

GENERAL INSTRUCTIONS FOR COMPLETING THE HIV TEST FORM

- This form is designed to be read by an Optical Character Recognition (OCR) scanner. The legibility of this form depends on the quality of the hand-written and selected information.
- Carefully separate the sheets at the perforations. If the form tears, it may not be readable by the scanner or operator.
- Each part has a top sheet and a bottom carbonless copy. The top copy (white) is the only sheet that should be scanned. The bottom copy (yellow) should **NOT** be scanned; rather it should be used for record keeping purposes.
- **DO NOT** use red ink. Blue or black ink is preferred.
- **DO NOT** fold, staple, wrinkle or tear form(s).
- **DO NOT USE WHITE OUT.** White out sometimes will cause a mis-read by the scanning software.
- **DO NOT** mark on the bar codes of the Form ID numbers. Marking on the Form ID numbers (barcode) may cause the wrong number to be scanned.
- **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 carbonless copy (yellow) to Part 2 and/or Part 3 in order to link a client's information.
 - Part 1 should be used for all testing events
 - Part 2 should be used to record referral data on **confirmed HIV positive** clients
 - Part 3 is used by jurisdictions funded to collect HIV Incidence data.

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 in your best penmanship. **DO NOT** use cursive.
- put only 1 letter or number per box and **DO NOT** have any part of the letter or number touch the edges of the box.

Here are examples of how to write letters and numbers:

LETTERS

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

NUMBERS

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Check boxes

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

- use an "X" instead of a check mark because the tail of the check mark might run over into another box.
- keep the "X" within the edges of the box.

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." When selecting an option using a radio button:

- fill in the oval completely.
- **DO NOT** mark over area of the oval.



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HIV TEST FORM

PART 1



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2013

PROGRAM ANNOUNCEMENT NUMBER

Select only one

PS12-1201 - Category A PS12-1201 - Category B PS12-1201 - Category C PS11-1113

PS10-1003 PS08-803 Other -- Specify _____

Agency	Session Date (MMDDYYYY)	Unique Agency ID Number	Intervention ID
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Site ID	Site Type	Site Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>

(See codes on reverse)

Client	Client ID	Date of Birth (MMDDYYYY)	State	County	Zip Code	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Ethnicity	Race — Check all that apply	Assigned Sex At Birth	Current Gender ID	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"/> American Ind./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="radio"/> Male <input type="radio"/> Female <input type="radio"/> Declined	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender – M2F <input type="radio"/> Transgender – F2M <input type="radio"/> Transgender – unspecified <input type="radio"/> Declined <input type="radio"/> Additional	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Prelim. Pos. <input type="radio"/> Indeterminate <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked

HIV Test Information	Sample Date (MMDDYYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Worker ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing <input type="radio"/> Test not offered	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing <input type="radio"/> Test not offered	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing <input type="radio"/> Test not offered
	Test Technology	<input type="radio"/> Conventional <input type="radio"/> Rapid HIV TEST 1 <input type="radio"/> Other <input type="radio"/> NAAT/RNA Testing	<input type="radio"/> Conventional <input type="radio"/> Rapid HIV TEST 2 <input type="radio"/> Other <input type="radio"/> NAAT/RNA Testing	<input type="radio"/> Conventional <input type="radio"/> Rapid HIV TEST 3 <input type="radio"/> Other <input type="radio"/> NAAT/RNA Testing
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result <input type="radio"/> Indeterminate	<input type="radio"/> Positive/Reactive <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result <input type="radio"/> Indeterminate	<input type="radio"/> Positive/Reactive <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result <input type="radio"/> Indeterminate
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, client obtained result from another agency	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, client obtained result from another agency	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, client obtained result from another agency
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Other	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Other	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Other

Choose one if: Client was not asked about risk factors Client was asked, but no risk was identified Client declined to discuss risk factors

In past 12 months, client has identified the following:

	Male	Female	Transgender	Yes
Vaginal or Anal sex with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Without using a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
With a person who is an IDU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
With a person who is HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Risk Factor(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	

(see codes on reverse)

Females Only: In the past 12 months has the client had vaginal or anal sex with an MSM?

Optional: In the past 12 months has the client had oral sex?

In the past 12 months has the client used injection drugs?

If yes, did client share drug injection equipment?

