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
### Part One

**Client ID**

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>M</th>
<th>M</th>
<th>D</th>
<th>D</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>(enter 01/01/1800 if unknown)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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
- Transgender M2F
- Transgender F2M
- Declined
- Transgender unspecified
- Additional specify: ______________________

**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

**Program Announcement (select only one)**
- PS12-1201 Category A
- PS12-1201 Category B
- PS12-1201 Category C
- Other: ________________

**MSM Testing Initiative**
- PS08
- PS10
- PS11
- PS12

**Session Date**

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

**Site Type**

**Site ID Name/Number**

**Site Zip Code**

**Site County**

**Optional Session Activities**

<table>
<thead>
<tr>
<th>L2</th>
<th>L3</th>
<th>L4</th>
</tr>
</thead>
</table>

**EVALUATIONWEB © 2012 HIV TEST TEMPLATE**

**Test Result**

<table>
<thead>
<tr>
<th>HIV Test 1</th>
<th>HIV Test 2</th>
<th>HIV Test 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test not offered</td>
<td>Test not offered</td>
<td>Test not offered</td>
</tr>
<tr>
<td>Anonymous</td>
<td>Anonymous</td>
<td>Anonymous</td>
</tr>
<tr>
<td>Confidently</td>
<td>Confidently</td>
<td>Confidently</td>
</tr>
<tr>
<td>Declined Testing</td>
<td>Declined Testing</td>
<td>Declined Testing</td>
</tr>
</tbody>
</table>

**Test Technology**

<table>
<thead>
<tr>
<th>HIV Test 1</th>
<th>HIV Test 2</th>
<th>HIV Test 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional</td>
<td>Conventional</td>
<td>Conventional</td>
</tr>
<tr>
<td>Rapid</td>
<td>Rapid</td>
<td>Rapid</td>
</tr>
<tr>
<td>NAAT/RNA Testing</td>
<td>NAAT/RNA Testing</td>
<td>NAAT/RNA Testing</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Test Election**

<table>
<thead>
<tr>
<th>HIV Test 1</th>
<th>HIV Test 2</th>
<th>HIV Test 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive/Reactive</td>
<td>Positive/Reactive</td>
<td>Positive/Reactive</td>
</tr>
<tr>
<td>Negative</td>
<td>Negative</td>
<td>Negative</td>
</tr>
<tr>
<td>Indeterminate</td>
<td>Indeterminate</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>Invalid</td>
<td>Invalid</td>
<td>Invalid</td>
</tr>
<tr>
<td>No Result</td>
<td>No Result</td>
<td>No Result</td>
</tr>
</tbody>
</table>

**Result Provided**

<table>
<thead>
<tr>
<th>HIV Test 1</th>
<th>HIV Test 2</th>
<th>HIV Test 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**If Results NOT provided, why?**

<table>
<thead>
<tr>
<th>HIV Test 1</th>
<th>HIV Test 2</th>
<th>HIV Test 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declined Notification</td>
<td>Declined Notification</td>
<td>Declined Notification</td>
</tr>
<tr>
<td>Did not return/ Could not locate</td>
<td>Did not return/ Could not locate</td>
<td>Did not return/ Could not locate</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

**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
- Client declined to discuss behavioral risk factors

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

**Vaginal or Anal Sex with**
- Male
- Female
- Transgender
- 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

**Additional Risk Factor(s)**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

**Optional Session Activities**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

**Local Use Field**

<table>
<thead>
<tr>
<th>L1</th>
<th>L2</th>
<th>L3</th>
<th>L4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes for Site Types: CLINICAL</td>
<td>Codes for Site Types: NON CLINICAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F01.01 Clinical - Inpatient hospital</td>
<td>F04.05 Non-clinical - HIV testing site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F02.12 Clinical - TB clinic</td>
<td>F06.02 Non-clinical - Community setting - School/educational facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F02.19 Clinical - Substance abuse treatment facility</td>
<td>F06.03 Non-clinical - Community setting - Church/mosque/synagogue/temple</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F02.51 Clinical - Community health center</td>
<td>F06.04 Non-clinical - Community Setting - Shelter/transitional housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F03 Clinical - Emergency department</td>
<td>F06.05 Non-clinical - Community setting - Commercial facility</td>
<td></td>
<td></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>
<td></td>
<td></td>
</tr>
<tr>
<td>F09 Clinical - Pharmacy or other retail-based clinic</td>
<td>F06.08 Non-clinical - Community setting - Public area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F10 Clinical - STD clinic</td>
<td>F06.12 Non-clinical - Community setting - Individual residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F11 Clinical - Dental clinic</td>
<td>F06.88 Non-clinical - Community setting - Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F12 Clinical - Correctional facility clinic</td>
<td>F07 Non-clinical - Correctional facility - Non-healthcare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F13 Clinical - Other</td>
<td>F14 Non-clinical - Health department - Field visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F15 Non-clinical - Community Setting - Syringe exchange program</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F88 Non-clinical - Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

01 Exchange sex for drugs/money/or something they needed 12 Diagnosed with a sexually transmitted disease (STD)
02 While intoxicated and/or high on drugs 13 Sex with multiple partners
05 With person of unknown HIV status 14 Oral sex
06 With person who exchanges sex for drugs/money
08 With anonymous partner
09 With person who has hemophilia or transfusion/transplant recipient

