

Guidance for Completing the Client Assessment Questionnaire (CAQ)

Introduction This document has been developed to provide HIV test sites a better understanding of the California Department of Public Health, Office of AIDS (OA) *Client Assessment Questionnaire* (CAQ). The intent of this guidance is to describe the CAQ's role in the HIV test session, ensure consistent interpretation of the questions by test site staff, ensure consistent responses to questions that may be asked by clients, and provide a description of administrative items on the CAQ.

Purpose The CAQ is a critical piece of the two-tiered model, and the first step of the test site process. The CAQ is a self-administered questionnaire that is to be given to each client upon arrival and completed by every client before services can be delivered. The CAQ collects information about clients to determine if they are currently at risk for HIV and to determine if they will receive a high-level intervention or a low-level intervention.

Process

- CAQ Client Side**
- Every client who requests an HIV test should be given a CAQ.
 - Instruct clients to only fill out the front of the CAQ and then return the form when completed.
 - Staff may assist if help is requested and provide clarification on questions clients may have.
 - When the CAQ is returned by the client, check the CAQ for completeness. If there are blanks or incomplete information; ask the client for clarification and assist the client when necessary.
 - Although all of this information is important, do not force clients to respond to questions that make them feel uncomfortable, they prefer to discuss in private, or they do not want to answer.
 - Review and assessment of the front side of the CAQ is to be done only by Client Assessment Staff (CAS), a HIV Counselor 1 or HIV Counselor 2 who have been adequately trained.

CAQ Clinic Use Side The reverse side of the CAQ (*CLINIC USE ONLY*) is organized into sections/blocks. Each section/block contains required administrative information that should only be filled out by clinic staff. It is important to completely record and answer each item. These items are the basis for service documentation and reimbursement. A legend for acronyms and abbreviations is located at the bottom of the NOTES section/block.

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure

Self Administered Client Assessment Questions

- Responses to these questions may be used alone or in conjunction with responses to other questions to assess whether or not a client is at high risk for HIV infection and needs a high-level intervention.
 - In addition, responses to these questions may be used to assess if a client fits into a local variance allowance population and needs a high-level intervention.
 - Read the **Instructions** on the top of the form to the client explaining that there are no rights or wrong answers and that all responses are completely confidential and will not be shared with anyone.
-

CAQ Questions Client Side

The front side of the CAQ is to be filled out only by the client. The following is guidance for assisting the client with clarification of the questions on the CAQ.

1. What is your sex / gender?

Instruct the client to enter their self-identified gender. Transgender clients may be pre or post operative.

If ...	Then ...
If a transgender client was biologically male at birth	Mark (3) <i>Transgender: male to female</i>
If a transgender client was biologically female at birth	Mark (4) <i>Transgender: female to male</i>
If a client identifies as intersex or has another self-identified gender <i>Important:</i> Intersex is when sex chromosomes are inconsistent with physical characteristics or when physical characteristics are not classifiable as either male or female.	Mark (5) <i>Other, specify</i> and ask client to write down the gender they identify as

Clients who indicated their gender as **(3) *Transgender: male to female***, **(4) *Transgender: female to male***, or **(5) *Other, specify*** may be at high risk for HIV infection and should receive a high-level intervention.

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

**CAQ
Questions
Client Side**

2. What is your race / ethnicity?

The response options represent the six standard census groups and may not accurately represent the race or ethnicity the client identifies with. Encourage the client to mark all the race or ethnicity groups that they identify with the most or that come closest.

If ...	Then ...
If the client identifies with another group not listed	Mark (1) <i>Other</i> and write down the race or ethnicity they identify with

3. What is your birthday / birth date?

Ask the client to write in their month, day, and four digit year of birth in the boxes (e.g., 04/25/1990).

If ...	Then ...
If the client only wants to provide the month and year of their birth	Have the client complete the month and year boxes
If the client only wants to provide their age	<ul style="list-style-type: none">▪ Have the client write their age down or only enter their year of birth▪ Staff assessing the CAQ: enter 0 for month and day followed by the year of birth (e.g., 00/00/1980)

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

**CAQ
Questions
Client Side**

4. What is the FIRST LETTER of your LAST NAME?

Instruct the client to enter the FIRST LETTER of their LAST NAME in the box.