Other Session Activities (see codes on reverse)	Local Use Fields
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



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HIV TEST FORM PART 1



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2013

PROGRAM ANNOUNCEMENT NUMBER

Select only one

- PS12-1201 - Category A
 PS12-1201 - Category B
 PS12-1201 - Category C
 PS11-1113
 PS10-1003
 PS08-803
 Other -- Specify _____

Session Date (MMDDYYYY)

Unique Agency ID Number

Intervention ID

Agency		Site ID		Site Type		Site Zip Code		Site County	

(See codes on reverse)

Client ID

Date of Birth (MMDDYYYY)

State

County

Zip Code

Ethnicity		Race - Check all that apply		Assigned Sex At Birth		Current Gender ID		Previous HIV Test?		Self-Reported Result		
<input type="radio"/> Hispanic or Latino	<input type="checkbox"/> American Ind./AK Native	<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Yes	<input type="radio"/> Positive	<input type="radio"/> Indeterminate	<input type="radio"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="radio"/> Female	<input type="radio"/> No	<input type="radio"/> Negative	<input type="radio"/> Don't know
<input type="radio"/> Don't know	<input type="checkbox"/> Black/African American	<input type="radio"/> Declined	<input type="radio"/> Transgender - M2F	<input type="radio"/> Don't know	<input type="radio"/> Prelim. Pos.	<input type="radio"/> Declined	<input type="radio"/> Don't know	<input type="checkbox"/> Native HI/Pac. Islander	<input type="radio"/> Transgender - F2M	<input type="radio"/> Declined	<input type="radio"/> Not asked	<input type="radio"/> Declined
<input type="radio"/> Declined	<input type="checkbox"/> White		<input type="radio"/> Transgender - unspecified	<input type="radio"/> Not asked				<input type="checkbox"/> Don't know	<input type="radio"/> Declined			<input type="radio"/> Not asked
	<input type="checkbox"/> Don't know		<input type="radio"/> Declined					<input type="checkbox"/> Declined				
	<input type="checkbox"/> Declined		<input type="radio"/> Additional									

Sample Date (MMDDYYYY)

Worker ID

HIV Test Information

Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing <input type="radio"/> Test not offered	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing <input type="radio"/> Test not offered	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing <input type="radio"/> Test not offered
Test Technology	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other <input type="radio"/> NAAT/RNA Testing	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other <input type="radio"/> NAAT/RNA Testing	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other <input type="radio"/> NAAT/RNA Testing
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
Result Provided	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, client obtained result from another agency	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, client obtained result from another agency	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, client obtained result from another agency
If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Other	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Other	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Other

Choose one if: Client was not asked about risk factors Client was asked, but no risk was identified Client declined to discuss risk factors

In past 12 months, client has identified the following:

Risk Factors

	Male	Female	Transgender	Yes
Vaginal or Anal sex with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Without using a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
With a person who is an IDU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
With a person who is HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Risk Factor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(see codes on reverse)

Females Only: In the past 12 months has the client had vaginal or anal sex with an MSM?

Optional: In the past 12 months has the client had oral sex?

In the past 12 months has the client used injection drugs?

If yes, did client share drug injection equipment?

Other Session Activities (see codes on reverse)

Local Use Fields

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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Client Identifying Data (Optional)

Name: _____

Address: _____

Phone: _____ Other: _____

Codes for Site Type

Clinical

- F03 Clinical - Emergency department
- F01.01 Clinical - Inpatient hospital
- F02.51 Clinical - Community health center (CHC)
- F09 Clinical - Primary care clinic (other than CHC)
- F10 Clinical - Pharmacy or other retail-based clinic
- F11 Clinical - STD clinic
- F02.12 Clinical - TB clinic
- F12 Clinical - Dental clinic
- F13 Clinical - Correctional facility clinic
- F02.19 Clinical - Substance abuse treatment facility
- F14 Clinical - Other

Non-clinical

- F15 Non-clinical - Health department – Field visit
- 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
- F06.88 Non-clinical - Community setting – Other
- F07 Non-clinical - Correctional facility – Non-healthcare
- F15 Non-clinical - Community Setting – Syringe exchange program
- F88 Non-clinical - Other

Codes for Other Risk factor(s)

- 01 Exchange sex for drugs/money/or something they need
- 02 While intoxicated and/or high on drugs
- 05 With person of unknown HIV status
- 06 With person who exchanges sex for drugs/money
- 08 With anonymous partner
- 09 With person who has hemophilia or transfusion/transplant recipient
- 12 Diagnosed with a sexually transmitted disease (STD)
- 13 Sex with multiple partners

