

HIV CARE PROGRAM (HCP) MINIMUM DATASET

DATA ELEMENT	TAB	SUBTAB
Street Address (Residence)	Demographics	Contact Info
City (Residence)	Demographics	Contact Info
State (Residence)	Demographics	Contact Info
Zip Code (Residence)	Demographics	Contact Info
County (Residence)	Demographics	Contact Info
Last Name	Demographics	Demographic Detail
First Name	Demographics	Demographic Detail
Middle Initial	Demographics	Demographic Detail
Date of Birth	Demographics	Demographic Detail
Mother's Maiden Name	Demographics	Demographic Detail
Gender	Demographics	Demographic Detail
Hispanic	Demographics	Demographic Detail
Race (1)	Demographics	Demographic Detail
Date of Death (if applicable)	Demographics	Demographic Detail
Veteran	Demographics	Demographic Detail
Current Living Situation	Demographics	Living Situation
Living Situation Since (Date)	Demographics	Living Situation
Agrees to Share Data	Demographics	Agency Specifics
Agency Status	Demographics	Agency Specifics
Status as of Date	Demographics	Agency Specifics
Agency Enrollment Date	Demographics	Agency Specifics
Reason for Status Change (if applicable)	Demographics	Agency Specifics
(Document) Type	Eligibility	Eligibility Documents
• ARIES Consent Form	Eligibility	Eligibility Documents
• HIV Letter of Diagnosis	Eligibility	Eligibility Documents
• Agency Consent Form	Eligibility	Eligibility Documents
Document Dated	Eligibility	Eligibility Documents
Employed	Eligibility	Financial
Public Assistance	Eligibility	Financial
Monthly Household Income	Eligibility	Financial
Number of People in Household	Eligibility	Financial
(Insurance) Source	Eligibility	Insurance
(Insurance) Type	Eligibility	Insurance
(Policy) Start Date	Eligibility	Insurance
(Policy) End Date	Eligibility	Insurance
CDC Disease Stage	Medical	Basic Medical

DATA ELEMENT	TAB	SUBTAB
Date First HIV+ *	Medical	Basic Medical
AIDS Diagnosis Date	Medical	Basic Medical
HIV Test Date	Medical	Basic Medical
HIV Test Result	Medical	Basic Medical
(HIV) Pre-Test Counseling Offered	Medical	Basic Medical
(HIV) Pre-Test Counseling Date	Medical	Basic Medical
(HIV) Post-Test Counseling Offered	Medical	Basic Medical
(HIV) Post-Test Counseling Date	Medical	Basic Medical
AIDS Defining Conditions *	Medical	Basic Medical
AIDS Defining Conditions Diagnosis Date *	Medical	Basic Medical
Partner Notification Offered	Medical	Basic Medical
Partner Notification Offered Date	Medical	Basic Medical
Date Health Department Notified	Medical	Basic Medical
CD4 Test Date *	Medical	Medical History
T Cell Count *	Medical	Medical History
Viral Load Date *	Medical	Medical History
(Viral Load) Value *	Medical	Medical History
STI/Hepatitis (Condition) *	Medical	Medical History
(STI/Hepatitis Test) Date *	Medical	Medical History
(STI/Hepatitis) Diagnosis *	Medical	Medical History
(STI/Hepatitis) Treatment Indicated? *	Medical	Medical History
(STI/Hepatitis) Treatment Start Date *	Medical	Medical History
TB Test Medically Indicated *	Medical	Medical History
TB Test Medically Indicated Date *	Medical	Medical History
Date PPD/TST Placed (Required if no IGRA) *	Medical	Medical History
Date PPD/TST Read (Required if no IGRA) *	Medical	Medical History
IGRA Date (Required if no PPD) *	Medical	Medical History
Chest X-Ray Date *	Medical	Medical History
TB Diagnosis *	Medical	Medical History
Date of TB Diagnosis *	Medical	Medical History
(TB) Treatment Start Date *	Medical	Medical History
(TB) Treatment End Date *	Medical	Medical History
TB Treatment Type *	Medical	Medical History
TB Treatment Status *	Medical	Medical History
(TB Treatment) Date *	Medical	Medical History
Immunization Type (At minimum, complete for Hepatitis B series) *	Medical	Medical History
(Immunization) Is Not Medically Indicated *	Medical	Medical History
(Immunization) Date *	Medical	Medical History

