

GENERAL INSTRUCTIONS FOR COMPLETING THE HIV TEST FORM

- The legibility of this form depends on the quality of the hand-written and selected information.
- Carefully separate the sheets at the perforations.
- **DO NOT** use red ink. Blue or black ink is preferred.
- **DO NOT** staple, wrinkle or tear form(s).
- **DO NOT** use white out.
- **DO NOT** mark on the bar codes of the Form ID numbers.
- **DO NOT** make any stray marks on the form(s), particularly in the fields where answers will appear.
- Part 1 is the only form with a pre-printed code. You must attach a form identification sticker (barcode) located on the back of the test form to Part 2 in order to link a client's information.
 - o Part 1 should be used for all testing events
 - o Part 2 should be used to record referral data on confirmed HIV positive clients

RESPONSE FORMATS

There are three different response formats on the form that you will use to record data: (1) text boxes, (2) check boxes, and (3) radio buttons. Instructions for each one of these formats are listed below.

Text Boxes

Text boxes are used to record handwritten information (e.g., codes, dates). When writing letters or numbers in the boxes:

- **Use All capital Letters and Write Neatly. DO NOT** use cursive.
- Put only 1 letter or number per box.

Check Boxes

Check boxes are used to select all options that apply. For example, check boxes are used to record information about "Race".

Radio Buttons

Radio buttons are ovals used to select only one option from among two or more options. For example, radio buttons are used to select "Current Gender."

Return all completed forms to the address listed below. All forms must be returned no later than 30 days after the testing date, regardless of whether the client has returned for results.

WV Department of Health and Human Resources

Bureau for Public Health/DSHH

350 Capitol Street, Room 125

Charleston, WV 25301

HIV TEST FORM

Part 1

Session Date (MMDDYYYY)				Unique Agency ID				Intervention ID					
Site ID													
Client Information				Date of Birth (MMDDYYYY)				State	County	Zip Code			
For Office Use Only													
Ethnicity			Race- <i>check all that apply</i>			Current Gender		Previous HIV Test		Self Reported Result			
<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't Know <input type="radio"/> Declined			<input type="checkbox"/> Am. Indian/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined			<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender-M2F <input type="radio"/> Transgender-F2M		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Declined <input type="radio"/> Did Not Ask		<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't Know <input type="radio"/> Declined <input type="radio"/> Did Not Ask			
HIV Test Information													
Sample Date (MMDDYYYY)													
Worker ID													
Test Election	<input type="radio"/> Anonymously <input type="radio"/> Confidentially <input type="radio"/> Test Not Offered <input type="radio"/> Declined Testing			<input type="radio"/> Anonymously <input type="radio"/> Confidentially <input type="radio"/> Test Not Offered <input type="radio"/> Declined Testing			<input type="radio"/> Anonymously <input type="radio"/> Confidentially <input type="radio"/> Test Not Offered <input type="radio"/> Declined Testing		<input type="radio"/> Anonymously <input type="radio"/> Confidentially <input type="radio"/> Test Not Offered <input type="radio"/> Declined Testing				
	Test Technology	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> NAAT / RNA Testing <input type="radio"/> Other			<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> NAAT / RNA Testing <input type="radio"/> Other			<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> NAAT / RNA Testing <input type="radio"/> Other		<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> NAAT / RNA Testing <input type="radio"/> Other			
Test Result		<input type="radio"/> Positive / Reactive <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No Result			<input type="radio"/> Positive / Reactive <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No Result			<input type="radio"/> Positive / Reactive <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No Result		<input type="radio"/> Positive / Reactive <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No Result			
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, Client obtained results from another agency			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, Client obtained results from another agency			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, Client obtained results from another agency		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, Client obtained results from another agency			
If results NOT provided, why?		<input type="radio"/> Declined Notification <input type="radio"/> Did NOT Return <input type="radio"/> Other			<input type="radio"/> Declined Notification <input type="radio"/> Did NOT Return <input type="radio"/> Other			<input type="radio"/> Declined Notification <input type="radio"/> Did NOT Return <input type="radio"/> Other		<input type="radio"/> Declined Notification <input type="radio"/> Did NOT Return <input type="radio"/> Other			
	Risk Factors												
Choose status of collection of behavioral risk factors:													
<input type="radio"/> Client completed behavioral risk profile						<input type="radio"/> Client was asked, but no behavioral risks identified							
<input type="radio"/> Client was not asked about behavioral risk factors						<input type="radio"/> Client declined to discuss behavioral risk factors							
For client completing risk factors, did the client report the following behaviors in past 12 months? (select all that apply)													
				No Yes Unk							No Yes Unk		
Vaginal or Anal Sex with Male							Vaginal or Anal Sex with Transgender Person						
With a male without using a condom							With a transgender without using a condom						
With a male who is IDU							With a transgender who is IDU						
With a male who is HIV positive							With a transgender who is HIV positive						
Vaginal or Anal Sex with Female							Injection Drug Use						
With a female without using a condom							Shared drug injection equipment						
With a female who is IDU							Vaginal or Anal Sex with MSM (female only)						
With a female who is HIV positive													
Additional Risk Factors						Session Activities							
(enter two-digit code from back of form)						(enter codes from back of form)							
1		2				1		2					
3		4				3		4					

All patient information is considered confidential and is protected under HIPAA.

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 prevention 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