

EvaluationWeb® PS24-0047 HIV Testing Template

Form ID (enter or adhere)

1 Agency and Client Information (complete for ALL persons)

Session Date

Program Announcement ☐ PS18-1802 Demonstration Projects
☐ PS15-1506 PrIDE ☐ PS19-1901 CDC STD
☐ PS15-1509 THRIVE ☒ PS24-0047
☐ PS17-1711 ☐ Other CDC funded
☐ PS18-1802 ☐ Other non-CDC funded

Specify Other (optional)

Agency Name or ID

Site Name or ID

Site Type (codes below)

Site ZIP Code

Site County

Local Client ID (optional)

Year of Birth (1800 if unknown)

Client State (USPS abbreviation)

Client County (

Client ZIP Code

Client Ethnicity

☐ Hispanic or Latino ☐ Don't know
☐ Not Hispanic or Latino ☐ Declined to Answer

Client Race (select all that apply)

☐ American Indian/Alaska Native ☐ White
☐ Asian ☐ Not Specified
☐ Black/African American ☐ Declined to Answer
☐ Native Hawaiian/Pacific Islander ☐ Don't Know

Client Assigned Sex at Birth

☐ Male ☐ Female ☐ Declined to Answer

Client Current Gender Identity

☐ Male ☐ Transgender Unspecified
☐ Female ☐ Another Gender
☐ Transgender Male to Female ☐ Declined to Answer
☐ Transgender Female to Male

Has the client had an HIV test previously?

☐ No ☐ Yes ☐ 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

Form Approved: OMB No. 0920-0696, Exp. 10/31/2024. Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia, 30333, ATTN: PRA 0920-0696. CDC 50.135b(E),10/2007

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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

☐ HIV-1 Positive
☐ HIV-1 Positive, possibly 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 ☐ Declined to Answer
at risk of losing housing ☐ Don't know
☐ Stably housed

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

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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 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

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8 Local Use Fields (optional)

Local Use Field 1

Local Use Field 2

Local Use Field 3

Local Use Field 4

Local Use Field 5

Local Use Field 6

Local Use Field 7

Local Use Field 8

Notes (optional)

9 Health Department Use Only
(complete for persons testing **POSITIVE** for HIV)

eHARS State Number

eHARS City/County Number

New or Previous diagnosis?

- ☐ New diagnosis, verified ☐ Previous diagnosis
☐ New diagnosis, not verified ☐ Unable to determine

Has the client seen a medical care provider in the past six months for HIV treatment?

- ☐ No
 ☐ Declined to Answer
☐ Yes
 ☐ Don't know

Partner Services Case Number

Was the client interviewed for Partner Services?

- ☐ Yes, by health department staff
- ☐ Yes, by a non-health department person trained by the health department to conduct partner services
- ☐ No
- ☐ Don't Know

Date of Interview

Value Definitions for New or Previous Diagnosis

New diagnosis, verified - The HIV surveillance system was checked and no prior report was found and there is no indication of a previous diagnosis by either client self-report (if the client was asked) or review of other data sources (if other data sources were checked).

New diagnosis, not verified - The HIV surveillance system was not checked and the classification of new diagnosis is based only on no indication of a previous positive HIV test by client self-report or review of other data sources.

Previous diagnosis - Previously reported to the HIV surveillance system or the client reports a previous positive HIV test or evidence of a previous positive test is found on review of other data sources.

Unable to determine - The HIV surveillance system was not checked and no other data sources were reviewed and there is no information from the client about previous HIV test results.