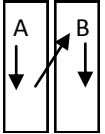


General instructions for completing the EvaluationWeb HIV Test Template

This HIV testing data collection template is provided to assist CDC grantees who are collecting National HIV Prevention Program Monitoring and Evaluation (NHME) 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. Contact the NHME Service Center to receive a Microsoft Publisher version of this template that can be edited (1-855-374-7310 or NHMEservice@cdc.gov).

- Part One—for all CDC-funded testing events
- Part Two—for recording linkage and referral data on all preliminary and confirmed HIV-positive clients
- Part Three—for jurisdictions funded to collect HIV incidence data. These data should be entered into EvaluationWeb.
- **NHM&E Required Additional HIV Test Questions for CDC-Directly Funded CBOs-Completion of the NHM&E Required Additional HIV Test questions are mandatory for CDC-directly funded CBOs. The required additional HIV Test questions are to be collected per client per testing event.**



This template is designed 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. This template is **not** intended for use as an Optical Character Recognition (OCR) document.

Detailed instructions for completing the EvaluationWeb HIV Test Template

- The fields on this form reflect data requirements as described in the most current NHME Data Variable Set.
- Six data fields are mandatory for a valid testing event: Form ID, Session Date, Program Announcement, Agency ID or CBO agency ID as applicable, Jurisdiction (populated automatically in EvaluationWeb) and Site ID.
- Write in the Form Identification (ID) number or adhere a sticker with the Form ID (barcode) to each data entry page.
- There are three different response formats that you will use to record data: (1) text boxes, (2) check boxes and (3) fill-in ovals. Text boxes are used to write in information (codes and dates). Check boxes and fill-in ovals are used to select only one response, unless otherwise indicated on the template.
- Page 3 lists codes for Site Type, Other Risk Factor(s), and Other Session Activities. Please refer to these codes for entry in Part One.
- 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 and Site. In these instances you will want to follow the convention of your jurisdiction. Do not write both the identification number and name for these fields.
- For client county of residence, report the three-digit FIPS code for the county, not the county name.

For assistance with data reporting and submissions

- To add new sites, contact the HELP DESK at Luther Consulting (help@lutherconsulting.com or 1-866-517-6570 option #1).
- For questions about NHME data elements, contact the NHME Service Center (NHMEservice@cdc.gov or 1-855-374-7310).

CDC assurance of confidentiality

The CDC Assurance of Confidentiality statement assures clients and agency staff that data collected and recorded on templates will be handled securely and confidentially. All CDC grantees are encouraged to include the CDC Assurance of Confidentiality statement on all HIV prevention program data collection templates.

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 Confidentiality on file at CDC, and will not otherwise be disclosed or released without the consent of the individual, health care provider, or institution described herein in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m(d)).

Form Approved: OMB No. 0920-0696, Exp. 02/28/2019

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

Enter or adhere Form ID	
Session Date	M M D D Y Y Y Y
Program Announcement (select only one)	
<input type="checkbox"/> PS12-1201 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: _____
All CDC-directly funded CBOs must to complete the required additional HIV test questions.	
Agency Name/ID Number	
Directly Funded CBO Agency ID (For CDC-directly funded CBOs only)	
Site Name/ID Number	
Site Type (enter type code from page 3)	F # # . # #
Site ZIP Code	# # # # #
Site County (enter 3-digit FIPS code)	# # #
Client ID	
Client Record Number (Required for CDC-directly funded CBOs. Numeric only)	# # # # # # # # #
Date of Birth (enter 01/01/1800 if unknown)	M M D D Y Y Y Y
Client State (use USPS abbreviation)	
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 <input type="checkbox"/> Not Asked
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 Asked
Client Assigned Sex at Birth	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Declined <input type="checkbox"/> Not Asked
Client Current Gender Identity	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked	<input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Transgender Unspecified
Additional (specify): _____	
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"/> Declined <input type="checkbox"/> Not Asked	<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

