

Guidance for Completing the Counseling Information Form (CIF) Version 7

Introduction This document was developed to: provide HIV counselors a better understanding of the California Department of Public Health, Office of AIDS (OA), HIV Counseling Information Form (CIF) version 7; describe the CIF's role in HIV counseling; and ensure consistent recording of client information. This guidance provides a detailed explanation of each item on the form. Reliance on this guidance will minimize confusion of meaning. Whenever questions are unresolved by this document contact David Webb at the State OA, (916) 449-5826.

Purpose The CIF is a critical piece of the two-tiered HIV counseling and testing model, and used in the second step of the test process specific to clients that are directed to the high-level counseling intervention. The CIF is a professional tool to be used ONLY by HIV counselors who have completed the State-sponsored training in the context of providing HIV counseling services. Supervised use by new counselors is permitted as part of their training. The CIF should NEVER be completed by untrained staff, or clients, and is strongly discouraged outside the counseling context.

The CIF has been designed in intensive collaboration with the HIV counselor training curriculum development staff, HIV counselor trainers and senior counselors. The information is recorded to ensure that it is obtained and available for reference during the HIV intervention and disclosure HIV counseling sessions. The information is also the basis for service documentation and reimbursement. The CIF provides program planners with information about the HIV counseling process and our clients. This information is critical to the continuous improvement of primary HIV prevention in California. Information on the CIF is also required by the Federal Centers for Disease Control and Prevention. Incomplete or inaccurate recording of this information diminishes the impact of HIV counseling, violates contractual obligations and risks support for effective prevention services.

The CIF reflects and records key aspects of the HIV counseling content and is designed to assist with the counseling process. HIV counseling cannot be client centered unless the counselor has a complete understanding of the client's risks and current issues. The CIF is organized to reflect the HIV counseling process. While strict reliance on the CIF results in poor counseling, many counselors glance at it occasionally for support, prompts and recording information at convenient points during the counseling session. The CIF must be available during disclosure counseling to support the counseling process, to assess the risk reduction plan, to correct and update initial information, and to add final referrals.

All information should be completely recorded for each client, except for those clients who decline to provide the information. In the risk history sections, the HIV counselor must check the declined/refused box for that section when the client declines to provide the risk information addressed. Blanks represent incomplete risk assessments and can affect the level of payment for counseling and testing services and reflect the adequacy of the service provided.

A legend for acronyms and abbreviations is located at the bottom of the CIF front page in the NOTES section/block.

Process

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 Client Assessment Questionnaire (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 CIFs.

If...	Then...
A client declines to test or a test is not offered	Only the CAQ will be completed and the CIF will not 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.

ADMINISTRATIVE

The administrative block on the CAQ and 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 (<i>CIF required</i>) next to it on the CAQ	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.

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.

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>No CIF will be completed.</i>
<i>(2) 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.
<i>(3) HR high-level (CIF is required)</i>	Client may be at high risk for HIV or HCV and is moved into a high-level intervention.

Initial intervention continued

	<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
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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
(1) <i>Yes</i> (CIF is required)	<p>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.</p> <p>The client is transitioned into a high-level intervention. Transfer <u>all</u> administrative and client information on the CAQ to a CIF.</p>
(0) <i>No</i>	Client was not transferred to a high-level intervention and CIF is not required.

Local variance used

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

Response Option	Description
(1) <i>Yes</i> (<i>CIF is required</i>)	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
(0) <i>No</i>	Indicates that client does not fit the LVA criteria identified or local variance is not being utilized

Agency ID

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

**Intervention/
Intervention ID**

The name and number assigned by the LHD or agency to identify a unique counseling and testing (C&T) intervention (e.g., NIGHT, mobile testing, testing targeted for MSM).

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 outdoor or 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.

HIV Test Election continued

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

Response Option	Description
(1) <i>Tested anonymously</i>	Client chose to test and was tested under the anonymous protocol (ATS, or other non-ATS anonymous testing site).
(2) <i>Tested confidentially</i>	Client chose to test and was tested under the confidential protocol where name and locating information were taken.
(3) <i>Client declined testing</i>	<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>

HIV Test Election continued

Response Option	Description
<i>(4) HIV test not offered</i>	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.

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 ensure that the person presenting for the disclosure session is the same as the client tested.

Transition to high-level

Enter the initials of the high-level intervention counselor if client transitioned from a low-level only counselor.

Confirmatory disclosure

Positive confirmatory rapid testing disclosure was conducted with this client. Provide date of session and initials of HIV counselor in blanks. HIV positive clients may receive an HIV positive result at any point in time although the information must be entered before the close of the fiscal year to be reimbursed for the service.

