

California Department of Public Health (CDPH)
Office of AIDS (OA)

Guidance for Completing the California OA Expanded
Testing (ET) Health Care HIV Test Form (HTF)
[form CDPH 8458 T, version 01/15]

*This document was developed to provide OA-funded HIV testing in
healthcare settings programs an explanation of the information required on
the HTF.*

September 2015



Purpose

This document was developed to provide OA-funded HIV testing in healthcare settings programs an explanation of the information required on the HTF. This guidance provides a detailed explanation of each item on the form and ensures consistent recording of client information. Whenever questions are unresolved by this document, contact the LEO Helpdesk (LEOHELP@cdph.ca.gov). The HTF has been designed in intensive collaboration with OA staff and feedback from county testing coordinators. The HTF provides state and federal program planners with information about the healthcare process and the clients we are reaching through these efforts.

The HTF is a critical piece of the OA-funded healthcare settings programs and is a grantee requirement. This form is only completed for those clients who tested NON-NEGATIVE (E.G., POSITIVE, PRELIMINARY POSITIVE, INCONCLUSIVE).

It is important to record as much information for each client as possible, except for those clients who decline to provide the information. In several sections of the HTF, information is only required for positive and preliminary positive clients. Program staff (e.g., Linkage to Care Coordinators) will need to verify referrals to medical care, prevention services and partner services. This information is critical to the continuous improvement of HIV testing and HIV care in California. Information on the HTF is also required by the Federal Centers for Disease Control and Prevention (CDC). Incomplete or inaccurate recording of this information diminishes the impact of the testing program, violates contractual obligations and risks financial support for effective prevention services.

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A. Administrative

Unique ID

A unique non-identifying client encounter ID is required for the HTF and data entry into LEO. Each agency is responsible for establishing its own set of unique non-identifying client encounter IDs. This ID must not contain any identifying information or information that can be linked to a client's electronic medical record. Client encounter IDs are unique by encounter, not by client. As seen in the examples below, the LEO generated agency ID or location ID can be included in the unique client encounter ID to better distinguish encounters.

The unique non-identifying client encounter ID links administrative, demographic, and behavioral information data with HIV antibody tests, appointment log, and other record keeping documents. This ID links client demographic and record variables with HIV laboratory testing variables in a one-to-many relationship.

An agency can use up to 12 spaces for a unique non-identifying client encounter ID. Alpha and numeric combinations can be used.

Important: Never use the same ID on two different HTFs.

If...	Then...												
Agency name: Best Medical Clinic's assigned LEO agency ID is 10023.	<table border="1"> <tr> <td>B</td><td>M</td><td>C</td><td>1</td><td>0</td><td>0</td><td>2</td><td>3</td><td></td><td></td><td></td><td></td> </tr> </table>	B	M	C	1	0	0	2	3				
B	M	C	1	0	0	2	3						
Agency name: UC ER Department's assigned LEO agency ID is 10187. They have testing in two different clinics.	<table border="1"> <tr> <td>U</td><td>C</td><td>E</td><td>R</td><td>A</td><td>1</td><td>0</td><td>1</td><td>8</td><td>7</td><td></td><td></td> </tr> </table>	U	C	E	R	A	1	0	1	8	7		
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U	C	E	R	1	0	1	8	7	-	2			

Session Date	The <i>Session Date</i> is the date of the first session when services were initiated. This <i>Session Date</i> is typically the same date as the lab specimen collection date for the first HIV test. The <i>Session Date</i> may be the same date as the date results were provided for rapid tests. Dates are entered as 8-digits in a mm/dd/yyyy or mmddyyyy format (e.g., 03/01/2015 or 03012015).
Provider ID	Enter the <i>Provider ID</i> of person conducting the intervention session. Staff should use their assigned LEO <i>Provider ID</i> in this area. All staff must use their ID consistently.
Agency ID	Enter the unique <i>Agency ID</i> assigned to the local health department (LHD) or other contracting agency by OA through the Local Evaluation Online (LEO) system.
Intervention ID	Enter the unique <i>Intervention ID</i> assigned by OA through LEO to identify a unique testing intervention within an agency.
Location ID	Enter the unique <i>Location ID</i> assigned by OA through LEO to distinguish locations where agencies provide services. This identifies the physical location and includes venues.

