

# EvaluationWeb® 2018 HIV Test Template

Form ID (enter or adhere)

## 1 Agency and Client Information (complete for ALL persons)

Session Date	Client State (USPS abbreviation)
Program Announcement <input type="radio"/> PS15-1506 PrIDE <input type="radio"/> PS18-1802 Demonstration Projects <input type="radio"/> PS15-1509 THRIVE <input type="radio"/> PS19-1901 CDC STD <input type="radio"/> PS17-1711 <input type="radio"/> Other CDC funded <input type="radio"/> PS18-1802 <input type="radio"/> Other non-CDC funded  <input type="text" value="Specify Other (optional)"/>	Client County (3-digit FIPS code)
Agency Name or ID	Client ZIP Code
Site Name or ID	Client Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Don't Know <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Declined to Answer
Site Type (codes below)	Client Race (select all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Not Specified <input type="checkbox"/> Black/African American <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Don't Know
Site ZIP Code	Client Assigned Sex at Birth <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Declined to Answer
Site County (3-digit FIPS code)	Client Current Gender Identity <input type="radio"/> Male <input type="radio"/> Transgender Unspecified <input type="radio"/> Female <input type="radio"/> Declined to Answer <input type="radio"/> Transgender Male to Female <input type="radio"/> Another Gender <input type="radio"/> Transgender Female to Male
Local Client ID (optional)	Has the client had an HIV test previously? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
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

### 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 - Correctional facility - Non-healthcare
- F14 - Health department - Field visit
- F15 - Community Setting - Syringe exchange program
- F88 - Other

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## 2 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

## 3 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

## 4 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     Not Asked  
 Unstably housed or at risk of losing housing     Declined to Answer  
 Stably housed     Don't Know

If the client is female, is she pregnant?

- No     Declined to Answer  
 Yes     Don't Know

Is the client in prenatal care?

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

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

## 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

### 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

## 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)

	Screened for need	Need determined	Provided or referred
Navigation services for linkage to HIV medical care (positive only)	<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 (positive only)	<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 (positive only)	<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

