General Instructions for completing the EvaluationWeb HIV Test Form Template

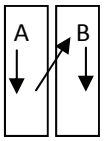
This HIV testing data collection template is provided to assist CDC grantees who are collecting National HIV Prevention Program Monitoring and Evaluation HIV testing data. This template is not mandated for use in the field and may be customized so that an agency may make any changes to the template to 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)).

EVALUATIONWEB ® 2012 HIV TEST TEMPLATE

PART ONE

Enter or adhere Form ID

Program Announcement (select only one)

- ☐ PS12-1201 Category A
- ☐ PS12-1201 Category B
- ☐ PS12-1201 Category C
- ☐ Other: _____
- ☐ PS11-1113
- ☐ PS10-1003
- ☐ PS08-803
- ☐ MSM Testing Initiative

Session Date M M D D Y Y Y Y

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) F .

Site Zip Code

Site County

Client ID

Date of Birth (enter 01/01/1800 if unknown) M M D D Y Y Y Y

Client State

Client County

Client Zip Code

Client Ethnicity

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Don't know
- ☐ Declined

Client Race (check all that apply)

- ☐ American IN/AK Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native HI/Pac. Islander
- ☐ White
- ☐ Don't know
- ☐ Declined

Client Assigned Sex at Birth

☐ Male ☐ Female ☐ Declined

Client Current Gender Identity

- ☐ Male
- ☐ Female
- ☐ Declined
- ☐ Additional specify:
- ☐ Transgender M2F
- ☐ Transgender F2M
- ☐ Transgender unspecified

Previous HIV Test?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Declined
- ☐ Not Asked

If Yes, what is the client's Self Reported Result?

- ☐ Negative
- ☐ Positive
- ☐ Preliminary Positive
- ☐ Indeterminate
- ☐ Don't know
- ☐ Declined
- ☐ Not Asked

Sample Date M M D D Y Y Y Y M M D D Y Y Y Y M M D D Y Y Y Y

	HIV Test 1	HIV Test 2	HIV Test 3
Worker ID			
Test Election	☐ Test not offered ☐ Anonymously ☐ Confidentially ☐ Declined Testing	☐ Test not offered ☐ Anonymously ☐ Confidentially ☐ Declined Testing	☐ Test not offered ☐ Anonymously ☐ Confidentially ☐ Declined Testing
Test Technology	☐ Conventional ☐ Rapid ☐ NAAT/RNA Testing ☐ Other	☐ Conventional ☐ Rapid ☐ NAAT/RNA Testing ☐ Other	☐ Conventional ☐ Rapid ☐ NAAT/RNA Testing ☐ Other
Test Result	☐ Positive/Reactive ☐ Negative ☐ Indeterminate ☐ Invalid ☐ No Result	☐ Positive/Reactive ☐ Negative ☐ Indeterminate ☐ Invalid ☐ No Result	☐ Positive/Reactive ☐ Negative ☐ Indeterminate ☐ Invalid ☐ No Result
Result Provided	☐ Yes ☐ No ☐ Yes, client obtained results from another agency	☐ Yes ☐ No ☐ Yes, client obtained results from another agency	☐ Yes ☐ No ☐ Yes, client obtained results from another agency
If Results NOT provided, why?	☐ Declined Notification ☐ Did not return/ Could not locate ☐ Other	☐ Declined Notification ☐ Did not return/ Could not locate ☐ Other	☐ Declined Notification ☐ Did not return/ Could not locate ☐ Other

Choose one if

- ☐ Client completed a behavioral risk profile
- ☐ Client was not asked about behavioral risk factors
- ☐ Client was asked, but no behavioral risks identified

In the past 12 months has the client identified the following:

	Male	Female	Transgender
Vaginal or Anal Sex with	☐	☐	☐
Without using a condom	☐	☐	☐
With a person who is an IDU	☐	☐	☐
With a person who is HIV +	☐	☐	☐

Has the client had vaginal or anal sex with an MSM? **FEMALE ONLY** ☐ Yes

Has the client used injection drugs? ☐ Yes

If yes, did client share drug injection equipment? ☐ Yes

Additional Risk Factor(s) (enter two digit code from page 2)

1		3	
2		4	

Optional Session Activities	1			-			3			-			
Optional Session Activities	2			-			4			-			
Local Use Field	L1						L3						
Local Use Field	L2						L4						

Revised: 10/19/2012

Codes for Site Types: CLINICAL

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

Codes for Site Types: NON CLINICAL

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

Codes for Other Risk Factor(s)

