General Instructions for completing the EvaluationWeb HIV Test Form Template

This HIV testing data collection template is provided to assist CDC grantees who are collecting National HIV Prevention Program Monitoring and Evaluation HIV testing data. This template is not mandated for use in the field and may be customized so that an agency may make any changes to the template to best fit their needs. The template contains the CDC Assurance of Confidentiality statement at the bottom. This statement assures clients and agency staff that data collected and recorded on forms will be handled securely and confidentially. All grantees are encouraged to utilize the CDC Assurance of Confidentiality statement on all client level data collection forms used in HIV prevention programs.

The template can only be accessed and downloaded from EvaluationWeb for your jurisdiction—which is a blank pdf template or by requesting a copy via CDC. The manipulatable Publisher template will only be available by contacting CDC (through the NHME helpdesk).

There are no pre-printed barcodes on any template forms. You must adhere or write in the Form Identification sticker (barcode) to Part 1, Part 2 and/or Part 3 in order to link the client’s information.

- Part 1 should be used for all testing events
- Part 2 should be used to record referral data on confirmed HIV positive clients
- Part 3 is used by jurisdictions funded to collect HIV incidence data. These data should be sent to your local surveillance coordinator rather than to PEB.

This template is not intended for use as an Optical Character Recognition (OCR) document; it cannot be scanned. This template is to be used for direct data entry into EvaluationWeb. The template follows the EvaluationWeb direct data entry screens beginning from top upper left column A to bottom left, then to upper right column B to bottom right.

There are two different response formats that you will use to record data: (1) text boxes and (2) check boxes. Text boxes are used to record hand written information (codes and dates). Check boxes are used to select only one response unless otherwise indicated on the template.

There is an ancillary page that provides codes for Site Types, Additional Risks and Session Activities (page 3), please print this out for your reference.

For agencies directly entering data into EvaluationWeb it may not be necessary to complete the fields Agency ID, Site Type, Site County and Site Zip Code as they will be pre-loaded by the system administrator.

Depending on your jurisdiction you will either write in the name or the identification number for the Agency, Site, and client county of residence. In these instances you will want to follow the convention of your jurisdiction.

To add new site locations contact the HELP DESK at Luther Consulting via email at help@lutherconsulting.com or by telephone 1-866-517-6570 option #1.

Assurance of Confidentiality Statement:

The information in this report to the Centers for Disease Control and Prevention (CDC) is collected under the authority of Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k. Your cooperation is necessary for evaluation of the interventions being done to understand and control HIV/AIDS. Information in CDC’s HIV/AIDS National HIV Prevention Program Monitoring and Evaluation (NHME) system that would permit identification of any individual on whom a record is maintained, or any health care provider collecting NHME information, or any institution with which that health care provider is associated will be protected under Section 308 (d) of the Public Health Service Act. This protection for the NHME information includes a guarantee that the information will be held in confidence, will be used only for the purposes stated in the Assurance of Confidentially on file at CDC, and will not otherwise be disclosed or released without the consent of the individual, health care provider, or institution described herein in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m(d)).
### Part One

#### Program Announcement (select only one)
- [ ] PS12-1201 Category A
- [ ] PS11-1113
- [ ] PS12-1201 Category B
- [ ] PS10-1003
- [ ] PS12-1201 Category C
- [ ] PS08-803
- [ ] Other: ___________
  - [ ] MSM Testing Initiative

#### Session Date

<table>
<thead>
<tr>
<th>M</th>
<th>D</th>
<th>D</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

#### Agency ID Name/Number

- **Directly Funded CBO Agency ID**
  - (For CDC directly funded CBOs only)

#### Site ID Name/Number

- **Site Type**
  - (enter type code from page 2)
- **Site Zip Code**
- **Site County**

### Client Information

#### Client ID

#### Date of Birth

<table>
<thead>
<tr>
<th>M</th>
<th>M</th>
<th>D</th>
<th>D</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
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<tbody>
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</tr>
</tbody>
</table>

#### Client State

#### Client County

#### Client Zip Code

#### Client Ethnicity

- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino
- [ ] Don’t know

#### Client Race (check all that apply)

- [ ] American IN/AK Native
- [ ] Asian
- [ ] Black/African American
- [ ] Native HI/Pac. Islander

#### Client Assigned Sex at Birth

- [ ] Male
- [ ] Female
- [ ] Declined

#### Client Current Gender Identity

- [ ] Male
- [ ] Female
- [ ] Transgender M2F
- [ ] Transgender F2M
- [ ] Declined
- [ ] Not asked