Codes for Other Session Activities

- | | |
|--|---|
| 03.00 HIV Testing | 10.07 Practice – Partner notification |
| 04.00 Referral | 10.66 Practice – Other |
| 05.00 Personalized Risk assessment | 11.01 Discussion – Sexual risk reduction |
| 06.00 Elicit Partners | 11.02 Discussion – IDU risk reduction |
| 07.00 Notification of exposure | 11.03 Discussion – HIV testing |
| 08.01 Information – HIV/AIDS transmission | 11.04 Discussion – Other sexually transmitted diseases |
| 08.02 Information-Abstinence/postpone sexual activity | 11.05 Discussion – Disclosure of HIV status |
| 08.03 Information-Other sexually transmitted diseases | 11.06 Discussion – Partner notification |
| 08.04 Information-Viral hepatitis | 11.07 Discussion – HIV medication therapy adherence |
| 08.05 Information – Availability of HIV/STD counseling and testing | 11.08 Discussion – Abstinence/postpone sexual activity |
| 08.06 Information-Availability of partner notification and referral services | 11.09 Discussion – IDU risk free behavior |
| 08.07 Information – Living with HIV/AIDS | 11.10 Discussion – HIV/AIDS transmission |
| 08.08 Information – Availability of social services | 11.11 Discussion – Viral hepatitis |
| 08.09 Information – Availability of medical services | 11.12 Discussion – Living with HIV/AIDS |
| 08.10 Information – Sexual risk reduction | 11.13 Discussion – Availability of HIV/AIDS counseling testing |
| 08.11 Information – IDU risk reduction | 11.14 Discussion – Availability of partner notification and referral services |
| 08.12 Information – IDU risk free behavior | 11.15 Discussion – Availability of social services |
| 08.13 Information – Condom/barrier use | 11.16 Discussion – Availability of medical services |
| 08.14 Information – Negotiation / Communication | 11.17 Discussion – Condom/barrier use |
| 08.15 Information – Decision making | 11.18 Discussion – Negotiation / Communication |
| 08.16 Information – Disclosure of HIV status | 11.19 Discussion – Decision making |
| 08.17 Information – Providing prevention services | 11.20 Discussion – Providing prevention services |
| 08.18 Information – HIV testing | 11.21 Discussion – Alcohol and drug use prevention |
| 08.19 Information – Partner notification | 11.22 Discussion – Sexual health |
| 08.20 Information – HIV medication therapy adherence | 11.23 Discussion – TB testing |
| 08.21 Information – Alcohol and drug use prevention | 11.66 Discussion – Other |
| 08.22 Information – Sexual health | 12.01 Other testing – Pregnancy |
| 08.23 Information – TB testing | 12.02 Other testing – STD |
| 08.66 Information – Other | 12.03 Other testing – Viral hepatitis |
| 09.01 Demonstration – Condom/barrier use | 12.04 Other testing – TB |
| 09.02 Demonstration – IDU risk reduction | 13.01 Distribution – Male condoms |
| 09.03 Demonstration – Negotiation / Communication | 13.02 Distribution – Female condoms |
| 09.04 Demonstration – Decision making | 13.03 Distribution – Safe sex kits |
| 09.05 Demonstration – Disclosure of HIV status | 13.04 Distribution – Safer injection / bleach kits |
| 09.06 Demonstration – Providing prevention services | 13.05 Distribution – Lubricants |
| 09.07 Demonstration – Partner notification | 13.06 Distribution – Education materials |
| 09.66 Demonstration – Other | 13.07 Distribution – Referral lists |
| 10.01 Practice – Condom/barrier use | 13.08 Distribution – Role model stories |
| 10.02 Practice – IDU risk reduction | 13.66 Distribution – Other |
| 10.03 Practice – Negotiation / Communication | 14.01 Post-intervention follow up |
| 10.04 Practice – Decision making | 14.02 Post-intervention booster session |
| 10.05 Practice – Disclosure of HIV status | 15.00 HIV Testing History Survey |
| 10.06 Practice – Providing prevention services | 88 Other |



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HIV TEST FORM

PART 2



Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2013

CDC requires the following information on preliminary & confirmed positives

Referrals

Was client referred to HIV medical care?

- Yes → If yes, did client attend the first appointment? Yes → If yes, was the first appointment within 90 days of the HIV test? Yes
- No → If no, why? No Don't know No Don't know
- Client already in HIV medical care
- Client declined HIV medical care

Was client referred to / contacted by Partner Services?

- Yes → If yes, was client interviewed for Partner Services? Yes → If yes, was the client interviewed within 30 days of receiving their result? Yes
- No Don't know No Don't know

Was client referred to HIV prevention services?

- Yes → If yes, did client receive HIV Prevention Services? Yes
- No No Don't know

If female, is client pregnant?

- Yes → If yes, in prenatal care? Yes
- No No
- Don't know Don't know
- Declined Declined
- Not asked Not asked

For Health Department Use Only

Is the client in the surveillance system or records?

