

2018 SNHD EVALUATIONWEB TEMPLATE

Enter or adhere Form ID																																																																											
Session Date		M	M	D	D	Y	Y	Y	Y	Sample Date		M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y																																																
Program Announcement (select only one)		<input type="checkbox"/> PS18-1802 Category A <input type="checkbox"/> PS12-1201 Category B <input type="checkbox"/> PS15-1502 Category A <input type="checkbox"/> PS15-1502 Category B <input type="checkbox"/> PS15-1506 PRIDE <input type="checkbox"/> PS15-1509 <input type="checkbox"/> PS17-1704 Category A–YMSM <input type="checkbox"/> PS17-1704 Category B–YTG <input type="checkbox"/> OTHER: SAPTA HIV Testing																																																																									
All CDC-directly funded CBOs must to complete the required additional HIV test questions.		Agency Name/ID Number		N/A																																																																							
Directly Funded CBO Agency ID (For CDC-directly funded CBOs only)		N/A																																																																									
Site Name/ID Number																																																																											
Site Type (enter type code from page 3)		#	#	.	#	#	Test Election		<input type="checkbox"/> Anonymously <input type="checkbox"/> Confidentially <input type="checkbox"/> Test Not Offered	<input type="checkbox"/> Anonymously <input type="checkbox"/> Confidentially <input type="checkbox"/> Test Not Offered <input type="checkbox"/> Declined Testing	<input type="checkbox"/> Anonymously <input type="checkbox"/> Confidentially <input type="checkbox"/> Test Not Offered <input type="checkbox"/> Declined Testing																																																																
Site ZIP Code																																																																											
Site County (enter 3-digit FIPS code)																																																																											
Client ID																																																																											
Client Record Number (Required for CDC-directly funded CBOs. Numeric only)		#	#	#	#	#	#	#	#	#	#	Test Technology		<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid <input type="checkbox"/> NAAT/RNA Testing <input type="checkbox"/> Other	<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid <input type="checkbox"/> NAAT/RNA Testing <input type="checkbox"/> Other	<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid <input type="checkbox"/> NAAT/RNA Testing <input type="checkbox"/> Other																																																											
Date of Birth (enter 01/01/1800 if unknown)		M	M	D	D	Y	Y	Y	Y	Test Result		<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result	<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result	<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result																																																													
Client State (use USPS abbreviation)		NV																																																																									
Client County																																																																											
Client ZIP Code																																																																											
Client Ethnicity		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined																																																																									
Client Race (check all that apply)		<input type="checkbox"/> American IN/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not specified																																																																									
Client Assigned Sex at Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female Declined to answer																																																																									
Client Current Gender Identity		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined Another gender <input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Transgender Unspecified																																																																									
Previous HIV Test?		<input type="checkbox"/> No <input type="checkbox"/> Yes → If Yes, what is the client's self-reported result? <input type="checkbox"/> Don't Know <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked																																																																									
Choose status of collection of behavioral risk profile		<input type="checkbox"/> Client completed a behavioral risk profile <input type="checkbox"/> Client was not asked about behavioral risk factors <input type="checkbox"/> Client was asked, but no behavioral risks identified <input type="checkbox"/> Client declined to discuss behavioral risk factors																																																																									
For clients completing a risk profile, did the client report the following behaviors in the past 12 months? (select all that apply)																																																																											
		<table border="1"> <thead> <tr> <th></th> <th>No</th> <th>Yes</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td>Vaginal or Anal Sex with a male</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>    With a male without using a condom</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>    With a male who is IDU</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>    With a male who is HIV +</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Vaginal or Anal Sex with a female</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>    With a female without using a condom</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>    With a female who is IDU</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>    With a female who is HIV +</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Vaginal or Anal Sex with a transgender person</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>    With a transgender without using a condom</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>    With a transgender who is IDU</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>    With a transgender who is HIV +</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Injection drug use</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>    Share drug injection equipment?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Vaginal or Anal Sex with MSM (female only)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>											No	Yes	Don't Know	Vaginal or Anal Sex with a male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a male without using a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a male who is IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a male who is HIV +	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vaginal or Anal Sex with a female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a female without using a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a female who is IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a female who is HIV +	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vaginal or Anal Sex with a transgender person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a transgender without using a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a transgender who is IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a transgender who is HIV +	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Injection drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Share drug injection equipment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vaginal or Anal Sex with MSM (female only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Additional Risk Factors (enter two-digit code from page 3)		1	#	#	2	#	#	3	#	#	4	#	#																																																														
Session Activities (enter codes from page 3)		1	#	#	.	#	#	3	#	#	.	#	#																																																														
Local Use Fields		L1	#	#	#	#	#	L3	#	#	#	#	#																																																														
		L2	#	#	#	#	#	L4	#	#	#	#	#																																																														

Additional Tests (complete for ALL persons)				Essential Support Services			
Was the client tested for co-infections?					Screened for need	Need determined	Provided or referred
No      Yes				Health	No	No	No
Tested for Syphilis?				benefits	Yes	Yes	Yes
No      Yes				navigation and enrollment	No	No	No
Tested for Gonorrhea?				Evidence-based risk reduction intervention	Yes	Yes	Yes
No      Yes				Behavioral health services	No	No	No
Tested for Chlamydial infection?				Social services	Yes	Yes	Yes
No      Yes					No	No	No
Tested for Hepatitis C?					Yes	Yes	Yes
No      Yes					No	No	No
<b>Complete for ALL persons</b>					Yes	Yes	Yes
Is the client at risk for HIV infection?					No	No	No
No      Yes      Risk Not Known      Not Assessed					Yes	Yes	Yes
<b>PrEP Awareness and Use/Priority Populations</b>				<b>If Released From a Facility Within 7 Days</b>			
Has the client ever heard of PrEP (Pre-Exposure Prophylaxis)?				Address:			
No      Yes				Emergency contact name:			
Is the client currently taking daily PrEP medication?				Phone Number:			
No      Yes				Email:			
Has The client used PrEP anytime in the last 12 months?				<b>Substance Use</b>			
No      Yes				In the last year, have you ever drunk alcohol or used drugs more than you meant too?			
In the past five years, has the client had sex with a male?				No      Yes (If yes, please answer the next question)			
No      Yes				Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?      No      Yes			
In the past five years, has the client had sex with a female?							
No      Yes				<b>HCV Supplemental</b>			
In the past five years, has the client had sex with a transgender person?				Has client had a previous HCV test?			
No      Yes				No      Yes      Don't know			
In the past five years, has the client injected drugs or substances?				Has client ever shared snorting straws?			
No      Yes				No      Yes      Refused to answer			
Was the client screened for PrEP eligibility?				Has client ever shared pipes?			
No      Yes				No      Yes      Refused to answer			
Is the client eligible for PrEP referral?				Has client ever had a tattoo or body piercing outside of a regulated facility?			
No      Yes, by CDC criteria      Yes, by local criteria or protocol				No      Yes      Refused to answer			
Was the client given a referral to a PrEP provider?				Has client ever shared personal hygiene items (razor, toothbrush, hairbrush, etc.) with someone infected with HCV?			
No      Yes				No      Yes      Refused to answer			
Has client ever BEEN in prison or jail?							
No      Yes							