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

HCV result disclosure

Enter the date that the HCV test result disclosure occurred and the initials of the HIV counselor providing the service. The date may be the same as the HIV test disclosure date.

CLIENT INFORMATION

Client information gathered from the CAQ can be transferred onto the CIF. However, if the information is incomplete, it is appropriate to ask the client during the counseling session if they would like to respond.

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.

Race/ethnicity

The response options represent the six standard census groups and may not accurately represent the race or ethnicity the client identifies with. Check any of the race or ethnicity groups that the client most identifies with or that come closest. Mark all that apply.

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**Race/
ethnicity
continued**

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

Date of birth Write in the 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	Complete the month and year boxes.
If the client only wants to provide their age	<ul style="list-style-type: none"> • Write their age down or only enter their year of birth. • Enter 0 for month and day followed by the year of birth (e.g., 00/00/1980).

**Gender
identity**

Enter the client's self-identified gender.

Ask female clients if they know whether they are pregnant and if yes, whether they are receiving prenatal care from a clinic or doctor.

If ...	Then ...
Female client is not pregnant	Mark <i>(0) No</i>
Female client doesn't know whether she is pregnant	Mark <i>(8) CDK</i> (client doesn't know)
Female client is pregnant	Mark <i>(1) Yes</i>
Pregnant client is in prenatal care	Mark <i>(1) Yes</i>
Pregnant client is not in prenatal care	Mark <i>(0) No</i>

Gender identity continued

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>
<p>If a client identifies as intersex or has another self-identified gender</p> <p><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.</p>	<p>Mark (5) <i>Other, specify</i> and ask client to write down the gender they identify as</p>

First letter of last name

If the client did not enter the FIRST LETTER of their LAST NAME on the CAQ, ask if they would be willing to provide it.

This information is necessary and is used as part of an anonymous matching code 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.

Sexual orientation

Enter the client's self-identified sexual orientation regardless of the client's reported sexual behavior.

Some definitions and conceptions of sexual orientation may include:

- Sexual attraction
- Identity
- Lifestyle
- Partnership
- Community

Sexual orientation continued

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 orientation, specify* if they wish to identify with a sexual orientation not listed.

Residence ZIP code

Enter the California ZIP code where the client’s 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	Check the box “ <i>Mark if client lives outside CA</i> ” next to their ZIP code.

Residence County

Enter the California County where client’s residence is located.

If ...	Then ...
If the client is a transient	Enter the county where they most often reside or hang out.
If the client reports a different state or country	Write “Outside of CA.”

Homeless

Mark one box that indicates whether or not client is living on the streets and homeless.

Response Option	Description
(1) <i>Yes</i>	Client is currently homeless.
(0) <i>No</i>	Client is not currently homeless and lives in some type of temporary or permanent shelter/housing.
(*) <i>D/R</i>	Client declined or refused to answer.

Incarcerated Mark one box that indicates whether the client has been in jail, prison, juvenile hall or some type of correctional facility in the past 12 months.

Response Option	Description
<i>(1) Yes</i>	Client has been in some type of correctional facility in the past 12 months.
<i>(0) No</i>	Client has not been incarcerated in the past 12 months.
<i>(*) D/R</i>	Client declined or refused to answer.

Health Insurance coverage Indicate the type(s) of health insurance coverage available to the client. Mark all that apply.

Response Options	Description
<i>No coverage</i>	Client has no health insurance of any kind.
<i>Private</i>	Client has health insurance coverage either through employment or by self-enrollment with a health insurance provider, health maintenance organization (HMO), preferred provider organization (PPO), or point of service plan (POS).
<i>Medi-Cal (Medicaid)</i>	Client is enrolled in California's Medi-Cal or Medicaid program.
<i>Medicare</i>	Client is enrolled in Medicare program.
<i>Military</i>	Client receives health insurance through the military whether for active duty, retired, reserve, guard, veteran, or for family members.
<i>Indian Health Service</i>	Client has access to Indian Health Service programs.
<i>Other public, specify</i>	Client receives health care and services covered through some other public source than listed above. Write down organization/source.

Number of prior HIV tests

Indicate the number of HIV tests the client has taken before not including the test the client will be receiving during the current 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 never had a HIV test	Enter zero (0).

Most recent HIV result received

Mark the result of the last HIV test for which the client actually received the result.