B. Client Information

Current Gender Identity

Select the value that most closely describes the client's current self-reported gender identity. *Current Gender Identity* may include one's social status, self-identification, legal status, and biology. Transgender clients may be pre or post-operative.

Response Option	Description
(1) <i>Male</i>	A client who identifies as a male and whose behavioral, cultural, or psychological traits are typically associated with the male sex.
(2) <i>Female</i>	A client who identifies as a female and whose behavioral, cultural, or psychological traits are typically associated with the female sex.
(3) <i>Transgender: male to female</i>	Individuals whose physical or birth sex is male but whose gender expression and/or gender identity is female.
(4) <i>Transgender: female to male</i>	Individuals whose physical or birth sex is female but whose gender expression and/or gender identity is male.
(5) <i>Other Identity, specify</i>	A client's self-identified gender, other than those specified above. Write the gender the client identifies with in the space provided.
(6) <i>Declined to answer</i>	A client who declines to report their gender identity.

Biological Sex at Birth

Indicate the client's *Biological Sex at Birth* (i.e., the sex noted on the client's birth certificate). Indicate whether the client reports being born male, female or intersex. **Select ONE response.**

Response Option	Description
<i>(1) Male</i>	The sex that produces spermatozoa by which female ova are fertilized.
<i>(2) Female</i>	The sex that produces ova, can conceive and bear offspring/children.
<i>(3) Intersex</i>	Individuals whose sex chromosomes are inconsistent with physical characteristics or when physical characteristics are not classifiable as either male or female.
<i>(4) Declined to answer</i>	Client declines or is unwilling to report their biological sex at birth.

**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 all the *Race/Ethnicity* groups that the client identifies with or that come closest.** Codes for specifying specific Asian, Native Hawaiian/Pacific Islander and Hispanic/Latino(a) race/ethnicities are located on page 3 of the HTF.

Response Option	Description
<i>(1) Black / African American</i>	Client identifies as Black or African American (i.e., a person having origins in any of the black racial groups of Africa).
<i>(1) American Indian / Alaska Native</i>	Client identifies as American Indian or Alaska Native (i.e., a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment).
<i>(1) Asian, specify</i>	Client identifies as Asian (i.e., a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam). Indicate the client's specific Asian identity.
<i>(1) Native Hawaiian / Pacific Islander, specify</i>	Client identifies as Native Hawaiian or Pacific Islander (i.e., a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands). Indicate the client's specific Native Hawaiian or Pacific Islander identity.
<i>(1) Hispanic / Latino(a), specify</i>	Client identifies as Hispanic or Latino(a) (i.e., a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race). Indicate the client's specific Hispanic or Latino origin.
<i>(1) White</i>	Client identifies as White (i.e., a person having origins in any of the original peoples of Europe, the Middle East or North Africa).
<i>(1) Client does not know</i>	Client reports that they are unaware of their race and ethnicity.
<i>(1) Declined to answer</i>	Client declines or is unwilling to report their race or ethnicity.

Date of Birth Enter client's complete *Date of Birth* as 8-digits in a mm/dd/yyyy or mmdyyy format: (e.g., 03/06/1983 or 03061983 for March 6, 1983).

First Letter of Last Name Enter the FIRST LETTER of client's LAST NAME.

Residence County Enter the California county where client's residence is located. If client resides in California, the California county is where the client's residence was located at the time of service delivery. (A list of all CA counties and state abbreviations is located on page 3 of the HTF and in LEO).

