

EvaluationWeb® PS24-0047 HIV Testing Template

Form ID (enter or adhere)

1 Agency and Client Information (complete for ALL persons)

Session Date	Year of Birth (1800 if unknown)
Program Announcement <input type="radio"/> PS24-0047	Client State (USPS abbreviation)
<input type="radio"/> PS24-0047 EHE <input type="radio"/> PS24-0047 Supplemental	Client County
<input type="radio"/> Other CDC funded <input type="radio"/> Other non-CDC funded	Client ZIP Code
Specify Other (optional) ↓	Client Ethnicity
Agency Name or ID	<input type="radio"/> Hispanic or Latino <input type="radio"/> Don't know
Site Name or ID	<input type="radio"/> Not Hispanic or Latino <input type="radio"/> Declined to Answer
Site Type (codes below)	Client Race (select all that apply)
Site ZIP Code	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White
Site County	<input type="checkbox"/> Asian <input type="checkbox"/> Not Specified
Local Client ID (optional)	<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
	Client Sex
	<input type="radio"/> Male <input type="radio"/> Female
	Has the client had an HIV test previously?
	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know

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

Additional Site Types:

- F40 - Mobile Unit
- F50 - Self-Testing

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)	Laboratory-based Test Result
<input type="radio"/> Preliminary Positive	<input type="radio"/> HIV-1 Positive
<input type="radio"/> Positive	<input type="radio"/> HIV-1 Positive, possibly acute
<input type="radio"/> Negative	<input type="radio"/> HIV-2 Positive
<input type="radio"/> Discordant	<input type="radio"/> HIV Positive, undifferentiated
<input type="radio"/> Invalid	<input type="radio"/> HIV-1 Negative, HIV-2 Inconclusive
	<input type="radio"/> HIV-1 Negative
	<input type="radio"/> HIV Negative
	<input type="radio"/> Inconclusive, further testing needed

Result provided to client?
 No Yes Yes, client obtained the result from another agency

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 Don't know Not asked
 Yes Declined to Answer

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

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

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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

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 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