If ...	Then ...
If the client has tested multiple times	Mark the most recent or last HIV test result received.
If the client received a negative result	Mark (1) <i>Negative</i> .
If the client received a confirmed positive standard or rapid HIV test	Mark (2) <i>Positive</i> . <ul style="list-style-type: none"> • Ask client if they are currently receiving HIV medical care or treatment and mark (1) <i>Yes</i> or (0) <i>No</i>. • Ask client the reason for the new HIV test and write down the response in the space provided on the CIF.
If the client received a preliminary positive rapid test result without receiving a confirmatory result	Mark (3) <i>Preliminary Positive</i> .
If the client's last HIV test result was discordant, inconclusive or invalid	Mark (4) <i>Inconclusive, discordant, invalid</i> .
If the client has never stayed or returned to receive the results of any HIV test	Mark (5) <i>Never has received a result</i> .

Date of last HIV test result received

Enter the month and year (mm/yy) of client's last test result received. 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?").

SEXUAL BEHAVIOR

When examined collectively, these items provide a complete risk history of the client's potential for sexual HIV acquisition/transmission. This assessment will allow the counselor to center the discussion of HIV risk reduction on the client's risk issues.

Sexual activity is organized by the gender and types of partners a client may have. Types of partners tend to indicate the risk of exposure. The sexual activities in conjunction with barriers used indicate the risk of acquisition/transmission with each type of partner. Counselors should explore the types of sexual activity the client acknowledges. For example, counseling will be affected by whether the anal sex is dry or with a water-based lubricant.

A response must be recorded for each item for the risk assessment to be complete and work properly. Discuss and record the client's behavior during the ***last 12 months*** unless otherwise indicated.

GENDER OF PARTNERS

Male, Female, and/or Transgender sex partner(s)

If ...	Then ...
If client reports having sex with one or more partners in the past 12 months from any of the following three partner types: <ul style="list-style-type: none"> • <i>Male sex partner(s)</i> • <i>Female sex partner(s)</i> • <i>Transgender sex partner(s)</i> 	Mark (1) Yes next to each partner type reported by the client.
If client reports that they do not have sex with one or more of the above listed sex partner types	Mark (0) No next to any partner type they do not have sex with.
If client refuses or declines to report any or all of the sexual partner types	Mark (*) D/R (declined/refused) next to the partner types for which client declined or refused to report.

Number of partners

For any male, female and/or transgender sex partners reported by the client, write in the number of each type from the past 12 months. Values can be from 1 to 999.

If ...	Then ...
If client reports having transgender sex partners	Indicate the number of <i>male to female</i> transgender sex partners separately from the number of <i>female to male</i> transgender sex partners.

GENDER OF PARTNERS cont.

Sexual Activity

For male, female, or transgender sex partners in the past 12 months:

If ...	Then ...
For each partner type, If client engaged in any of the sexual activities listed	Mark (1) Yes next to the specific sexual activity for each partner type.
For each partner type, If client did not engage in one or more of the sexual activities listed	Mark (0) No next to the specific sexual activity for each partner type.

Response Option	Description
<i>Oral</i> (mouth on penis, vagina, or anus)	Refers to sex where one partner has their mouth or tongue on a sex partner's penis, vagina, or anus.
<i>Vaginal receptive</i> (penis in vagina)	A client's sex partner inserted their penis into the client's vagina.
<i>Vaginal insertive</i> (penis in vagina)	A client inserted their penis into a female or transgender sex partner's vagina.
<i>Anal insertive</i> (penis in anus (butt))	A client inserted their penis into their sex partner's anus.
<i>Anal receptive</i> (penis in anus (butt))	A client's male sex partner inserted his penis into the client's anus.

GENDER OF PARTNERS cont.

Condom use frequency For male, female and transgender sex partner types and where specific sexual activity is reported by the client, report the frequency of condom use for vaginal and anal sex only (not oral sex) within the past 12 months.

Response Option	Description
<i>Never</i>	Client reports never using condoms.
<i>Sometimes</i>	Client reports using condoms sometimes, occasionally, or once in a while.
<i>Usually</i>	Client reports using condoms most of the time and only rarely does not use condoms.
<i>Always</i>	Client reports always using condoms.