- Yes No Not Checked

Local Use Fields

L3	<input type="text"/>	L8	<input type="text"/>	L13	<input type="text"/>
L4	<input type="text"/>	L9	<input type="text"/>	L14	<input type="text"/>
L5	<input type="text"/>	L10	<input type="text"/>	L15	<input type="text"/>
L6	<input type="text"/>	L11	<input type="text"/>	L16	<input type="text"/>
L7	<input type="text"/>	L12	<input type="text"/>	L17	<input type="text"/>

CDC Use Fields

C3	<input type="text"/>	C6	<input type="text"/>
C4	<input type="text"/>	C7	<input type="text"/>
C5	<input type="text"/>	C8	<input type="text"/>

Notes (Print Only)



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HIV TEST FORM PART 2



Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2013

CDC requires the following information on preliminary & confirmed positives

Referrals

Was client referred to HIV medical care?

- Yes → If yes, did client attend the first appointment? Yes → If yes, was the first appointment within 90 days of the HIV test? Yes
- No → If no, why? No Don't know No Don't know
- Client already in HIV medical care
- Client declined HIV medical care

Was client referred to / contacted by Partner Services?

- Yes → If yes, was client interviewed for Partner Services? Yes → If yes, was the client interviewed within 30 days of receiving their result? Yes
- No Don't know No Don't know

Was client referred to HIV prevention services?

- Yes → If yes, did client receive HIV Prevention Services? Yes
- No Don't know No Don't know

If female, is client pregnant?

- Yes → If yes, in prenatal care? Yes
- No No
- Don't know Don't know
- Declined Declined
- Not asked Not asked

For Health Department Use Only

Is the client in the surveillance system or records?

- Yes No Not Checked

Local Use Fields

L3	<input type="text"/>	L8	<input type="text"/>	L13	<input type="text"/>
L4	<input type="text"/>	L9	<input type="text"/>	L14	<input type="text"/>
L5	<input type="text"/>	L10	<input type="text"/>	L15	<input type="text"/>
L6	<input type="text"/>	L11	<input type="text"/>	L16	<input type="text"/>
L7	<input type="text"/>	L12	<input type="text"/>	L17	<input type="text"/>

CDC Use Fields

C3	<input type="text"/>	C6	<input type="text"/>
C4	<input type="text"/>	C7	<input type="text"/>
C5	<input type="text"/>	C8	<input type="text"/>

Notes (Print Only)



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HIV TEST FORM PART 3



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2013

HIV Incidence

Date client reported information: (MMDDYYYY)

Has client ever had a previous positive HIV test?
 Yes
 No
 Don't know
 Declined

Date of first positive HIV test: (MMDDYYYY)

Has client ever had a negative HIV test?
 Yes
 No
 Don't know
 Declined

Date of last negative HIV test: (MMDDYYYY)

Number of negative HIV tests within 24 months before the current (or first positive) HIV test:
 Don't know
 Declined

Has client used or is client currently using antiretroviral medication (ARV)?
 Yes
 No
 Don't know
 Declined

If yes, specify antiretroviral medication:

(See codes on reverse)

Date ARV began: (MMDDYYYY)

Date of last ARV use: (MMDDYYYY)

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 this 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.

WHITE COPY = Scan

YELLOW COPY = Record Keeping

CDC 50.135c (E), 10/2007



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HIV TEST FORM PART 3



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2013

HIV Incidence

Date client reported information: (MMDDYYYY)

Has client ever had a previous positive HIV test?
 Yes
 No
 Don't know
 Declined

Date of first positive HIV test: (MMDDYYYY)

Has client ever had a negative HIV test?
 Yes
 No
 Don't know
 Declined

Date of last negative HIV test: (MMDDYYYY)

Number of negative HIV tests within 24 months before the current (or first positive) HIV test: Don't know
 Declined

Has client used or is client currently using antiretroviral medication (ARV)? Yes → No → Don't know → Declined →
 If yes, specify antiretroviral medication:

 (See codes on reverse)

Date ARV began: (MMDDYYYY)

Date of last ARV use: (MMDDYYYY)

CARBON COPY

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 this 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.

Codes for Antiretroviral (ARV) medication(s)

- 22 Agenerase (amprenavir)
- 30 Aptivus (tipranavir, TPV)
- 32 Atripla (efavirenz/emtricitabine/tenofovir DF)
- 24 Combivir (lamivudine/ zidovudine, 3TC/AZT)
- 06 Crixivan (indinavir, IDV)
- 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)
- 21 Sustiva (efavirenz, EFV)
- 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