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 (NHM&E) 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 NHM&E Service Center to receive a Microsoft Publisher version of this template that can be edited (1-855-374-7310 or NHMEmtive@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.

**PS15-1502 NHM&E Required Supplemental HIV Test Questions for Directly Funded CBOs**

Completion of the NHM&E Required Additional HIV Test questions are mandatory for directly funded CBOs receiving PS15-1502 Category A or B funding. The required additional HIV Test questions are to be collected per client per testing event. Completion of this page is not applicable to any other funding announcement.

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 NHM&E 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 NHM&E data elements, contact the NHM&E Service Center (NHMEmtive@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 (NHM&E) system that would permit identification of any individual on whom a record is maintained, or any health care provider collecting NHM&E 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 NHM&E information includes a guarantee that the information will be held in confidence, will be used only for the purposes stated in the Assurance of Confidentially 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)).
**PART ONE**

### Sample Date

<table>
<thead>
<tr>
<th>MM</th>
<th>DD</th>
<th>YY</th>
<th>MM</th>
<th>DD</th>
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<th>MM</th>
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</tr>
</thead>
<tbody>
<tr>
<td>HIV Test 1</td>
<td>HIV Test 2</td>
<td>HIV Test 3</td>
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</table>

### Worker ID

- **Test Election**
  - Anonymously
  - Confidentially
  - Test Not Offered
  - Declined Testing

- **Test Technology**
  - Conventional
  - Rapid
  - NAAT/RNA Testing

- **Test Result**
  - Positive/Reactive
  - Negative
  - Indeterminate
  - Invalid
  - No Result

### Result Provided

- **If Results NOT provided, why?**
  - Declined Notification
  - Did Not Return/ Could Not Locate

### Choose status of collection of behavioral risk profile

- Client completed a behavioral risk profile
- Client was asked, but no behavioral risks identified
- 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)

#### Vaginal or Anal Sex with a male
- With a male without using a condom
- With a male who is IDU
- With a male who is HIV +

#### Vaginal or Anal Sex with a female
- With a female without using a condom
- With a female who is IDU
- With a female who is HIV +

#### Vaginal or Anal Sex with a transgender person
- With a transgender without using a condom
- With a transgender who is IDU
- With a transgender who is HIV +

#### Injection drug use
- Share drug injection equipment?

#### Vaginal or Anal Sex with MSM (female only)

### Additional Risk Factors

#### (enter two-digit code from page 3)

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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>

### Session Activities

#### (enter codes from page 3)

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</tr>
</tbody>
</table>

### Local Use Fields

- **L1**
- **L2**
- **L3**
- **L4**

### Previous HIV Test?

- **No**
- **Yes**

#### If Yes, what is the client's self-reported result?

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<thead>
<tr>
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<td>3</td>
<td>4</td>
<td>#</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other:

- Additional (specify): _____________________________

### Client Information

- **Client Current Gender Identity**
  - Male
  - Female
  - Transgender MTF
  - Transgender FTM
  - Transgender Unspecified

- **Client Assigned Sex at Birth**
  - Male
  - Female
  - Not Asked

- **Client Race**
  - American IN/AK Native
  - Asian
  - Black/African American
  - Native HI/Pac. Islander
  - White

- **Client Ethnicity**
  - Hispanic or Latino
  - Not Hispanic or Latino
  - Don’t Know
  - Declined
  - Not Asked

- **Client ID**

- **Client Record Number**

- **Date of Birth**

- **Client State**

- **Client County**

- **Client ZIP Code**

- **Agency Name/ID Number**

- **Site County**

- **Site ZIP Code**

- **Site Type**

- **Directly Funded CBO Agency ID**

- **Client completed a behavioral risk profile**

- **Client was asked, but no behavioral risks identified**

- **Client declined to discuss behavioral risk factors**

### EVALUATIONWEB® 2016 HIV TEST TEMPLATE

Version 2 Revised 12/14/2015 © 2016 Luther Consulting, LLC. All rights reserved. Page 2
### Codes for Site Type: 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

### Codes for Site Type: NON-CLINICAL
- 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/transitiona 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 services
- 08.02 Information - Abstinence/postpone sexual activity education
- 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
- 09.08 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
- 10.08 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
CDC requires the following information on all preliminary and confirmed HIV-positive clients:

### Was the client referred to HIV medical care?

<table>
<thead>
<tr>
<th>Option</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Reason the client not referred to HIV Medical Care?</td>
</tr>
<tr>
<td>Yes</td>
<td>Did the client attend the first appointment?</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>First medical appointment within 90 days of the HIV test?</td>
</tr>
</tbody>
</table>