SEX PARTNER TYPE

Male partner(s) known to have had sex with a male (if client is female)

If ...	Then ...
During the last 12 months a female client has had sex with a man who she is reasonable sure has had sex with another man	Mark (1) Yes
During the last 12 months a female client has had sex with a man and is certain he has not had sex with another man	Mark (0) No

Sex worker partner(s)

If ...	Then ...
During the last 12 months the client has had sex with a 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
During the last 12 months the client has not had sex with a partner as described above	Mark (0) No

SEX PARTNER TYPE continued

**Partner(s)
who inject
drugs**

If ...	Then ...
During the last 12 months client has had sex with someone they are reasonable sure has injected drugs	Mark (1) Yes
During the last 12 months the client has not had sex with a partner as described above	Mark (0) No

**HIV-positive
partner(s)**

If ...	Then ...
During the last 12 months client has had sex with someone they are reasonable sure or know is HIV positive	Mark (1) Yes
During the last 12 months client has not had sex with someone they know is HIV positive	Mark (0) No

**Did client
know
partner's
HIV+ status
prior to
sexual
contact?**

If ...	Then ...
Client reported sex with an HIV positive partner and knew partner's positive status prior to sexual contact	Mark (1) Yes
Client reported sex with an HIV positive partner but did not know of partner's positive status before sexual contact	Mark (0) No

**Sexual
activity**

For the following sex partner types client had sex with in the past 12 months, mark all the sexual activities that apply to each partner type:

- *Male partner(s) known to have had sex with a male (if client is female)*
- *Sex worker partner(s)*
- *Partner(s) who inject drugs*
- *HIV-positive partner(s)*

SEX PARTNER TYPE continued

Sexual activity continued

Response Option	Description
<i>Oral</i> (mouth on penis, vagina, or anus)	Refers to sex where one partner has their mouth or tongue on a sex partner's penis, vagina, or anus.
<i>Vaginal</i> (penis in vagina)	A client's sex partner inserted their penis into the client's vagina or a client inserted their penis into a female or transgender sex partner's vagina.
<i>Anal ins.</i> (penis in anus (butt))	A client inserted their penis into their sex partner's anus.
<i>Anal rec.</i> (penis in anus (butt))	A client's male sex partner inserted his penis into the client's anus.

Partner's gender

For the following sex partner types client had sex with in the past 12 months, mark any gender types (*Male, Female, Transgender*) that apply to each partner type:

- *Male partner(s) known to have had sex with a male (if client is female)*
- *Sex worker partner(s)*
- *Partner(s) who inject drugs*
- *HIV-positive partner(s)*

Condom use frequency

Where specific sexual activity is reported by the client, report the frequency of condom use for vaginal and anal sex only (not oral) for each partner type within the past 12 months:

- *Male partner(s) known to have had sex with a male (if client is female)*
- *Sex worker partner(s)*
- *Partner(s) who inject drugs*
- *HIV-positive partner(s)*

SEX PARTNER TYPE continued

Condom use frequency continued

Response Option	Description
<i>Never</i>	Client reports never using condoms.
<i>Sometimes</i>	Client reports using condoms sometimes, occasionally, or once in a while.
<i>Usually</i>	Client reports using condoms most of the time and only rarely does not use condoms.
<i>Always</i>	Client reports always using condoms.

SEX IN EXCHANGE

Have received ...

Money or other items or services for sex

If ...	Then ...
If, during the last 12 months the client has: <ul style="list-style-type: none"> • received money or a place to stay for sex • received other items or services (not including drugs) for sex 	Mark (1) Yes
If, during the last 12 months the client has not engaged in the above behavior	Mark (0) No

Drugs for sex

If ...	Then ...
If, during the last 12 months the client has: <ul style="list-style-type: none"> • received drugs for sex 	Mark (1) Yes
If, during the last 12 months the client has not engaged in the above behavior	Mark (0) No

SEX IN EXCHANGE continued

Sexual activity

For clients that engaged in sex in exchange for money, other items, services and / or drugs in the past 12 months, mark all the sexual activities that apply:

Response Option	Description
<i>Oral</i> (mouth on penis, vagina, or anus)	Refers to sex where one partner has their mouth or tongue on a sex partner's penis, vagina, or anus.
<i>Vaginal</i> (penis in vagina)	A client's sex partner inserted their penis into the client's vagina or a client inserted their penis into a female or transgender sex partner's vagina.
<i>Anal ins.</i> (penis in anus (butt))	A client inserted their penis into their sex partner's anus.
<i>Anal rec.</i> (penis in anus (butt))	A client's male sex partner inserted his penis into the client's anus.

Partner's gender

For clients that engaged in sex in exchange for money, other items, services and/or drugs in the past 12 months, mark the gender(s) of their sex partners (*Male, Female, Trans*).

Condom use frequency

Where the client reports specific sexual activity, report the frequency of condom use for vaginal and anal sex only (not oral) for clients that engaged in sex in exchange for money, other items, services and/or drugs in the past 12 months.

Response Option	Description
<i>Never</i>	Client reports never using condoms.
<i>Sometimes</i>	Client reports using condoms sometimes, occasionally, or once in a while.
<i>Usually</i>	Client reports using condoms most of the time and only rarely does not use condoms.
<i>Always</i>	Client reports always using condoms.