This information is necessary and is used as part of an anonymous matching criterion to track successful referrals to and from HIV counseling and testing services. The matching criteria are made up of the first letter of the client's last name, date of birth, race, gender and zip code. These few data items will accurately determine if an outreach client was successfully linked to testing services. Anonymity and confidentiality remain unchanged and are assured by the use of this very limited information.

5. What ZIP code do you live in?

Instruct clients to enter the California ZIP code where their residence is located. California ZIP codes range between 90000-96200.

If ...	Then ...
If the client is a transient	Ask client to enter the ZIP code where they most often reside or hang out
If the client resides out-of-state or out of country	Write "Client lives outside of California" next to their ZIP code

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

**CAQ
Questions
Client Side**

6. What County do you live in?

Instruct client to enter the California County where their residence is located.

If ...	Then ...
If the client is a transient	Have them enter the county where they most often reside or hang out
If the client enters a different state or country	Write "Client lives outside of California" next to their response

7. Which of the following comes closest to your sexual orientation?

Instruct the client to enter their self-identified sexual orientation regardless of their sexual behavior.

Some definitions and conceptions of sexual orientation may include:

- Sexual attraction
- Identity
- Lifestyle
- Partnership
- Community

Sexual orientation may be fluid, changing within an individual over time, and felt differently by different individuals. Instead of imposing one definition of sexual orientation, clients should use their own definition of sexual orientation when answering this question. A client may mark (4) *Other, please specify* if they wish to identify with a sexual orientation not listed.

Continued on next page

Procedure, continued

**CAQ
Questions
Client Side**

8. How many HIV/AIDS tests have you had before today?

Instruct clients to not include the test they will be receiving during today's visit. A blank answer means a client declined or refused to answer the question. It is important for staff and program people to know who is testing for the first time.

If ...	Then ...
If the client has NOT had a prior HIV test.	Ask client to enter zero (0)

If you have tested before, what is the date of your last test?

Instruct the client to enter the month and year of their last test. Counselors need to know recent testing intervals and planners need to know more than the year even for old testing, so please have the client approximate the month if necessary.

If ...	Then ...
If the client does not remember the month	Ask client to guess the month. Prompt for seasons or holidays if necessary (e.g. "Was it in the winter?")

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

**CAQ
Questions
Client Side**

If you have tested before, what was the last test result you received?

Instruct the client to mark the results of the last HIV test where they actually received their results.

If ...	Then ...
If the client has tested multiple times	Ask client to mark the last HIV test result they stayed or returned to receive their results
If the client received a positive HIV test or a preliminary positive rapid test result without receiving a confirmatory result	Ask the client to mark (2) <i>Positive (HIV infection found)</i>
If the client's last HIV test result was discordant, inconclusive or invalid	Mark (6) <i>Other result, specify:</i> and ask client to write down the result they received
If a client has never stayed or returned to receive the results for any HIV test	Mark (5) <i>I have never received a result</i>

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

**CAQ
Questions
Client Side**

9. Have you had sex with a woman in the last year (12 months)?

Instruct clients to mark all responses that apply. A response to this question does not indicate high risk for HIV infection and will not, alone, determine if a client needs a high-level intervention.

Response Option	Description
<i>(1) Vaginal sex (penis in vagina)</i>	Refers to insertive vaginal sex where a client inserted their penis into their female sex partner's vagina
<i>(1) Anal sex (penis in anus (butt))</i>	Refers to insertive anal sex where a client inserted their penis into their female sex partner's anus
<i>(1) Oral sex (mouth on penis, vagina, or anus)</i>	Refers to sex where one partner has their mouth or tongue on a sex partner's penis, vagina, or anus
<i>(1) I have <u>not</u> had sex with a woman in the last year</i>	Mark if a client has not had vaginal, anal, or oral sex with a female partner in the last year

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

**CAQ
Questions
Client Side**

10. Have you had sex with a man in the last year (12 months)?

Instruct clients to mark all responses that apply.