### Was the client referred to/contacted by Partner Services?

<table>
<thead>
<tr>
<th>Option</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
</tr>
</tbody>
</table>

### Was the client interviewed for Partner Services?

<table>
<thead>
<tr>
<th>Option</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
</tr>
</tbody>
</table>

### Was the client referred to HIV Prevention Services?

<table>
<thead>
<tr>
<th>Option</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literally Homeless</td>
<td>Not Asked</td>
</tr>
<tr>
<td>Unstably Housed or At Risk of Losing Housing</td>
<td>Declined to Answer</td>
</tr>
<tr>
<td>Stably Housed</td>
<td>Don’t Know</td>
</tr>
</tbody>
</table>

### If female, is the client pregnant?

<table>
<thead>
<tr>
<th>Option</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
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<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
</tr>
</tbody>
</table>

### 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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
### PART THREE

#### HIV Incidence (if required by health department)

- Date the client reported information: 
  - **MM/DD/YYYY**

#### Has the client ever had a previous positive HIV test?

- **No**
- **Yes**
- **Don’t Know**
- **Declined**

#### Date of first positive HIV test

- **MM/DD/YYYY**

#### Has the client ever had a negative HIV test?

- **No**
- **Yes**
- **Don’t Know**
- **Declined**

#### Date of last negative HIV test

- **MM/DD/YYYY**

#### Number of negative HIV tests within 24 months before the current (or first positive) HIV test

- **# # #**
- **Don’t Know**
- **Declined**

#### Has the client used or is client currently using antiretroviral medication (ARV)?

- **No**
- **Yes**
- **Don’t Know**
- **Declined**

#### Specify antiretroviral medications

- **1 # # 3 # #** (see codes from right-hand column)
- **2 # # 4 # #**

#### Date ARV began

- **MM/DD/YYYY**

#### Date of last ARV use

- **MM/DD/YYYY**

### Notes:

- _______________________________________________________________________
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**Instructions**

Completion of the NHM&E Required Additional HIV Test questions are mandatory for directly funded CBOs receiving PS15-1502 Category A or B funding. The required additional HIV Test questions are to be collected per client per testing event. Completion of this form is not applicable to any other funding announcement.

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<table>
<thead>
<tr>
<th>Enter or adhere Form ID</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Client ID # # # # # # # #</td>
<td></td>
</tr>
<tr>
<td>Client Record Number (PS15-1502 required. Numeric only)</td>
<td></td>
</tr>
<tr>
<td>Session Date M M D D Y Y Y</td>
<td></td>
</tr>
<tr>
<td>Agency Name</td>
<td></td>
</tr>
</tbody>
</table>

**Directly Funded CBO Agency ID**

(For CDC directly funded CBOs only)

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Which population targeted by your organization’s PS15-1502-funded 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)

- Primary target population
- Secondary target population
- Both target populations
- Not a member of either target population

---

**Is the client at high-risk for HIV infection?**

- Yes
- No
- Not Assessed

---

**For HIV-positive clients, only**

At the time of this positive test, is the client already in HIV medical care?

- Yes
- No
- Declined to Answer
- Not Asked

---

**Navigation and Prevention and Essential Support Services**

**Services For HIV Positive Clients Only (Select all that apply)**

| High Impact Prevention (HIP) behavioral intervention | Referred | Provided |
| Medication adherence support services | | |
| Screening for STDs (syphilis, gonorrhea, and chlamydia) | | |
| Screening for viral hepatitis | | |
| Screening for TB/TB infection | | |
| Treatment for STDs (syphilis, gonorrhea, and chlamydia) | | |
| Treatment or vaccination for viral hepatitis | | |
| Treatment for TB/TB infection | | |

**Services For HIV Negative Clients Only (Select all that apply)**

| High Impact Prevention (HIP) behavioral intervention | Referred | Provided |
| Non-occupational post-exposure prophylaxis (nPEP) | | |
| Pre-exposure prophylaxis (PrEP) | | |
| Screening for STDs (syphilis, gonorrhea, and chlamydia) | | |
| Screening for TB/TB infection | | |
| Treatment for STDs (syphilis, gonorrhea, and chlamydia) | | |
| Treatment or vaccination for viral hepatitis | | |
| Treatment for TB/TB infection | | |

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

- Basic education continuation and completion services
- Employment services
- Housing services
- Insurance navigation and enrollment services
- Sex Education, including HIV education (e.g., risk reduction programs, school-based HIV prevention providers)
- Mental Health Counseling and Services
- Substance abuse treatment and services
- Transportation services (to and from HIV prevention and medical care appointments, including HIV medical care appointments)

Other: Specify: _____________________________________________________________________________________________________

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