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.

SUBSTANCE USE

Psychoactive Substances Make a check mark in the box next to alcohol or any of the specific drugs used. Specify drugs not listed by marking *other, specify* and naming it in the blank space provided. Do NOT include psychotropic drugs prescribed by a psychiatrist. Learn the current street names for each drug listed. The issue here is cofactors affecting safer sex decisions and injection risks. Drugs used with sex may affect judgment leading to unsafe sexual practices. Drugs may stimulate sexual behavior. Sex may be part of drug transactions (i.e. sex in exchange for drugs).

If ...	Then ...
Client declined or refused to give a history of their alcohol and drug use	Mark the (*) <i>D/R</i> box
Client indicates that they have not used any alcohol or drugs	Mark (1) <i>no alcohol or drug use</i>
Client indicates that they have used alcohol and/or a specific drug	Mark (1) <i>[drug name]</i> to the LEFT of the specific drug
Important: Leaving the Substances Use boxes blank (LEFT side next to specific drug) and <u>NOT</u> marking the (*) <i>declined/refused</i> box or (1) <i>no alcohol or drug use</i> indicates HIV counselor did not perform a complete drug assessment	

Injected In the **Injected** columns, mark (1) Yes if the client injected the substance and (0) No if they have not injected the substance checked. Blank indicates that the HIV counselor did not perform a complete risk assessment. Other substances injected should be indicated by marking the *other, specify* box and also by checking (1) Yes in the **Injected** column.

SUBSTANCE USE continued

Had sex while high or intoxicated For alcohol or any drug marked, indicate if the client has had sex while high or intoxicated in the past 12 months.

If ...	Then ...
If client was ever high or intoxicated while having sex	Mark (1) Yes for any of the drug(s) and/or alcohol marked.
If client was always drug and/or alcohol free during sex	Mark (0) No for any drug(s) and/or alcohol marked.

Sexual Enhancement Drugs Indicate sexual enhancement drugs reportedly used with sex in the past 12 months.

If ...	Then ...
If client reports using Viagra, Cialis, Levitra, or generic erectile dysfunction equivalents with sex	Mark (1) Yes
If client reports using Poppers (nitrates/nitrites, rush) with sex	Mark (1) Yes
If client has not used any of the above drugs with sex	Mark (0) No

Other Substances Injected and Shared Make sure to discuss if client has injected and shared needles/syringes for substances other than psychoactive drugs such as hormones, steroids, vitamins, or insulin. This category may help to find risk in clients who do not self-identify as using drugs or injecting drugs, but who may have an exposure risk by sharing injection equipment.

If ...	Then ...
Client reports engaging in sharing needles/syringes for other substances in the past 12 months	Mark (1) Yes
Client has not engaged in this behavior in the past 12 months	Mark (0) No

SUBSTANCE USE continued

Syringe, Needle Use For clients who have injected substances, issues of shared needles, needle exchange programs, cleaning works, syringe sources, and syringe disposal are important in client intervention plans. Complete this section for any client who reports injection drug use and leave all items in this section blank for non-IDU clients.

Syringe, Needle Use How often... For each of the listed syringe/needle use behaviors the client reports engaging in during the past 12 months, indicate how often each behavior occurred:

- *Shared syringes/needles*
- *Cleaned syringes/needles*
- *Shared other works (cooker, cotton, spoon, water)*
- *Cleaned other works*

Response Option	Description
<i>Never</i>	Client reports never sharing/cleaning their syringes/needles/works.
<i>Sometimes</i>	Client reports sharing/cleaning their syringes/needles/works sometimes, occasionally, or once in a while.
<i>Usually</i>	Client reports sharing/cleaning their syringes/needles/works most of the time and only rarely does not share.
<i>Always</i>	Client reports always sharing/cleaning their syringes/needles/works.

If ...	Then ...
Client reports sometime, usually, or always sharing needles	Indicate if they have shared with a known HIV positive partner
Client reports sometime, usually, or always sharing other works	Indicate if they have shared with a known HIV positive partner

SUBSTANCE USE continued

Source of brand-new (sterile) syringes²

For each source of sterile syringes listed below, indicate how recently (*Never, Last 30 days, Last 12 months, Last 2 years*) a client obtained brand-new (sterile) syringes from each source.

