

EvaluationWeb® 2018 HIV Test Template

Form ID (enter or adhere)

1 Agency and Client Information (complete for ALL persons)

Session Date	Client State (USPS abbreviation)
Program Announcement <input type="radio"/> PS15-1506 PrIDE <input type="radio"/> PrEP Funded Activities <input type="radio"/> PS15-1509 THRIVE <input type="radio"/> PS19-1901 CDC STD <input type="radio"/> PS17-1711 <input type="radio"/> Other CDC funded <input type="radio"/> PS18-1802 <input type="radio"/> Other non-CDC funded <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Specify Other (optional)</div>	Client County (3-digit FIPS code)
Agency Name or ID	Client ZIP Code
Site Name or ID	Client Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Declined to Answer
Site Type (codes below)	Client Race (select all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Not Specified <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
Site ZIP Code	Client Assigned Sex at Birth <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Declined to Answer
Site County (3-digit FIPS code)	Client Current Gender Identity <input type="radio"/> Male <input type="radio"/> Transgender Unspecified <input type="radio"/> Female <input type="radio"/> Another Gender <input type="radio"/> Transgender Male to Female <input type="radio"/> Declined to Answer <input type="radio"/> Transgender Female to Male
Local Client ID (optional)	Has the client had an HIV test previously? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
Year of Birth (1800 if unknown)	

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

Site Types: Mobile

- F40 - Mobile Unit

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. 10/31/2021. 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) <input type="radio"/> Preliminary Positive <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Discordant <input type="radio"/> Invalid	Laboratory-based Test <input type="radio"/> HIV-1 Positive <input type="radio"/> HIV-1 Positive, possibly acute <input type="radio"/> HIV-2 Positive <input type="radio"/> HIV Positive, undifferentiated <input type="radio"/> HIV-1 Negative, HIV-2 Inconclusive <input type="radio"/> HIV-1 Negative <input type="radio"/> HIV Negative <input type="radio"/> Inconclusive,
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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 (If Yes, complete section 8 questions)

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 house 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

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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 Texas Specific (optional for non-funded PrEP activities)

What type(s) of insurance does the client have?
(Answered when referred to prep is 'Yes'; Select all that apply response)

- Private Insurance
- Medicare
- Medicaid/State Insurance
- Local/County/City Insurance
- Tricare
- Uninsured
- Client Doesn't Know/Declined

What types of linkage services was the client provided?
(If assistance with linkage was answered as 'Yes'; Select all that apply).

- Transportation
- Scheduling Appointments
- Benefits/Insurance Navigation
- Accompaniment
- Follow up and Reminders
- Adherence Support and Counseling
- Other

Date of first PrEP prescription written: ____ / ____ / ____
MM/DD/YYYY

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

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

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

Partner Services Case Number

Was the client interviewed for Partner Services?

- Yes, by a health department specialist
- 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 POC Rapid Test Results

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 not checked and no other data sources were reviewed and there is no information from the client about previous HIV test results.