

HIV SUPPLEMENTARY INFORMATION FORM

Unique Office of AIDS Client Number

Answers to these questions will help the California Department of Public Health, Office of AIDS (OA) with HIV Incidence Surveillance (HIS). HIS estimates the number of people in California and the U.S. who have been recently infected with HIV. Place a Unique Office of AIDS Client Number Sticker in the space above and attach this form to the CIF. Collect answers during the counseling session just as you would for the CIF.

Only sites participating in HIV Incidence Surveillance complete this form. For more information contact your HIV Counseling and Testing Coordinator.

HIV INCIDENCE SURVEILLANCE	Number of HIV tests in past 2 years including today*†: (1 (today's test) + ___ (number of tests in the past 2 years) = 	COMPLETE ONLY FOR PREVIOUS HIV POSITIVE CLIENTS:
	Ever test negative for HIV: (lifetime history) <input type="checkbox"/> (1) Yes (indicate date of last negative HIV test below) <input type="checkbox"/> (0) No <input type="checkbox"/> (7) Client declined/refused <input type="checkbox"/> (9) Client doesn't know	Date (mm/dd/yy) Date of first positive HIV test specimen:
	Date of last negative HIV test: 	Number of HIV tests*† (first positive and prior 2 years): (1 (first positive) + ___ (number of tests in 2 years before first positive) =
	Taken any antiretroviral therapy (ART) in the last 6 months: <input type="checkbox"/> (1) Yes (indicate date of first and last day used below) <input type="checkbox"/> (0) No <input type="checkbox"/> (7) Client declined/refused <input type="checkbox"/> (9) Client doesn't know	*†For examples and clarification on how to add the number of HIV tests, please refer to the SIF section of the document, Guidance for Completing the HIV Counselor Information Form (HIV7).
	Date (mm/dd/yy) First day any ART(s) used: 	
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