Response Option	Description
<i>(1) Vaginal sex (penis in vagina)</i>	Refers to receptive vaginal sex where a client's sex partner inserted their penis into the client's vagina
<i>(1) Anal sex (penis in anus (butt))*</i>	<ul style="list-style-type: none"> ▪ Refers to insertive or receptive anal sex ▪ A client inserted their penis into their male sex partner's anus and/or where a client's male sex partner inserted their penis into the client's anus
<i>(1) Oral sex (mouth on penis, vagina, or anus)**</i>	Refers to sex where one partner has their mouth or tongue on a sex partner's penis, vagina, or anus
<i>(1) I have <u>not</u> had sex with a man in the last year.</i>	Mark if a client has not had vaginal, anal, or oral sex with a male partner in the last year

*If a client marks **(2) Female** on Question #1 **and (1) Anal sex (penis in anus (butt))** for Question #10 then the client is directed to a high-level intervention.

If a client marks **(1) Male on Question #1 **and (1) Anal sex (penis in anus (butt)) and/or (1) Oral sex** for Question #10 then the client is directed to a high-level intervention.

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

CAQ
Questions
Client Side

11. Have you had sex with a sex worker or prostitute (whether you paid or not) in the last year?

If ...	Then ...
If, during the last 12 months the client has had sex with a sex partner who has: <ul style="list-style-type: none">• received money, drugs, or a place to stay for sex• received other items or services for sex.	Mark (1) Yes

A **(1) Yes** response indicates that the client may be at high risk for HIV infection and should be directed to a high-level intervention.

12. Have you had sex with someone that you know injects drugs in the last year?

If ...	Then ...
if client has had sex with someone they are reasonable sure has injected drugs	Mark (1) Yes

A **(1) Yes** response indicates that the client may be at high risk for HIV infection and should be directed to a high-level intervention.

13. Have you had sex with someone that you know has HIV or AIDS in the last year?

If ...	Then ...
if client has had sex with someone they are reasonable sure is HIV positive	Mark (1) Yes

A **(1) Yes** response indicates that the client may be at high risk for HIV infection and should be directed to a high-level intervention.

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

**CAQ
Questions
Client Side**

14. If you are female, in the last year have you had sex with a man that you know has had sex with another man?

If ...	Then ...
if a female client has had sex with a man who they are reasonable sure has had sex with another man	Mark (1) Yes

A **(1) Yes** response indicates that the client may be at high risk for HIV infection and should be directed to a high-level intervention.

15. Have you used a needle to inject drugs in the last year?

If ...	Then ...
If the client has injected psychoactive drugs with a needle/syringe in the last year. Psychoactive drugs include: <ul style="list-style-type: none">• Methamphetamine, cocaine, crack, heroin, ecstasy, painkillers, tranquilizers, GHB, ketamine, alcohol and other mood altering drugs.	Mark (1) Yes

A **(1) Yes** response indicates that the client may be at high risk for HIV infection and should be directed to a high-level intervention.

16. Have you used meth, speed, crank, crystal, cocaine, or crack in the last year?

If ...	Then ...
If the client has used stimulant drugs in the last 12 months. This includes drugs or drug combinations that contain methamphetamine, cocaine, or crack. <i>Important:</i> Do not include psychotropic stimulant drugs prescribed by a psychiatrist.	Mark (1) Yes

A **(1) Yes** response indicates that the client may be at high risk for HIV infection and should be directed to a high-level intervention.

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

CAQ
Questions
Client Side

17. Have you received drugs, money, or other items or services for sex in the last year?

If ...	Then ...
If, during the last 12 months the client has: <ul style="list-style-type: none">• received money, drugs, or a place to stay for sex• received other items or services for sex.	Mark (1) Yes

A (1) **Yes** response indicates that the client may be at high risk for HIV infection and should be directed to a high-level intervention

18. Has a medical or service provider told you that you have gonorrhea or syphilis in the last year?

If ...	Then ...
If the client has received a gonorrhea or syphilis diagnosis by a medical or service provider in the last 12 months <i>Important:</i> the medical or service provider could be a doctor, HIV counselor, nurse, etc	Mark (1) Yes

A (1) **Yes** response indicates that the client may be at high risk for HIV infection and should be directed to a high-level intervention.