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

Codes for Other Session Activities

04.00 Referral
05.00 Personalized Risk assessment
06.00 Elicit Partners
07.00 Notification of exposure
08.01 Information – HIV/AIDS transmission
08.02 Information-Abstinence/postpone sexual activity
08.03 Information-Other sexually transmitted diseases
08.04 Information-Viral hepatitis
08.05 Information – Availability of HIV/STD counseling and testing
08.06 Information-Availability of partner notification and referral services
08.07 Information – Living with HIV/AIDS
08.08 Information – Availability of social services
08.09 Information – Availability of medical services
08.10 Information – Sexual risk reduction
08.11 Information – IDU risk reduction
08.12 Information – IDU risk free behavior
08.13 Information – Condom/barrier use
08.14 Information – Negotiation / Communication
08.15 Information – Decision making
08.16 Information – Disclosure of HIV status
08.17 Information – Providing prevention services
08.18 Information – HIV testing
08.19 Information – Partner notification
08.20 Information – HIV medication therapy adherence
08.21 Information – Alcohol and drug use prevention
08.22 Information – Sexual health
08.23 Information – TB testing
08.88 Information – Other
09.01 Demonstration – Condom/barrier use
09.02 Demonstration – IDU risk reduction
09.03 Demonstration – Negotiation/ Communication
09.04 Demonstration – Decision making
09.05 Demonstration – Disclosure of HIV status
09.06 Demonstration – Providing prevention services
09.07 Demonstration – Partner notification
09.88 Demonstration – Other
10.01 Practice – Condom/barrier use
10.02 Practice – IDU risk reduction
10.03 Practice – Negotiation/Communication
10.04 Practice – Decision making
10.05 Practice – Disclosure of HIV status
10.06 Practice – Providing prevention services
10.07 Practice – Partner notification
10.88 Practice – Other
11.01 Discussion – Sexual risk reduction
11.02 Discussion – IDU risk reduction
11.03 Discussion – HIV testing
11.04 Discussion – Other sexually transmitted diseases
11.05 Discussion – Disclosure of HIV status
11.06 Discussion – Partner notification
11.07 Discussion – HIV medication therapy adherence
11.08 Discussion – Abstinence/postpone sexual activity
11.09 Discussion – IDU risk free behavior
11.10 Discussion – HIV/AIDS transmission
11.11 Discussion – Viral hepatitis
11.12 Discussion – Living with HIV/AIDS
11.13 Discussion – Availability of HIV/AIDS counseling & testing
11.14 Discussion – Availability of partner notification and referral services
11.15 Discussion – Availability of social services
11.16 Discussion – Availability of medical services
11.17 Discussion – Condom/barrier use
11.18 Discussion – Negotiation/Communication
11.19 Discussion – Decision making
11.20 Discussion – Providing prevention services
11.21 Discussion – Alcohol and drug use prevention
11.22 Discussion – Sexual health
11.23 Discussion – TB testing
11.24 Discussion - Stage based encounter
11.88 Discussion – Other
12.01 Other testing – Pregnancy
12.02 Other testing – STD
12.03 Other testing – Viral hepatitis
12.04 Other testing – TB
13.01 Distribution – Male condoms
13.02 Distribution – Female condoms
13.03 Distribution – Safe sex kits
13.04 Distribution – Safer injection/bleach kits
13.05 Distribution – Lubricants
13.06 Distribution – Education materials
13.07 Distribution – Referral lists
13.08 Distribution – Role model stories
13.09 Distribution - Dental dams
13.88 Distribution – Other
14.01 Post-intervention follow up
14.02 Post-intervention booster session
15.00 HIV Testing History Survey
16.00 Risk Reduction Counseling
17.00 Personalized Cognitive Counseling
89 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 → **If yes, was the client interview within 30 days of receiving their result?**
    - ☐ Yes
    - ☐ No
    - ☐ Don't Know
  - ☐ No
  - ☐ Don't Know
- ☐ No

Was client referred to HIV Prevention Services?

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

If female, is client pregnant ?

- ☐ **Yes** → **If Yes, is client in prenatal care?**
  - ☐ Yes
  - ☐ No
  - ☐ Don't Know
  - ☐ Declined
  - ☐ Not Asked
- ☐ No
- ☐ Don't Know
- ☐ Declined
- ☐ Not Asked

Local Use Field					
L5					
L6					
L7					
L8					
L9					
L10					
L11					
L12					
L13					
L14					
L15					
L16					
L17					

CDC Use Fields					
C3					
C4					
C5					
C6					
C7					
C8					

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
- ☐ No
- ☐ Don't Know
- ☐ Not Checked

Notes:_____

_____

PART THREE

HIV Incidence

if required by Health Department

Date client reported information:	M M	D D	Y Y Y Y

Has the client ever had a previous positive HIV Test?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Declined

Date of first positive HIV Test:	M M	D D	Y Y Y Y

Has the client ever had a negative HIV Test?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Declined

Date of last negative HIV Test:	M M	D D	Y Y Y Y

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

1		3	
2		4	

(see codes from right hand column)

Date ARV began:	M M	D D	Y Y Y Y
Date of last ARV use:	M M	D D	Y Y Y Y

22	Agenerase (amprenavir)
30	Aptivus (tipranavir, TPV)
32	Atripla (efavirenz/emtricitabine/tenofovir DF)
24	Combivir (lamivudine/zidovudine,3TC/AZT
38	Complera (emtricitabine,rilpivirine/tenofovir DF, FTC/RPV/TDF)
06	Crixivan (indinavir, IDV)
37	Edurant (rilpivirine, RPV)
11	Emtriva (emtricitabine, FTC)
03	Epivir (lamivudine, 3TC)
28	Epzicom (abacavir/lamivudine, ABC/3TC)
25	Fortovase (saquinavir, SQV)
10	Fuzeon (enfuvirtide, T20)
19	Hepsera (adefovir)
02	Hivid (zalcitabine, ddC)
23	Hydroxyurea
18	Invirase (saquinavir,SQV)
34	Intelence (etravirine)
36	Isentress (raltegravir)
16	Kaletra (lopinavir, ritonavir)
31	Lexiva (fosamprenavir, 908)
07	Norvir (ritonavir, RTV)
33	Prezista (darunavir,DRV)
09	Rescriptor (delavirdine, DLV)
26	Retrovir (zidovudine, ZDV,AZT)
15	Reyataz (atazanavir, ATV)
08	Saquinavir (Fortavase,Invirase)
35	Selzentry (maraviroc)
21	Sustiva (efavirenz, EFV)
13	Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC, AZT
27	Truvada (tenofovir DF/emtricitabine, TDF/FTC
01	Videx (didanosine, ddl)
14	Videx EC (didanosine, ddl)
17	Viracept (nelfinavir, NFV)
05	Viramune (nevirapine, NVP)
12	Viread (tenofovir DF, TDF)
04	Zerit (stavudine, d4T)
20	Ziagen (abacavir, ABC)
89	Other
99	Unspecified