Response Option	Description
<i>Syringe exchange program (SEP)</i>	Client uses a sanctioned/legal or underground syringe exchange program. SEPs are not legal in every local health jurisdiction and client may access an informal or underground SEP.
<i>Secondary exchange</i>	Client exchanges syringes/needles through someone else (Secondary Syringe Exchanger) who then obtains sterile syringes/needles on behalf of the client. This is becoming a formalized process in several LHJs.
<i>Pharmacy/drug store</i>	Client exchanges syringes/needles at a local pharmacy or drug store.
<i>Friend, diabetic, or sex partner</i>	Client exchanges syringes/needles with friend(s), diabetic friends, or sex partners.
<i>Other source, specify:</i>	Client exchanges syringes/needles through some other source not previously described.

²Information collected will be included in a report to the California legislature as required by SB 1159. Information will be reported in aggregate and not by individual client.

SUBSTANCE USE continued

Disposal method of syringes²

Mark any of the syringe/needle disposal methods used by the client in the **last 30 days**:

- (1) *No disposal*
- (1) *Pharmacy/drug store*
- (1) *Syringe exchange (SEP)*
- (1) *Sold them*
- (1) *Gave away*
- (1) *Thrown in trash*
- (1) *Flushed in toilet*
- (1) *Hospital/clinic*
- (1) *Police confiscation*
- (1) *Left in public place (park, street)*
- (1) *Other disposal, specify:*

²Information collected will be included in a report to the California legislature as required by SB 1159. Information will be reported in aggregate and not by individual client.

OTHER RISK HISTORY

STDs & Hepatitis

Obtain Hepatitis and sexual transmitted disease (STD) history for clients from the past 12 months. Ask client if a medical or service provider (such as a HIV counselor, nurse, physician's assistant or doctor/physician) has told them that they have any of the following conditions and mark all that apply:

- (1) *Syphilis (syph, the pox, lues)*
- (1) *Gonorrhea (GC, clap, drip)*
- (1) *Chlamydia*
- (1) *Trichomoniasis (trich)*
- (1) *Human papilloma virus (HPV)*
- (1) *Genital herpes (HSV)*
- (1) *Hepatitis A (HAV)*
- (1) *Hepatitis B (HBV)*
- (1) *Hepatitis C (HCV)*
- (1) *Other STD, specify:*

OTHER RISK HISTORY continued

STDs & Hepatitis continued

Make appropriate referrals based on client needs. If client has never been informed of having any of the following conditions, in the last 12 months, be sure to indicate (1) *No STDs/hepatitis* and ask about lifetime history of viral STDs/hepatitis. Many or frequent STDs may suggest high acquisition/transmission risk. Indications of exposure to high-risk partners may indicate as well very high risk of infection.

Viral STDs, Hepatitis

Mark if client states they have EVER had viral STDs (*HPV and HSV*) and/or hepatitis (*HAV, HBV, HCV*) during their lifetime (this may be the same response as the previous question). Mark any of the appropriate boxes based on what the client reports. Make appropriate referrals based on client needs. If client indicates that they have not had a viral STD or Hepatitis diagnosis during their lifetime mark (1) *No lifetime viral STDs/hepatitis*.

Hepatitis Vaccination

Hepatitis A virus (*HAV*) and Hepatitis B virus (*HBV*) vaccinations require a two or three shot series. Two different *HAV* vaccines are currently approved for use in the U.S. for persons over 2 years old and both vaccines require two doses (shots) taken about 6 to 18 months apart. Two different *HBV* vaccines are available for all persons and are usually given in three doses (shots) over a 6-month period. A 2-dose regimen (the second dose is given 4-6 months after the first) for one of the *HBV* vaccines has been approved for use in persons 11-15 years old. A combined *HAV* and *HBV* vaccine is available for persons 18 and older and is given in 3 doses over a 6-month period.

If ...	Then ...
Client states they have ever in their lifetime completed a series of vaccinations	Mark (1) Yes
Client indicates that they have not been vaccinated, have not completed the series, or does not know whether or not they have had a complete series of vaccinations.	Mark (0) No

OTHER RISK HISTORY continued

**Hepatitis
Vaccination
continued**

Men who have sex with men, injection and non-injection drug users, and persons who live in communities with high rates of Hepatitis are at highest risk for HAV. HAV is found in the stool of persons with Hepatitis A. HAV is spread by anilingus (i.e., rimming), close personal contact, and eating food or drinking water containing HAV. HAV can cause a mild “flu-like” illness, jaundice (yellow skin or eyes), and severe stomach pains and diarrhea. In very rare cases, HAV can cause death. People who have been infected with HAV develop a protective immunity and cannot get Hepatitis A again and are no longer infectious to others.