#### Previous HIV Test

- [ ] Yes
- [ ] No
- [ ] Don’t know
- [ ] Declined
- [ ] Not asked

<table>
<thead>
<tr>
<th>If Yes, what is the client’s self reported result?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Negative</td>
</tr>
<tr>
<td>[ ] Positive</td>
</tr>
<tr>
<td>[ ] Preliminary Positive</td>
</tr>
<tr>
<td>[ ] Indeterminate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Risk Factor(s)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Optional Session Activities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional Session Activities</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Local Use Field**
  - [ ] L1
  - [ ] L2

- **Local Use Field**
  - [ ] L3
  - [ ] L4

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**Revised:** 10/19/2012
<table>
<thead>
<tr>
<th>Codes for Site Types: CLINICAL</th>
<th>Codes for Site Types: NON CLINICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>F01.01 Clinical - Inpatient hospital</td>
<td>F04.05 Non-clinical - HIV testing site</td>
</tr>
<tr>
<td>F02.12 Clinical - TB clinic</td>
<td>F06.02 Non-clinical - Community setting - School/educational facility</td>
</tr>
<tr>
<td>F02.19 Clinical - Substance abuse treatment facility</td>
<td>F06.03 Non-clinical - Community setting - Church/mosque/synagogue/temple</td>
</tr>
<tr>
<td>F02.51 Clinical - Community health center</td>
<td>F06.04 Non-clinical - Community Setting - Shelter/transitional housing</td>
</tr>
<tr>
<td>F03 Clinical - Emergency department</td>
<td>F06.05 Non-clinical - Community setting - Commercial facility</td>
</tr>
<tr>
<td>F08 Clinical - Primary care clinic (other than CHC)</td>
<td>F06.07 Non-clinical - Community setting - Bar/club/adult entertainment</td>
</tr>
<tr>
<td>F09 Clinical - Pharmacy or other retail-based clinic</td>
<td>F06.08 Non-clinical - Community setting - Public area</td>
</tr>
<tr>
<td>F10 Clinical - STD clinic</td>
<td>F06.12 Non-clinical - Community setting - Individual residence</td>
</tr>
<tr>
<td>F11 Clinical - Dental clinic</td>
<td>F06.88 Non-clinical - Community setting - Other</td>
</tr>
<tr>
<td>F12 Clinical - Correctional facility clinic</td>
<td>F07 Non-clinical - Correctional facility - Non-healthcare</td>
</tr>
<tr>
<td>F13 Clinical - Other</td>
<td>F14 Non-clinical - Health department - Field visit</td>
</tr>
<tr>
<td>F15 Non-clinical - Community Setting - Syringe exchange program</td>
<td>F15 Non-clinical - Community Setting - Syringe exchange program</td>
</tr>
<tr>
<td>F88 Non-clinical - Other</td>
<td>F15 Non-clinical - Community Setting - Syringe exchange program</td>
</tr>
</tbody>
</table>

**Codes for Other Risk Factor(s)**

1. **01 Exchange sex for drugs/money/or something they needed**
2. **02 While intoxicated and/or high on drugs**
3. **05 With person of unknown HIV status**
4. **06 With person who exchanges sex for drugs/money**
5. **08 With anonymous partner**
6. **08 Diagnosed with a sexually transmitted disease (STD)**
7. **13 Sex with multiple partners**
8. **14 Oral sex (optional)**
9. **15 Unprotected vaginal/anal sex with a person who is an IDU**
10. **16 Unprotected vaginal/anal sex with a person who is HIV positive**
11. **17 Unprotected vaginal/anal sex in exchange for drugs/money/or something they needed**
12. **18 Unprotected vaginal/anal sex with person who exchanges sex for drugs/money**
13. **19 Unprotected sex with multiple partners**