Continued on next pag

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

CAQ
Questions
Client Side

19. Has a medical or service provider ever told you that you have Hepatitis C?

This question in conjunction, and not alone, determines if a client may be at high risk for Hepatitis C (HCV)

If ...	Then ...
If the client has ever received a HCV diagnosis by a medical or service provider <i>Important:</i> the medical or service provider could be a doctor, HIV counselor, nurse, etc	Mark (1) Yes

If (1) **Yes** then a client should not be offered a HCV test.

20. Have you ever used a needle to inject drugs?

If ...	Then ...
If the client has used a needle/syringe to inject drugs during their lifetime.	Mark (1) Yes

A (0) **No** response indicates the client is not at risk for HCV and should not be offered a HCV test.

A (1) **Yes** response indicates that the client may be at high risk for HCV infection.

If a client responds (1) **No** on Question #19 and (1) **Yes** for Question #20 and the testing site offers HCV testing then the client should be referred for HCV testing and moved into a high-level intervention.

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

**CAQ
Clinic Use
Side**

The intent of the following guidance is to provide a description of administrative items found on the **Clinic Use Only** side of the CAQ.

**Unique
Office of
AIDS Client
Number**



A unique OA client number is required for data reporting and reimbursement for services provided. The OA client number should be identical on the CIF as the CAQ for clients who transition to high-level interventions. The OA client number must be identical to the first laboratory slip for clients who elect to test.

Important: Never use the same number on two different CAQs.

If...	Then...
A client declines to test or a test is not offered	OA supplied white single numbered label should be used
A client takes a HIV test and an OA laboratory slip is used	OA number is obtained from the red or purple label on the OA laboratory slip
A client takes a HIV test and an alternate laboratory slip other than an OA laboratory slip is used	Use an OA supplied yellow number sticker set to identify the alternative laboratory slip, CAQ, Counselor Information Form (CIF), specimen container, etc. The yellow sticker number is used for data entry into the Local Evaluation Online (LEO) system.

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

Administrative Block The administrative block on the CAQ and Counselor Information Form (CIF) is similar and is entered into the LEO system first, prior to entering any other information. **If a CIF is being entered, then the initial CAQ is not entered.**

If...	Then...
A response option has (CIF required) next to it	A client must be transitioned to a high-level intervention and a CIF must be used.
If a CIF is used	Then only the CIF is entered into the LEO system. Transfer <u>all</u> administrative and client information on the CAQ to a CIF.

Data Entry Requirements Reimbursement is determined on the accuracy of the information entered from the fields on the CAQ or the CIF. Illegible or incomplete information will prevent services from being reimbursed.

- All staff must use initials consistently. The initials may be characters or numbers (e.g. DSW, 123). These initials verify the successful completion of a contractual obligation¹. Initials for each counseling session will be checked against a computerized roster of active staff when entered.
- Dates are entered as six-digit, Month/Day/Year (e.g., 03/01/08)

Data entry initials Enter the initials of the staff person who entered this form into the LEO system.

Continued on next page

¹ All HIV counseling and testing staff must have current client assessment, Counselor I or Counselor II counseling training to be reimbursed for services rendered. Only personnel who have completed State Rapid Testing Training may conduct, read and record the results of a rapid HIV test.

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

Mark if no billing

Ordinarily, the services recorded are billed to OA when entered into the LEO system. This is normally left blank. When *none* of the services provided are billed to the OA, mark this box.

Some testing not billed to OA include:

- Tests done under court order (sex workers, sex offenders and others)
- When tests are paid for by other funding sources such as: CDC, California Department of Alcohol and Drug Programs (DADP), county public health money, other grant/funds, state-mandated claims fund, or the client

Assessment initials

Enter the initials of the client assessment staff (CAS) that performed the CAQ review and assessment to determine if the client receives a low-level or high-level intervention.

Initial intervention

Mark one box that describes the result of the CAQ review and assessment.

