- PS18-1802
- Other CDC funded
- Other non-CDC funded

Specify Other (optional)

Agency Name or ID

Site Name or ID

Site Type (codes below)
- F01.01 - Inpatient hospital
- F02.12 - TB clinic
- F02.19 - Substance abuse treatment facility
- F02.51 - Community health center
- F03.01 - Emergency department
- F08.01 - Primary care clinic (other than CHC)
- F09.01 - Pharmacy or other retail-based clinic
- F10.01 - STD clinic
- F11.01 - Dental clinic
- F12.01 - Correctional facility clinic
- F13.01 - Other

Site Types: Clinical
- F40.01 - Mobile Unit

Site Types: Non-clinical
- F04.05 - HIV testing site
- F06.02 - Community setting - School/educational facility
- F06.03 - Community setting - Church/mosque/synagogue/temple
- F06.04 - Community Setting - Shelter/transitional housing
- F06.05 - Community setting - Commercial facility
- F06.07 - Community setting - Bar/club/adult entertainment
- F06.08 - Community setting - Public area
- F06.12 - Community setting - Individual residence
- F06.88 - Community setting - Other
- F07.01 - Correctional facility - Non-healthcare
- F14.01 - Health department - Field visit
- F15.01 - Community Setting - Syringe exchange program
- F88.01 - Other

Site Types: Mobile
- F40 - Mobile Unit

Client State (USPS abbreviation)

Client County (3-digit FIPS code)

Client ZIP Code

Client Ethnicity
- Hispanic or Latino
- Not Hispanic or Latino
- Don’t Know

Client Race (select all that apply)
- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- Declined to Answer

Client Assigned Sex at Birth
- Male
- Female
- Declined to Answer

Client Current Gender Identity
- Transgender Male to Female
- Transgender Female to Male
- Another Gender
- Declined to Answer

Local Client ID (optional)

Client State (USPS abbreviation)

Client County (3-digit FIPS code)

Client ZIP Code

Client Ethnicity
- Hispanic or Latino
- Not Hispanic or Latino
- Don’t Know

Client Race (select all that apply)
- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- Declined to Answer

Client Assigned Sex at Birth
- Male
- Female
- Declined to Answer

Client Current Gender Identity
- Transgender Male to Female
- Transgender Female to Male
- Another Gender
- Declined to Answer

Has the client had an HIV test previously?
- Yes
- No
- Declined to Answer

Year of Birth (1800 if unknown)

Site Types: Clinical
- F01.01 - Inpatient hospital
- F02.12 - TB clinic
- F02.19 - Substance abuse treatment facility
- F02.51 - Community health center
- F03 - Emergency department
- F08 - Primary care clinic (other than CHC)
- F09 - Pharmacy or other retail-based clinic
- F10 - STD clinic
- F11 - Dental clinic
- F12 - Correctional facility clinic
- F13 - Other

Site Types: Mobile
- F40 - Mobile Unit

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### Final Test Information (complete for ALL persons)

**HIV Test Election**
- Anonymous  
- Confidential  
- Test Not Done

**Test Type (select one only)**
- CLIA-waived point-of-care (POC) Rapid Test(s)
- Laboratory-based Test

**POC Rapid Test Result** *(definitions on page 3)*
- Preliminary Positive
- Positive
- Negative
- Discordant
- Invalid

**Laboratory-based Test Result**
- 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

### Positive Test Result (complete for persons testing POSITIVE for HIV)

**Did the client attend an HIV medical care appointment after this positive test?**
- Yes, confirmed  
- No  
- Yes, client/patient self-report  
- Don’t Know

**Date Attended**

**Has the client ever had a positive HIV test?**
- No  
- Yes  
- Don’t Know

**Date of first positive result**

**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 or at risk of losing housing  
- Stably housed

**If the client is female, is she pregnant?**
- No  
- Yes

**Was the client screened for need of perinatal HIV service coordination?**
- No  
- Yes

**Does the client need perinatal HIV service coordination?**
- No  
- Yes

**Was the client referred for perinatal HIV service coordination?**
- No  
- Yes

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### Negative Test Result (complete for persons testing NEGATIVE for HIV)

**Is the client at risk for HIV infection? (optional)**
- 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, by 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

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5 Additional Tests
(complete for ALL persons)