High rates of HBV occur among injection drug users, men who have sex with men, people who have multiple sex partners, and people in contact with people with chronic HBV or with jobs involving contact with blood. HBV is transmitted through the sharing of blood and body fluids with an infected person. HBV can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

Discuss with clients who are at high risk for Hepatitis about vaccinations for HAV and/or HBV. Clients who are unsure about whether or not they have been vaccinated can talk to their medical provider about seeing if they have antibodies for HAV and/or HBV. It is recommended for people who are HIV-positive to be vaccinated for both HAV and HBV.

**Other HIV
Risk Factors**

Mark (1) Yes if client has reported any additional risk behaviors or exposures from the last 12 months not already captured by the CIF and write in the specific behavior or exposure. If client reports no other additional risk behaviors or exposures then mark (0) No. Other HIV risk behaviors or exposures may include, but are limited to the following:

- Blood-to-blood exposure on the job.
- Blood/blood product transfusion before 1985 (or in a country where blood is/was not tested for HIV).
- Child born of an HIV-infected woman.
- Sexual assault.
- Behavior where blood-to-blood contact is clearly indicated (sadoomasochism, tattooing, piercing, cuts, etc.)
- Other behavior that poses a risk of transferring bodily fluids.

OTHER TESTING

Hepatitis C test offered

If ...	Then ...
Client is not offered a Hepatitis C test	Mark (1) <i>Not offered.</i>
Client was offered the Hepatitis C test at the current session and client accepted to test	Mark (2) <i>Yes, client accepted.</i> Make sure to indicate whether a Home Access kit was used and the result of the HCV test.
Client was offered a Hepatitis C test, but did not want to test or already has tested before	Mark (3) <i>Yes, client declined.</i>

Home Access test kit used?

Respond to this question only if a Hepatitis C test was performed. Mark (1) *Yes* if a Home Access test kit was used on the client for performing a Hepatitis C test. Mark (0) *No* if a Home Access test kit was not used.

HCV test result

Respond to this question only if a Hepatitis C test was performed. Indicate the result of the Hepatitis C test performed.

Response Option	Description
(1) <i>Negative</i>	The HCV test result indicates HCV antibodies were not detected and the client is not infected with HCV.
(2) <i>Positive</i>	The HCV test result indicates HCV antibodies were detected and the client is infected with HCV.
(3) <i>Inconclusive</i>	No conclusion may be drawn from the HCV test regarding the client's HCV-status.

OTHER TESTING continued

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) <i>No additional tests</i> <i>Note:</i> The LEO program automatically skips the other responses when this is checked.

Optional Data Block

These fields are for other data elements that are specific to agencies and are not already on the CIF. If you have questions regarding these fields, ask your HIV counseling supervisor.

COUNSELING TOPICS

This section is for counselors to review and assess issues that must be covered with the client during the counseling session. Reviewing these issues will not only help the counselor develop rapport with the client, but also help the counselor assess the goals and needs of the client. This is also a good time to clarify any questions that the client has regarding HIV, HIV related issues and testing. Review and mark any issues discussed during the session.

**Risk
reduction
plan
developed?**

Clients are often in different stages of readiness to change. Interventions need to be matched with the client's current stage or readiness to change for the intervention to be most effective. In developing a risk reduction plan, it is important to remember that these stages of change are not linear. Clients will tend to move fluidly back and forth between stages and relapse to an earlier stage is always possible. Behavior change is often incremental. The interval between counseling sessions (test session and disclosure session) is an excellent opportunity to set a manageable risk/harm reduction step with the client. Motivation is highest during this period and there is an opportunity during the disclosure or post disclosure session to discuss the client's efforts, to support and build on them, or to process alternatives. Most clients receiving rapid HIV testing will not return another date for counseling, so try to develop a plan with the clients that they can attain on their own.

If ...	Then ...
A risk reduction plan was developed	Mark <i>(1)</i> Yes Briefly describe in a few words the risk reduction plan developed. This will help with communication between different counselors if the client returns for another counseling session.
No plan was developed	Mark <i>(0)</i> No
Client declined or refused to develop a risk reduction plan	Mark <i>(*)</i> D/R

REFERRALS

Referrals Providing referrals to high-risk clients is an essential task of HIV counseling. Our limited services must be followed up by additional behavior change interventions or other supportive services for high-risk clients. There are many referrals listed on the CIF but not all referral services may be available in the LHJ. HIV counselors and HIV Coordinators should be familiar with appropriate and available referrals within the jurisdiction and adjacent jurisdictions. It is more effective and less overwhelming to the client to provide one or two of the most needed and appropriate referrals than to provide many referrals. The client may in fact need more than two referrals, but keep in mind what the client will be able to follow through with.

The referrals are grouped into the following topics:

- *Testing and transmission*
- *Sexual health*
- *Substance use*
- *Other topics*

Check any of the referrals that were provided. If no referrals were provided, then mark (1) *No referrals provided*.