**Codes for Other Session Activities**

04.00 Referral 09.01 Demonstration - Condom/barrier use 11.14 Discussion - Availability of partner notification and referral services
05.00 Personalized Risk assessment 09.02 Demonstration - IDU risk reduction 11.15 Discussion - Availability of social services
06.00 Elicit Partners 09.03 Demonstration - Negotiation/Communication 11.16 Discussion - Availability of medical services
07.00 Notification of exposure 09.04 Demonstration - Decision making 11.17 Discussion - Condom/barrier use
08.01 Information - HIV/AIDS transmission 09.05 Demonstration - Disclosure of HIV status 11.18 Discussion - Negotiation/Communication
08.02 Information-Abstinence/postpone sexual activity 09.06 Demonstration - Providing prevention services 11.19 Discussion - Decision making
08.03 Information-Other sexually transmitted diseases 09.07 Demonstration - Partner notification 11.20 Discussion - Providing prevention services
08.04 Information-Viral hepatitis 09.66 Demonstration - Other 11.21 Discussion - Alcohol and drug use prevention
08.05 Information - Availability of HIV/STD counseling and testing 10.01 Practice - Condom/barrier use 11.22 Discussion - Sexual health
08.06 Information- Availability of partner notification and referral services 10.02 Practice - IDU risk reduction 11.23 Discussion - TB testing
08.07 Information - Living with HIV/AIDS 10.03 Practice - Negotiation/Communication 11.66 Discussion - Other
08.08 Information - Availability of social services 10.04 Practice - Decision making 12.01 Other testing - Pregnancy
08.09 Information - Availability of medical services 10.05 Practice - Disclosure of HIV status 12.02 Other testing - STD
08.10 Information - Sexual risk reduction 10.06 Practice - Providing prevention services 12.03 Other testing - Viral hepatitis
08.11 Information - IDU risk reduction 10.07 Practice - Partner notification 12.04 Other testing - TB
08.12 Information - IDU risk free behavior 10.66 Practice - Other 13.01 Distribution - Male condoms
08.13 Information - Condom/barrier use 11.01 Discussion - Sexual risk reduction 13.02 Distribution - Female condoms
08.14 Information - Negotiation / Communication 11.02 Discussion - IDU risk reduction 13.03 Distribution - Safe sex kits
08.15 Information - Decision making 11.03 Discussion - HIV testing 13.04 Distribution - Safer injection/bleach kits
08.16 Information - Disclosure of HIV status 11.04 Discussion - Other sexually transmitted diseases 13.05 Distribution - Lubricants
08.17 Information - Providing prevention services 11.05 Discussion - Disclosure of HIV status 13.06 Distribution - Education materials
08.18 Information - HIV testing 11.06 Discussion - Partner notification 13.07 Distribution - Referral lists
08.19 Information - Partner notification 11.07 Discussion - HIV medication therapy adherence 13.08 Distribution - Role model stories
08.20 Information - HIV medication therapy adherence 11.08 Discussion - Abstinence/postpone sexual activity 13.66 Distribution - Other
08.21 Information - Alcohol and drug use prevention 11.09 Discussion - IDU risk free behavior 14.01 Post-intervention follow up
08.22 Information - Sexual health 11.10 Discussion - HIV/AIDS transmission 14.02 Post-intervention booster session
08.23 Information - TB testing 11.11 Discussion - Viral hepatitis 15.00 HIV Testing History Survey
08.66 Information - Other 11.12 Discussion - Living with HIV/AIDS 16.00 Risk Reduction Counseling
11.13 Discussion - Availability of HIV/AIDS counseling & testing 17.00 Personalized Cognitive Counseling
88 Other
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?
    - Yes
    - No
    - Don’t Know
  - If yes, was the first appointment within 90 days of the HIV test?
    - Yes
    - No
    - Don’t Know
- 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
- No
  - If yes, was the client interview within 30 days of receiving their result?
    - 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
- No

If female, is client pregnant?
- Yes
  - If yes, is client in prenatal care?
    - Yes
    - No
    - Don’t Know
- No
- Declined
- Not Asked

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:________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
### HIV Incidence

**if required by Health Department**

**Date client reported information:**

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

**Has the client ever had a previous positive HIV Test?**

- [ ] Yes
- [ ] No
- [ ] Don’t Know
- [ ] Declined

**Date of first positive HIV Test:**

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

**Has the client ever had a negative HIV Test?**

- [ ] Yes
- [ ] No
- [ ] Don’t Know
- [ ] Declined

**Date of last negative HIV Test:**

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

**Date ARV began:**

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

**Date of last ARV use:**

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

### PART THREE

#### Drugs

22 Agenerase (amprenavir)
30 Aptivus (tipranavir, TPV)
32 Atripla (efavirenz/emtricitabine/tenofovir DF)
24 Complera (emtricitabine, rilpivirine/tenofovir DF, FTC/RPV/TDF)
38 Complera (emtricitabine, rilpivirine/tenofovir DF, FTC/RPV/TDF)
06 Crixivan (indinavir, IDV)
37 Edurant (rilpivirine, RPV)
11 Emeria (emtricitabine, FTC)
03 Epivir (lamivudine, 3TC)
28 Epzicom (abacavir/lamivudine, ABC/3TC)
25 Fortovase (saquinavir, SQV)
10 Fuzen (enfuvirtide, T20)
19 Hepsera (adefovir)
02 Hivid (zalcitabine, ddC)
23 Hydroxyurea
18 Invirase (saquinavir, SQV)
34 Intelen (etralvirine)
36 Isentress (raltegravir)
16 Kaletra (lopinavir, ritonavir)
31 Lexiva (fosamprenavir, 908)
07 Norvir (ritonavir, RTV)
33 Prezista (darunavir, DRV)
09 Rescriptor (delavirdine, DVL)
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 (nef marinavir, NFV)
05 Viramune (nevirapine, NVP)
12 Viread (tenofovir DF, TDF)
04 Zerit ( stavudine, d4T)
20 Ziagen (abacavir, ABC)
89 Other
99 Unspecified

(see codes from right hand column)