Sample Date	M M D D Y Y Y Y	M M D D Y Y Y Y	M M D D Y Y Y Y
	HIV Test 1	HIV Test 2	HIV Test 3
Worker ID			
Test Election	<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	<input type="checkbox"/> Anonymously <input type="checkbox"/> Confidentially <input type="checkbox"/> Test Not Offered <input type="checkbox"/> Declined Testing
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
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
Result Provided	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, client obtained results from another agency	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, client obtained results from another agency	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, client obtained results from another agency
If Results NOT provided, why?	<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did Not Return/ Could Not Locate <input type="checkbox"/> Other	<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did Not Return/ Could Not Locate <input type="checkbox"/> Other	<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did Not Return/ Could Not Locate <input type="checkbox"/> Other
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)			
	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"/>
Additional Risk Factors (enter two-digit code from page 3)	1 # # 2 # # 3 # # 4 # #		
Session Activities (enter codes from page 3)	1 # # . # # 3 # # . # #		
	2 # # . # # 4 # # . # #		
Local Use Fields	L1 # # # # # L3 # # # # #		
	L2 # # # # # L4 # # # # #		

EVALUATIONWEB® 2017 HIV TEST TEMPLATE

Codes for Site Type: CLINICAL	Codes for Site Type: NON-CLINICAL	
F01.01 Clinical - Inpatient hospital F02.12 Clinical - TB clinic F02.19 Clinical - Substance abuse treatment facility F02.51 Clinical - Community health center F03 Clinical - Emergency department F08 Clinical - Primary care clinic (other than CHC) F09 Clinical - Pharmacy or other retail-based clinic F10 Clinical - STD clinic F11 Clinical - Dental clinic F12 Clinical - Correctional facility clinic F13 Clinical - Other	F04.05 Non-clinical - HIV testing site F06.02 Non-clinical - Community setting - School/educational facility F06.03 Non-clinical - Community setting - Church/mosque/synagogue/temple F06.04 Non-clinical - Community setting - Shelter/transitional housing F06.05 Non-clinical - Community setting - Commercial facility F06.07 Non-clinical - Community setting - Bar/club/adult entertainment F06.08 Non-clinical - Community setting - Public area F06.12 Non-clinical - Community setting - Individual residence F06.88 Non-clinical - Community setting - Other F07 Non-clinical - Correctional facility - Non-healthcare F14 Non-clinical - Health department - Field visit F15 Non-clinical - Community setting - Syringe exchange program F88 Non-clinical - Other	
Codes for Additional Risk Factor(s)		
01 Exchange vaginal/anal sex for drugs/money/or something they needed 02 Vaginal/anal sex while intoxicated and/or high on drugs 05 Vaginal/anal sex with person of unknown HIV status 06 Vaginal/anal sex with person who exchanges sex for drugs/money	08 Vaginal/anal sex with anonymous partner 12 Diagnosed with a sexually transmitted disease (STD) 13 Sex with multiple partners 14 Oral sex 15 Unprotected vaginal/anal sex with a person who is an IDU	16 Unprotected vaginal/anal sex with a person who is HIV positive 17 Unprotected vaginal/anal sex in exchange for drugs/money/or something they needed 18 Unprotected vaginal/anal sex with person who exchanges sex for drugs/money 19 Unprotected sex with multiple partners
Codes for Session Activities		
04.00 Referral 05.00 Personalized risk assessment 06.00 Elicit partners 07.00 Notification of exposure 08.01 Information - HIV/AIDS transmission 08.02 Information - Abstinence/postpone sexual activity 08.03 Information - Other sexually transmitted diseases 08.04 Information - Viral hepatitis 08.05 Information - Availability of HIV/STD counseling and testing 08.06 Information - Availability of partner notification and referral services 08.07 Information - Living with HIV/AIDS 08.08 Information - Availability of social services 08.09 Information - Availability of medical services 08.10 Information - Sexual risk reduction 08.11 Information - IDU risk reduction 08.12 Information - IDU risk-free behavior 08.13 Information - Condom/barrier use 08.14 Information - Negotiation/Communication 08.15 Information - Decision making 08.16 Information - Disclosure of HIV status 08.17 Information - Providing prevention services 08.18 Information - HIV testing 08.19 Information - Partner notification 08.20 Information - HIV medication therapy adherence 08.21 Information - Alcohol and drug use prevention 08.22 Information - Sexual health 08.23 Information - TB testing 08.88 Information - Other 09.01 Demonstration - Condom/barrier use 09.02 Demonstration - IDU risk reduction	09.03 Demonstration - Negotiation/communication 09.04 Demonstration - Decision making 09.05 Demonstration - Disclosure of HIV status 09.06 Demonstration - Providing prevention services 09.07 Demonstration - Partner notification 09.88 Demonstration - Other 10.01 Practice - Condom/barrier use 10.02 Practice - IDU risk reduction 10.03 Practice - Negotiation/Communication 10.04 Practice - Decision making 10.05 Practice - Disclosure of HIV status 10.06 Practice - Providing prevention services 10.07 Practice - Partner notification 10.88 Practice - Other 11.01 Discussion - Sexual risk reduction 11.02 Discussion - IDU risk reduction 11.03 Discussion - HIV testing 11.04 Discussion - Other sexually transmitted diseases 11.05 Discussion - Disclosure of HIV status 11.06 Discussion - Partner notification 11.07 Discussion - HIV medication therapy adherence 11.08 Discussion - Abstinence/postpone sexual activity 11.09 Discussion - IDU risk-free behavior 11.10 Discussion - HIV/AIDS transmission 11.11 Discussion - Viral hepatitis 11.12 Discussion - Living with HIV/AIDS 11.13 Discussion - Availability of HIV/AIDS counseling & testing 11.14 Discussion - Availability of partner notification and referral services	11.15 Discussion - Availability of social services 11.16 Discussion - Availability of medical services 11.17 Discussion - Condom/barrier use 11.18 Discussion - Negotiation/communication 11.19 Discussion - Decision making 11.20 Discussion - Providing prevention services 11.21 Discussion - Alcohol and drug use prevention 11.22 Discussion - Sexual health 11.23 Discussion - TB testing 11.24 Discussion - Stage-based encounter 11.88 Discussion - Other 12.01 Other testing - Pregnancy 12.02 Other testing - STD 12.03 Other testing - Viral hepatitis 12.04 Other testing - TB 13.01 Distribution - Male condoms 13.02 Distribution - Female condoms 13.03 Distribution - Safe sex kits 13.04 Distribution - Safer injection/bleach kits 13.05 Distribution - Lubricants 13.06 Distribution - Education materials 13.07 Distribution - Referral lists 13.08 Distribution - Role model stories 13.09 Distribution - Dental dams 13.88 Distribution - Other 14.01 Post-intervention follow-up 14.02 Post-intervention booster session 15.00 HIV testing history survey 16.00 Risk reduction counseling 17.00 Personalized cognitive counseling 88 Other

Enter or adhere Form ID	
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CDC requires the following information on all preliminary and confirmed HIV-positive clients:

Was the client referred to HIV medical care?

<input type="checkbox"/> No → <input type="checkbox"/> Yes → <input type="checkbox"/> Don't Know	Reason the client not referred to HIV Medical Care? <input type="checkbox"/> Client Already in Care <input type="checkbox"/> Client Declined Care								
	Did the client attend the first appointment? <input type="checkbox"/> Pending <input type="checkbox"/> Confirmed: Accessed Service → <input type="checkbox"/> Confirmed: Did Not Access Service <input type="checkbox"/> Lost to Follow-Up <input type="checkbox"/> No Follow-Up <input type="checkbox"/> Don't Know								
	PS17-1704 only: Date client attended first HIV medical care appointment: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> All others: First medical appointment within 90 days of the HIV test? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know		M	M	D	D	Y	Y	Y
M	M	D	D	Y	Y	Y	Y		

Local Use Fields

L5	#	#	#	#	#
L6	#	#	#	#	#
L7	#	#	#	#	#
L8	#	#	#	#	#
L9	#	#	#	#	#
L10	#	#	#	#	#
L11	#	#	#	#	#
L12	#	#	#	#	#
L13	#	#	#	#	#
L14	#	#	#	#	#
L15	#	#	#	#	#
L16	#	#	#	#	#
L17	#	#	#	#	#

Was the client referred to/contacted by Partner Services?