HIV TESTING

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 or would have been given to the client if the client does not return for the 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) <i>Negative</i>	The HIV test result(s) indicates HIV antibodies were not detected and the client is likely not infected with HIV.
(2) <i>Positive</i>	The HIV test result(s) indicates HIV antibodies were detected and the client is likely infected with HIV.

HIV TESTING continued

Final HIV test result continued	Response Option	Description
	<i>(3) Preliminary Positive (no confirmatory sample taken)</i>	Results of an OraQuick Rapid HIV Test were preliminary positive and the client did not provide a confirmatory sample.
	<i>(4) Inconclusive</i>	No conclusion may be drawn from the HIV tests regarding the client's HIV-status.
	<i>(5) Discordant</i>	A preliminary positive rapid HIV test result followed by a negative or indeterminate confirmatory result.
	<i>(6) Invalid</i>	An OraQuick rapid test where the internal control line does not appear or the lines are not appropriately aligned in the result window.
	<i>(7) Other result, specify:</i>	A test result that does not fit into any of the above. Please briefly explain what occurred in the notes section.

HIV POSITIVE

HIV positive medical referrals Any client testing HIV positive or preliminary positive should receive appropriate referrals for further HIV evaluation and care. Additional reimbursement will be provided for referrals to HIV positive clients.

Mark all referrals provided to HIV positive clients including preliminary positive clients. If no referrals are provided mark *(1) No referrals provided*. Referrals listed include the following:

- *(1) HIV case management*
- *(1) Early intervention program (EIP)*
- *(1) HIV medical services (care, evaluation, treatment)*
- *(1) Client plans to use their own physician/health plan*
- *(1) Referrals provided but client declined referrals*
- *(1) Prenatal care*
- *(1) Other medical referral, specify:*

HIV POSITIVE continued

Verified medical visit

OA policy is that all HIV positives need to be referred/transitioned to a medical provider for further evaluation and HIV care in order for the client to make informed decisions about their health and future. Medical referrals that result in a medical visit to a physician/doctor, nurse practitioner, or physician’s assistant with the ability to order medical tests, are additionally reimbursed. Verification of linkage is required. Additional reimbursement and verification of linkage are provided and required because of the high prevention value of assisting HIV positive clients in receiving immediate medical evaluation and care. Include the date of the medical visit in the form of Month/Day/Year (example, 12/21/07).

If ...	Then ...
Medical visit was verified by the client reporting back to the agency or HIV counselor	Mark (1) Yes.
Medical visit was verified by use of data, including surveillance data	Mark (1) Yes.
Medical visit verified by medical provider reporting back to the agency or HIV counselor (mechanism by which this occurs will depend on confidentiality issues being handled appropriately)	Mark (1) Yes.
Medical visit was not or could not be verified by one or more of the above options	Mark (0) No next to the appropriate option.

Partner Counseling and Referral Services (PCRS)

HIV counselors trained in performing Partner Counseling and Referral Services (PCRS) are encouraged to provide this service to confirmed HIV positive clients. PCRS helps support HIV positive clients to inform their sex and needle sharing partners that they have had an exposure to HIV and should be tested. Additional reimbursement will be provided for completion of certain PCRS activities because of the high prevention value of testing sex and needle sharing partners of HIV-positive clients.

Indicate the initials or staff number of the person performing PCRS activities during the current session in the boxes provided. Mark the option that best describes the PCRS services offered.

HIV POSITIVE continued

Partner Counseling and Referral Services (PCRS) continued	If ...	Then ...
	PCRS was not discussed with the HIV positive client	Mark (1) <i>No, PCRS not discussed.</i>
	PCRS was discussed with the HIV positive client, but client declined the services	Mark (2) <i>Yes, client declined services.</i>
	PCRS was discussed with the HIV positive client and client was referred to another agency to receive the services	Mark (3) <i>Yes, PCRS referred out</i>
	PCRS was discussed with the HIV positive client, and activities provided during the current session	Mark (4) <i>Yes, PCRS activities this session</i>

PCRS activities

Mark all PCRS activities that were provided during the current session. For each activity, indicate the number of partners involved and attach a Partner Information Form(s) for each partner accounted for in anonymous third party notification and dual client/partner session(s). Partner form(s) are not necessary for client self notification. Possible PCRS activities listed on the CIF:

- (1) *Skill building with client for self notification*
- (1) *Anonymous third party notification*
- (1) *Dual client/partner session*

Additional lab stickers

The OA client number sticker placed in the upper right corner of the CIF 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 CIF in order to track the client through the testing process to the final result.