Initial Intervention Option	Description
<i>(1) LR low-level</i>	Client is defined as low-risk for HIV (and HCV) and is initially moved into the low-level intervention
<i>LR high-level (CIF is required)</i>	Client is defined as low-risk for HIV (and HCV) based on the questions answered on the CAQ, but is moved into the high-level intervention . This occurs when the Local Variance Allowance is being utilized or a client requests a counseling session.

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

Initial intervention, continued

Initial Intervention Option	Description
<i>HR high-level (CIF is required)</i>	<p>Client may be at high risk for HIV or HCV and is moved into a high-level intervention.</p> <p><i>Important:</i> Clients who may be high risk for HIV and receive high-level intervention counseling are:</p> <ul style="list-style-type: none">• Transgender clients• Men who have sex with men• Sex with a male sex partner known to have had sex with a male• Sex in exchange for drugs, money, or other items or service• Sex with a sex worker partner• Sex with a partner who injects drugs• Sex with an HIV-positive partner• Anal receptive sex• Injection drug use• Stimulant drug use• Gonorrhea or syphilis diagnosis

Continued on next page

Client Assessment Questionnaire (CAQ) Guide, Continued

Procedure, continued

Transition to high-level? Indicates whether or not a client transitioned to a high-level intervention if the initial intervention is *LR low-level*.

Response Option	Description
Yes (CIF is required)	A low-risk client in a low-level intervention tested HIV-positive or preliminary HIV-positive or a client is assessed as high risk during the low-risk intervention. The client is transitioned into a high-level intervention. Transfer <u>all</u> administrative and client information on the CAQ to a CIF.
<i>No (0)</i>	Client was not transferred to a high-level intervention

Local variance allowance used? If your LHJ has an approved local variance allowance (LVA) population then this question identifies clients fitting the LVA criteria.

Response Option	Description
Yes (CIF is required)	Indicates that client fits the LVA criteria identified The client is transited into a high-level intervention. Transfer <u>all</u> administrative and client information on the CAQ to a CIF
<i>No (0)</i>	Indicates that client does not fit the LVA criteria identified or local variance is not being utilized

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

Agency ID Enter the code number assigned to the local health department (LHD) or other contracting agency by OA

**Intervention/
Intervention
ID** The number assigned by the LHD or agency to identify a unique counseling and testing (C&T) intervention.

Location ID The number assigned by the LHD or agency to identify the physical location where C&T services are regularly provided. This includes static venues, mobile van locations, and outreach testing locations.

Important: A location number does not have to be indicated for every street corner stop of a mobile van route. A broad community setting can be identified as a location with a city and ZIP code.

**HIV Test
Election** Mark one box that indicates the client's informed decision whether or not to test and which C&T protocol was used.

Important: A client should never be pressured to take a test, but rather invite the client to return for testing later.

If...	Then...
A client is not convinced that confidentiality will be maintained <i>Important:</i> Reassure clients that information is well protected and no identifying information is reported to the county or state.	Refer these clients to anonymous testing locations where their anonymity will be assured.

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

HIV Test Election, continued

Response Option	Description
(1) Tested anonymously	Client chose to test and was tested under the anonymous protocol (ATS, or other non-ATS anonymous testing site).
(2) Tested confidentially	Client chose to test and was tested under the confidential protocol where name and locating information were taken
(3) Client declined testing	<p>The outcome of the intervention was the client declined to test.</p> <p>Reasons why a client might decline testing include:</p> <ul style="list-style-type: none"> • Client recognized they are not at risk of having been exposed to HIV after talking to a counselor. • Client tested immediately after a risky event and the test may not provide an accurate result (within the 6 month window period). <p><i>Important:</i> Some clients do not fully understand how often testing is needed and/or use testing to reassure themselves (e.g. feeling that testing is somehow prophylactic).</p>
(4) HIV test not offered	There may be circumstances that prompted the HIV counselor NOT to offer a test to the client. One obvious example occurs when an intoxicated client is unable to provide informed consent. Belligerent clients may also present grounds for discontinuing services.