**Codes for Other Session Activities**

1. **04.00 Referral**
2. **05.00 Personalized Risk assessment**
3. **06.00 Elicit Partners**
4. **07.00 Notification of exposure**
5. **08.01 Information - HIV/AIDS transmission**
6. **08.02 Information-Abstinence/postpone sexual activity**
7. **08.03 Information-Other sexually transmitted diseases**
8. **08.04 Information-Viral hepatitis**
9. **08.05 Information - Availability of HIV/STD counseling and testing**
10. **08.06 Information-Availability of partner notification and referral services**
11. **08.07 Information - Living with HIV/AIDS**
12. **08.08 Information - Availability of social services**
13. **08.09 Information - Availability of medical services**
14. **08.10 Information - Sexual risk reduction**
15. **08.11 Information - IDU risk reduction**
16. **08.12 Information - IDU risk free behavior**
17. **08.13 Information - Condom/barrier use**
18. **08.14 Information - Negotiation / Communication**
19. **08.15 Information - Decision making**
20. **08.16 Information - Disclosure of HIV status**
21. **08.17 Information - Providing prevention services**
22. **08.18 Information - Disclosure of HIV status**
23. **08.19 Information - Providing prevention services**
24. **08.20 Information - HIV medication therapy adherence**
25. **08.21 Information - Alcohol and drug use prevention**
26. **08.22 Information - Sexual health**
27. **08.23 Information - TB testing**
28. **08.88 Information - Other**
29. **09.01 Demonstration - Condom/barrier use**
30. **09.02 Demonstration - IDU risk reduction**
31. **09.03 Demonstration - Negotiation/Communication**
32. **09.04 Demonstration - Decision making**
33. **09.05 Demonstration - Disclosure of HIV status**
34. **09.06 Demonstration - Providing prevention services**
35. **09.07 Demonstration - Partner notification**
36. **09.88 Demonstration - Other**
37. **10.01 Practice - Condom/barrier use**
38. **10.02 Practice - IDU risk reduction**
39. **10.03 Practice - Negotiation/Communication**
40. **10.04 Practice - Decision making**
41. **10.05 Practice - Disclosure of HIV status**
42. **10.06 Practice - Providing prevention services**
43. **10.07 Practice - Partner notification**
44. **10.88 Practice - Other**
45. **11.01 Discussion - Sexual risk reduction**
46. **11.02 Discussion - IDU risk reduction**
47. **11.03 Discussion - HIV testing**
48. **11.04 Discussion - Other sexually transmitted diseases**
49. **11.05 Discussion - Disclosure of HIV status**
50. **11.06 Discussion - Partner notification**
51. **11.07 Discussion - HIV medication therapy adherence**
52. **11.08 Discussion - Abstinence/postpone sexual activity**
53. **11.09 Discussion - IDU risk free behavior**
54. **11.10 Discussion - HIV/AIDS transmission**
55. **11.11 Discussion - Viral hepatitis**
56. **11.12 Discussion - Living with HIV/AIDS**
57. **11.13 Discussion - Availability of HIV/AIDS counseling & testing**
58. **11.14 Discussion - Availability of partner notification and referral services**
59. **11.15 Discussion - Availability of social services**
60. **11.16 Discussion - Availability of medical services**
61. **11.17 Discussion - Condom/barrier use**
62. **11.18 Discussion - Negotiation/Communication**
63. **11.19 Discussion - Decision making**
64. **11.20 Discussion - Providing prevention services**
65. **11.21 Discussion - Alcohol and drug use prevention**
66. **11.22 Discussion - Sexual health**
67. **11.23 Discussion - TB testing**
68. **11.24 Discussion - Stage based encounter**
69. **11.88 Discussion - Other**
70. **12.01 Other testing - Pregnancy**
71. **12.02 Other testing - STD**
72. **12.03 Other testing - Viral hepatitis**
73. **12.04 Other testing - TB**
74. **12.05 Distribution - Safe sex kits**
75. **12.06 Distribution - Safer injection/bleach kits**
76. **12.07 Distribution - Lubricants**
77. **12.08 Distribution - Male condoms**
78. **12.09 Distribution - Female condoms**
79. **12.10 Distribution - Education materials**
80. **12.11 Distribution - Referral lists**
81. **12.12 Distribution - Role model stories**
82. **12.13 Distribution - Dental dams**
83. **12.14 Distribution - Other**
84. **12.15 Post-intervention follow up**
85. **12.16 Post-intervention booster session**
86. **12.17 HIV Testing History Survey**
87. **12.18 Risk Reduction Counseling**
88. **12.19 Personalized Cognitive Counseling**
89. **12.20 Other (specify)**
**CDC requires the following information on preliminary & confirmed positives**

**Was client referred to HIV medical care?**

- **Yes** → **If Yes, did client attend the first appointment?**
  - Confirmed—Accessed service
  - Confirmed—Did not access service
  - Don’t know
  - Pending
  - Lost to follow-up
  - No follow-up