DATA ELEMENT	TAB	SUBTAB
Pap Smear and Pelvic Exam Date *	Medical	OB/GYN & Pregnancy
Estimated Date of Conception *	Medical	OB/GYN & Pregnancy
Estimated Delivery Date *	Medical	OB/GYN & Pregnancy
Date Prenatal Care Began *	Medical	OB/GYN & Pregnancy
ART Was Offered to Reduce Vertical HIV Transmission to Infant *	Medical	OB/GYN & Pregnancy
Date Started ART Treatment *	Medical	OB/GYN & Pregnancy
Pregnancy Outcome *	Medical	OB/GYN & Pregnancy
Date of Pregnancy Outcome *	Medical	OB/GYN & Pregnancy
Newborn HIV Status *	Medical	OB/GYN & Pregnancy
ART Type *	Medications	ART
Reason not on HAART *	Medications	ART
(ART) Start Date *	Medications	ART
(ART) End Date *	Medications	ART
Anti-Retroviral Drugs *	Medications	ART
Percent of Doses Taken in the Past Four Weeks *	Medications	ART
(Adherence to HIV Treatment) Date *	Medications	ART
Other Medications (Required for PCP Prophylaxis) *	Medications	Other Medications
Used For (Required for PCP Prophylaxis) *	Medications	Other Medications
Type (of Other Medication) (Required for PCP Prophylaxis) *	Medications	Other Medications
(Other Medication) Start/End Date (Required for PCP Prophylaxis) *	Medications	Other Medications
Client Risk Factors (Check all that apply)	Risk & Assessments	Risk Factors
• Sex with Male	Risk & Assessments	Risk Factors
• Sex with Female	Risk & Assessments	Risk Factors
• Injected Nonprescription Drugs	Risk & Assessments	Risk Factors
• Received Clotting Factor For Hemophilia / Coagulation Disorder	Risk & Assessments	Risk Factors
• Received transfusion of blood/blood components (other than clotting factor), transplant of tissue/organs or artificial insemination	Risk & Assessments	Risk Factors
• Worked in healthcare or clinical lab setting	Risk & Assessments	Risk Factors
• Mother HIV infected/Perinatal transmission	Risk & Assessments	Risk Factors
• Sexual abuse (pediatric only)	Risk & Assessments	Risk Factors
• Other Risk Factor	Risk & Assessments	Risk Factors
• Unknown Risk Factor	Risk & Assessments	Risk Factors
Sex Partner Risk Factors, Heterosexual Contact Only (Check all that apply)	Risk & Assessments	Risk Factors
• Intravenous/injection drug user	Risk & Assessments	Risk Factors
• Bisexual Male	Risk & Assessments	Risk Factors
• Person with AIDS or documented HIV	Risk & Assessments	Risk Factors

DATA ELEMENT	TAB	SUBTAB
• Other (person with hemophilia/coagulation disorder, transfusion/transplant recipient with documented HIV infection)	Risk & Assessments	Risk Factors
• Unknown Risk Factor	Risk & Assessments	Risk Factors
(Substance Abuse) Screen Date (Can also use the SAMISS listed below)	Risk & Assessments	Mental Health
(Mental Health) Screen Date (Can also use the SAMISS listed below)	Risk & Assessments	Mental Health
SAMISS [Substance Abuse and Mental Illness Symptoms Screener] Date (if applicable)	Risk & Assessments	Assessments
SAMISS Outcome (if applicable)	Risk & Assessments	Assessments
(Risk Reduction) Screening Date	Risk & Assessments	Assessments
Client Name	Services	N/A
Staff	Services	N/A
Site (if applicable)	Services	N/A
Date of Service	Services	N/A
Contract Name	Services	N/A
Program	Services	N/A
Primary Service	Services	N/A
Secondary Service (if applicable)	Services	N/A
Agency Subservice (if applicable)	Services	N/A
Unit of Service	Services	N/A