<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Don't Know		
	Was the client interviewed for Partner Services? <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Don't Know	
	Was the client interview within 30 days of receiving their result? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	

CDC Use Fields

C3	#	#	#	#	#
C4	#	#	#	#	#
C5	#	#	#	#	#
C6	#	#	#	#	#
C7	#	#	#	#	#
C8	#	#	#	#	#
C9	#	#	#	#	#

Was the client referred to HIV Prevention Services?

<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Don't Know		
	Did the client receive HIV Prevention Services? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	

What was the client's most severe housing status in the past 12 months (check only one)?

<input type="checkbox"/> Literally Homeless <input type="checkbox"/> Unstably Housed or At Risk of Losing Housing <input type="checkbox"/> Stably Housed	<input type="checkbox"/> Not Asked <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Don't Know
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If female, is the client pregnant?

<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked		
	Is the client in prenatal care? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	
	<input type="checkbox"/> Declined <input type="checkbox"/> Not Asked	

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?

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Not Checked
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Notes:

Enter or adhere Form ID															
HIV Incidence (if required by health department)															
Date the client reported information								M	M	D	D	Y	Y	Y	Y
Has the client ever had a previous positive HIV test?															
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined															
Date of first positive HIV test								M	M	D	D	Y	Y	Y	Y
Has the client ever had a negative HIV test?															
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined															
Date of last negative HIV test								M	M	D	D	Y	Y	Y	Y
Number of negative HIV tests within 24 months before the current (or first positive) HIV test						#	#	#	<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined						
Has the client used or is client currently using antiretroviral medication (ARV)?															
<input type="checkbox"/> No <input type="checkbox"/> Yes → Specify antiretroviral medications <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined															
		1		# #		3		# #		(see codes from right-hand column)					
		2		# #		4		# #							
Date ARV began								M	M	D	D	Y	Y	Y	Y
Date of last ARV use								M	M	D	D	Y	Y	Y	Y

Notes:

22	Agenerase (amprenavir)
30	Aptivus (tipranavir, TPV)
32	Atripla (efavirenz/emtricitabine/tenofovir DF)
24	Combivir (lamivudine/zidovudine, 3TC/AZT)
38	Complera (emtricitabine, rilpivirine/tenofovir DF, FTC/RPV/TDF)
06	Crixivan (indinavir, IDV)
37	Edurant (rilpivirine, RPV)
11	Emtriva (emtricitabine, FTC)
03	Epivir (lamivudine, 3TC)
28	Epzicom (abacavir/lamivudine, ABC/3TC)
25	Fortovase (saquinavir, SQV)
10	Fuzeon (enfuvirtide, T20)
19	Hepsera (adefovir)
02	Hivid (zalcitabine, ddC)
23	Hydroxyurea
18	Invirase (saquinavir, SQV)
34	Intelence (etravirine)
36	Isentress (raltegravir)
16	Kaletra (lopinavir, ritonavir)
31	Lexiva (fosamprenavir, 908)
07	Norvir (ritonavir, RTV)
33	Prezista (darunavir, DRV)
09	Rescriptor (delavirdine, DLV)
26	Retrovir (zidovudine, ZDV, AZT)
15	Reyataz (atazanavir, ATV)
08	Saquinavir (Fortavase, Invirase)
35	Selzentry (maraviroc)
39	Stribild (elvitegravir/cobicistat/tenofovir/emtricitabine)
21	Sustiva (efavirenz, EFV)
40	Tivicay (dolutegravir)
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 (nelfinavir, NFV)
05	Viramune (nevirapine, NVP)
12	Viread (tenofovir DF, TDF)
04	Zerit (stavudine, d4T)
20	Ziagen (abacavir, ABC)
88	Other
99	Unspecified

