

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
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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.

Printed Barcode

HIV TEST FORM

PART 1

Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

Agency	Session Date (MMDDYYYY)	Unique Agency ID Number	Intervention ID
	Site ID	Site Type	State Zip Code

(See codes on reverse)

Client	Client ID	Date of Birth (MMDDYYYY)	State	County	Zip Code
	Ethnicity	Race - Check all that apply	Current Gender	Previous HIV Test?	Self-Reported Result

Ethnicity: Hispanic or Latino, Not Hispanic or Latino, Don't know, Declined

Race: American Ind./AK Native, Asian, Black/African American, Native HI/Pac. Islander, White, Don't know, Declined

Current Gender: Male, Female, Transgender - M2F, Transgender - F2M

Previous HIV Test?: Yes, No, Don't know, Declined, Not asked

Self-Reported Result: Positive, Negative, Prelim. Pos., Indeterminate, Don't know, Declined, Not asked

Provide date of last test (MMYYYY)

HIV Test Information	Sample Date (MMDDYYYY)			
	Worker ID			
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other HIV TEST 1	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other HIV TEST 2	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other HIV TEST 3
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative
	Result Provided	<input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result	<input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result	<input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result
	Date Provided (MMDDYYYY)			
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency
	If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <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

If client risk factor information was discussed, please mark all that apply:

In past 12 months has client had: ...without using a condom?

Vaginal or Anal Sex Oral Sex ...with person who is an IDU?

With Male ...with person who is MSM? (Female Only)

With Female ...with person who is HIV positive?

Injection Drug Use (IDU)

Has client used injection drugs in past 12 months?

if marked

Did client share drug injection equipment?

Other Risk Factor(s)

(see codes on reverse)

Session Activity During this visit, was a risk reduction plan developed for the client? <input type="radio"/> Yes <input type="radio"/> No Other Session Activities (see codes on reverse)	Local Use Fields L1 L2	CDC Use Fields C1 C2
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