- **No** → **If No, why?**
  - Client already in HIV medical care
  - Client declined HIV medical care

**Was client referred to/contacted by Partner Services?**

- **Yes** → **If Yes, was the client interviewed for Partner Services?**
  - **Yes**
  - **No**
  - Don’t Know

**Was client referred to HIV Prevention Services?**

- **Yes** → **If Yes, did client receive HIV Prevention Services?**
  - **Yes**
  - **No**
  - Don’t Know

**If female, is client pregnant?**

- **Yes** → **If Yes, is client in prenatal care?**
  - **Yes**
  - **No**
  - Don’t Know

**For Health Departments Use ONLY**

Prior to the client testing positive during this testing event, was she/he previously reported to the jurisdiction’s surveillance department as being HIV-positive?

- **Yes**
- **Don’t Know**
- **No**
- **Not Checked**

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Notes: __________________________________________________________

______________________________________________________________
### HIV Incidence

**if required by Health Department**

<table>
<thead>
<tr>
<th>Date client reported information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
</tr>
</tbody>
</table>

Has the client ever had a previous positive HIV Test?
- Yes
- No
- Don’t Know
- Declined

<table>
<thead>
<tr>
<th>Date of first positive HIV Test:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
</tr>
</tbody>
</table>

Has the client ever had a negative HIV Test?
- Yes
- No
- Don’t Know
- Declined

<table>
<thead>
<tr>
<th>Date of last negative HIV Test:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
</tr>
</tbody>
</table>

Number of negative HIV tests within 24 months before the current (or first positive) HIV test:
- Don’t Know
- Declined

Has the client used or is client currently using antiretroviral medication (ARV)?
- Yes → If yes, specify antiretroviral medications
- No
- Don’t Know
- Declined

<table>
<thead>
<tr>
<th>Date ARV began:</th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Date of last ARV use:</th>
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### PART THREE

<table>
<thead>
<tr>
<th>Code</th>
<th>Medication</th>
</tr>
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<tbody>
<tr>
<td>01</td>
<td>Videx (didanosine, ddl)</td>
</tr>
<tr>
<td>14</td>
<td>Videx EC (didanosine, ddl)</td>
</tr>
<tr>
<td>17</td>
<td>Viracept (nelfinavir, NFV)</td>
</tr>
<tr>
<td>05</td>
<td>Viramune (nevirapine, NVP)</td>
</tr>
<tr>
<td>12</td>
<td>Viread (tenofovir DF, TDF)</td>
</tr>
<tr>
<td>04</td>
<td>Zerit ( stavudine, d4T)</td>
</tr>
<tr>
<td>20</td>
<td>Ziagen (abacavir, ABC)</td>
</tr>
<tr>
<td>89</td>
<td>Other</td>
</tr>
<tr>
<td>99</td>
<td>Unspecified</td>
</tr>
</tbody>
</table>

- Agenerase (amprenavir)
- Aptivus (tipranavir, TPV)
- Atripla (efavirenz/emtricitabine/tenofovir DF)
- Combivir (lamivudine/zidovudine, 3TC/AZT)
- Complera (emtricitabine,rilpivirine/tenofovir DF, FTC/RPV/TDF)
- Crixivan (indinavir, IDV)
- Edurant (rilpivirine, RPV)
- Emtriva (emtricitabine, FTC)
- Epivir (lamivudine, 3TC)
- Epzicom (abacavir/lamivudine, ABC/3TC)
- Fortovase (saquinavir, SQV)
- Fuzen (enfuvirtide, T20)
- Hepsera (adefovir)
- Hydroxyurea
- Invirase (saquinavir, SQV)
- Intelen (etravirine)
- Isentress (raltegravir)
- Kaletra (lopinavir, ritonavir)
- Lexiva (fosamprenavir, 908)
- Norvir (ritonavir, RTV)
- Prezista (darunavir, DRV)
- Rescriptor (delavirdine, DLV)
- Retrovir (lamivudine, ZDV/AZT)
- Reyataz (atazanavir, ATV)
- Saquinavir (Fortavase,Invirase)
- Selzentry (maraviroc)
- Sustiva (efavirenz, EFV)
- Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC, AZT)
- Truvada (tenofovir DF/emtricitabine, TDF/FTC)
- Videx (didanosine, ddl)
- Viracept (nelfinavir, NFV)