Was the client tested for co-infections?
- No
- Yes

Tested for Syphilis?
- No
- Yes

Syphilis Test Result (optional)
- Newly Identified Infection
- Not Infected
- Don’t Know

Tested for Gonorrhea?
- No
- Yes

Gonorrhea Test Result (optional)
- Positive
- Negative
- Don’t Know

Tested for Chlamydial infection?
- No
- Yes

Chlamydial infection Test Result (optional)
- Positive
- Negative
- Don’t Know

Tested for Hepatitis C?
- No
- Yes

Hepatitis C Test Result (optional)
- Positive
- Negative
- Don’t Know

6 PrEP Awareness and Use/Priority Populations
(complete for ALL persons)

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 anytime in the last 12 months?
- No
- Yes

In the past five years, has the client had sex with a male?
- No
- Yes

In the past five years, has the client had sex with a female?
- No
- Yes

In the past five years, has the client had sex with a transgender person?
- No
- Yes

In the past five years, has the client injected drugs or substances?
- No
- Yes

7 Essential Support Services
(complete for ALL persons, EXCEPT as indicated)

<table>
<thead>
<tr>
<th>Screened for need</th>
<th>Need determined</th>
<th>Provided or referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Navigation services for linkage to HIV medical care (positive only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
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<tr>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Provided or referred</td>
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<tr>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Linkage services to HIV medical care (positive only)

| No | Yes |
| No | Yes |
| Provided or referred |
| No | Yes |
| No | Yes |

Medication adherence support (positive only)

| No | Yes |
| No | Yes |
| Provided or referred |
| No | Yes |
| No | Yes |

Health benefits navigation and enrollment

| No | Yes |
| No | Yes |
| Provided or referred |
| No | Yes |
| No | Yes |

Evidence-based risk reduction intervention

| No | Yes |
| No | Yes |
| Provided or referred |
| No | Yes |
| No | Yes |

Behavioral health services

| No | Yes |
| No | Yes |
| Provided or referred |
| No | Yes |
| No | Yes |

Social services

| No | Yes |
| No | Yes |
| Provided or referred |
| No | Yes |
| No | Yes |

Value Definitions for POC Rapid Test Results

Preliminary positive - One or more of the same point-of-care rapid tests were reactive and none are non-reactive and no supplemental testing was done at your agency

Positive - Two or more different (orthogonal) point-of-care rapid tests are reactive and none are non-reactive and no laboratory-based supplemental testing was done

Negative - One or more point-of-care rapid tests are non-reactive and none are reactive and no supplemental testing was done

Discordant - One or more point-of-care rapid tests are reactive and one or more are non-reactive and no laboratory-based supplemental testing was done

Invalid - A CLIA-waived POC rapid test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport
New or previous diagnosis? (definitions below)

- **New diagnosis, verified** - The HIV surveillance system was checked and no prior report was found and there is no indication of a previous diagnosis by either client self-report (if the client was asked) or review of other data sources (if other data sources were checked).
- **New diagnosis, not verified** - The HIV surveillance system was not checked and the classification of new diagnosis is based only on no indication of a previous positive HIV test by client self-report or review of other data sources.
- **Previous diagnosis** - Previously reported to the HIV surveillance system or the client reports a previous positive HIV test or evidence of a previous positive test is found on review of other data sources.
- **Unable to determine** - The HIV surveillance system not checked and no other data sources were reviewed and there is no information from the client about previous HIV test results.

Has the client seen a medical care provider in the past six months for HIV treatment?
- **No**
- **Yes**
- **Declined to Answer**
- **Don’t Know**

Partner Services Case Number

Was the client interviewed for Partner Services?
- **Yes, by a health department specialist**
- **Yes, by a non-health department person trained by the health department to conduct partner services**
- **No**
- **Don’t Know**

Date of Interview

Value Definitions for New or Previous Diagnosis

**New diagnosis, verified** - The HIV surveillance system was checked and no prior report was found and there is no indication of a previous diagnosis by either client self-report (if the client was asked) or review of other data sources (if other data sources were checked).

**New diagnosis, not verified** - The HIV surveillance system was not checked and the classification of new diagnosis is based only on no indication of a previous positive HIV test by client self-report or review of other data sources.

**Previous diagnosis** - Previously reported to the HIV surveillance system or the client reports a previous positive HIV test or evidence of a previous positive test is found on review of other data sources.

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