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

Intervention session Enter the date of the intervention session and the initials of the HIV counselor providing the service in the boxes.

Disclosure session Enter the date that the HIV test result disclosure occurred and the initials of the HIV counselor providing the service. For rapid HIV tests the disclosure date is usually the same date as the intervention session date unless the client requested to receive their HIV result on a different day.

When disclosing testing results, especially anonymous tests, use the descriptive information provided on the form to insure that the person presenting for the disclosure session is the same as the client tested.

Reschedule attempt For follow-up contact with a confidential client who missed a scheduled HIV disclosure session. Enter the date and initials of the person attempting to reschedule the disclosure. For this service only, staff other than counselors may make follow-up contacts. Contact can be in the form of a phone call, letter, or through street outreach connections. Reimbursement will be provided for reschedule attempts for high risk HIV-negative clients and HIV-positive clients.

Reschedule attempt outcome Mark one box that best explains the outcome of the reschedule attempt if the client did not return for their disclosure session.

Response Option	Description
(1) Unable to locate/contact	Though a valid attempt was made, the client was not able to be located or contacted
(2) Client declined notification	Client was contacted but has decided not to come in to receive their HIV test results
(3) Obtained HIV results elsewhere	Client was able to get their HIV test results from another medical service venue
(4) Rescheduled but did not return	Client was contacted and agreed to come in to receive their HIV test results but ultimately failed to return for a disclosure session

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

**Other
Testing
Block**

**Referred for
hepatitis C
testing?**

Response Option	Description
Yes (CIF is required)	Indicates that client was referred for hepatitis C testing
(0) No	Indicates that client does not fit the criteria identified

**Additional
tests this
visit**

Some clinics perform additional tests during the course of a C&T visit. These tests may have been given during an intervention session or a disclosure session:

- Tuberculosis (TB)
- Hepatitis B
- Syphilis
- Gonorrhea
- Chlamydia
- Other STD test (other than HIV)

If ...	Then ...
One or more tests listed have been administered during the intervention or disclosure session	Mark the test(s) that were administered
If no additional tests were administered	Mark (1) No additional tests <i>Note:</i> The LEO program automatically skips the other responses when this is checked.

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

HIV Test Summary Block

Final HIV test result

Mark the one box that describes the final HIV test result. This is the final test result that is given to the client during the last disclosure session.

Important: Attach all Rapid HIV Antibody Test forms, Conventional HIV Antibody Test forms, and a HIV Testing Incident Report if required to the CIF.

Response Option	Description
(1) Negative	The HIV test result(s) indicate HIV antibodies were not detected and the client is not infected with HIV
Positive (CIF required)	The HIV test result(s) indicate HIV antibodies were detected and the client is infected with HIV.
Preliminary Positive (CIF required) <i>(no confirmatory sample taken)</i>	Results of an OraQuick Rapid HIV Test were preliminary positive and the client did not provide a confirmatory sample.
Inconclusive (CIF required)	No conclusion may be drawn from the HIV tests regarding the client's HIV-status.
Discordant (CIF required)	A preliminary positive rapid HIV test result followed by a negative or indeterminate confirmatory result
(6) Invalid	An OraQuick rapid test where the internal control line does not appear or the lines are not appropriately aligned in the result window
Other, specify (CIF required)	A test result that does not fit into any of the above. Please briefly explain what occurred in the notes section.

Continued on next page

Client Assessment Questionnaire (CAQ), Continued

Procedure, continued

Optional Data Block These fields are for other data elements that are specific to agencies that are not on the CAQ. If you have questions regarding these fields, ask your HIV counseling supervisor.

Notes Block This section is for free form notes of relevance to the counseling session. These are particularly useful to communicate impressions or significant issues to the disclosure counselor, especially in those settings where there is usually a different counselor.

Additional lab stickers The OA client number sticker placed in the upper right corner of the CAQ must be identical to the first laboratory slip for clients who elect to test. Place the OA client number sticker from the second and additional tests in this area. A lab sticker from each lab test must be unique, and one sticker from each test must be placed onto the CAQ in order to track the client through the testing process to the final result.