NHM&E Required Additional HIV Test Questions for Directly Funded CBOs

Instructions Completion of the NHM&E Required Additional HIV Test questions are mandatory for CDC-directly funded CBOs. The required additional HIV Test questions are to be collected per client per testing event.	Enter or adhere Form ID									
	Client ID									
	Client Record Number Required for CDC-directly funded CBOs. Numeric Only	#	#	#	#	#	#	#	#	#
	Session Date	M	M	D	D	Y	Y	Y	Y	
	Agency Name									
Directly Funded CBO Agency ID (For CDC-directly funded CBOs only)										

Which population targeted by your organization’s targeted HIV testing program does the client belong to? (primary and secondary target populations will be selected from a drop-down menu specific for each funded agency)

- | | |
|--|---|
| <input type="checkbox"/> Primary target population | <input type="checkbox"/> Both target populations |
| <input type="checkbox"/> Secondary target population | <input type="checkbox"/> Not a member of either target population |

Is the client at high-risk for HIV infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Assessed	For HIV-positive clients, only At the time of this positive test, is the client already in HIV medical care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Not Asked
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Navigation and Prevention and Essential Support Services

Services For HIV Positive Clients Only (Select all that apply)	Referred	Provided	Services For HIV Negative Clients Only (Select all that apply)	Referred	Provided
High Impact Prevention (HIP) behavioral intervention	<input type="checkbox"/>	<input type="checkbox"/>	High Impact Prevention (HIP) behavioral intervention	<input type="checkbox"/>	<input type="checkbox"/>
Medication adherence support services	<input type="checkbox"/>	<input type="checkbox"/>	Non-occupational post-exposure prophylaxis (nPEP)	<input type="checkbox"/>	
Screening for STDs (syphilis, gonorrhea, and chlamydia)	<input type="checkbox"/>	<input type="checkbox"/>	Pre-exposure prophylaxis (PrEP)	<input type="checkbox"/>	
Screening for viral hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Screening for STDs (syphilis, gonorrhea, and chlamydia)	<input type="checkbox"/>	<input type="checkbox"/>
Screening for TB/TB infection	<input type="checkbox"/>	<input type="checkbox"/>	Screening for viral hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for STDs (syphilis, gonorrhea, and chlamydia)	<input type="checkbox"/>		Screening for TB/TB infection	<input type="checkbox"/>	<input type="checkbox"/>
Treatment or vaccination for viral hepatitis	<input type="checkbox"/>		Treatment for STDs (syphilis, gonorrhea, and chlamydia)	<input type="checkbox"/>	
Treatment for TB/TB infection	<input type="checkbox"/>		Treatment or vaccination for viral hepatitis	<input type="checkbox"/>	
			Treatment for TB/TB infection	<input type="checkbox"/>	

Additional Support Services For All Clients (Select all that apply) **Referred**

Basic education continuation and completion services	<input type="checkbox"/>
Employment services	<input type="checkbox"/>
Housing services	<input type="checkbox"/>
Insurance navigation and enrollment services	<input type="checkbox"/>
Sex Education, including HIV education (e.g., risk reduction programs, school-based HIV prevention providers)	<input type="checkbox"/>
Mental Health Counseling and Services	<input type="checkbox"/>
Substance abuse treatment and services	<input type="checkbox"/>
Transportation services (to and from HIV prevention and medical care appointments, including HIV medical care appointments)	<input type="checkbox"/>
Primary medical care (PS17-1704 only)	<input type="checkbox"/>
Violence prevention services (PS17-1704 only)	<input type="checkbox"/>
Education services for hormone replacement therapy (HRT) and sex reassignment procedures (PS17-1704 only)	<input type="checkbox"/>
Other: Specify: _____	<input type="checkbox"/>