Residence State The two-digit US state, territory, or district code (on page 3) where the client's residence was located at the time of service delivery. If the client does not currently reside in a US state, territory, or district then write "88."

Residence Zip Code The five digit US *Residence Zip Code* where the client's residence was located at the time of service delivery. California zip codes range between 90000-96200.

If ...	Then ...
The client is a transient, unstably housed, or homeless.	Enter the county, state, or zip where they most often reside or hang out.
The client is incarcerated.	Enter the county, state, or zip of residence before incarceration.
The client resides outside California.	Write "Outside of CA" in the Residence County field.

Housing Status

Indicate the client's current *Housing Status* AND their most severe *Housing Status* in the last 12 months.

Response Option	Description
<i>(1) Homeless</i>	Client has lived in places not designed nor typically used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus/train station or camping ground; or in a shelter or emergency shelter that provides temporary living arrangements.
<i>(2) Unstably housed</i>	Client has not been homeless, however, client has experienced housing instability as evidenced by frequent moves due to economic reasons, living with others due to economic hardship; eviction from a private dwelling unit (but having another place to go); living in overcrowded housing; or being at risk of having no housing options. This value code includes persons imminently losing housing.
<i>(3) Stably housed</i>	Persons living in a consistent housing facility that is meant for human habitation and are not at risk of losing housing.
<i>(9) Declined to answer</i>	Client declined to report their housing status.

Health Insurance Coverage

Indicate the type(s) of *Health Insurance Coverage* available to the client. **Mark all that apply.**

Response Option	Description
<i>(1) No coverage</i>	Client has no health insurance of any kind. Other insurance coverage boxes must be blank if client indicates they do not have any insurance coverage.
<i>(1) Private</i>	Client has health insurance coverage either through employment or by self-enrollment with a health provider, health maintenance organization (HMO), preferred provider organization (PPO), or point of service plan (POS).
<i>(1) Medi-Cal (Medicaid)</i>	Client is enrolled in California's Medi-Cal or Medicaid program.
<i>(1) Family PACT</i>	Client is enrolled in Family PACT (Planning, Access, Care and Treatment) program.
<i>(1) Low Income Health Program</i>	Client is enrolled in their county's Low Income Health Program.
<i>(1) Medicare</i>	Client is enrolled in Medicare program.
<i>(1) Military</i>	Client receives health insurance through the military (e.g., Tricare) whether for active duty, retired, reserve, guard, veteran, or for family members.
<i>(1) Indian Health Service</i>	Client has access to Indian Health Service programs.
<i>(1) Other public, specify</i>	Client receives health care and services covered through some other public source than listed above. Indicate the organization/source.

HIV Test Before Today?

Indicate if client self-reports having had a *HIV Test Before Today*. This does not include the test the client will be receiving during the current visit.

Response Option	Description
<i>(1) Yes (indicate recent HIV result & date)</i>	The client self-reports they have had at least one previous HIV test before today. Record the most recent HIV result the client received and the date the result was received.
<i>(0) No</i>	Client has never had a HIV test before today.
<i>(8) Client does not know</i>	The client reports they are unaware if they have had a previous HIV test before.
<i>(9) Declined to answer</i>	The client declines or is unwilling to report if they have had a previous HIV test.

Most Recent HIV Result Received

If the client indicates having tested for HIV test before today, mark the *Most Recent HIV Result Received* for which the client actually received the result.

Response Option	Description
<i>(1) Negative</i>	The client reports that their HIV serostatus is negative based on a negative HIV test result.
<i>(2) Positive</i>	The client indicates their HIV serostatus is positive based on receiving a confirmed positive HIV test result.
<i>(3) Preliminary positive (no confirmatory result received)</i>	Client reports receiving a “preliminary positive” HIV test result (i.e., client had a reactive rapid HIV test but did not receive the results of the associated HIV confirmatory test).
<i>(4) Inconclusive, discordant, invalid</i>	The client’s last HIV test result was indeterminate, discordant, inconclusive or invalid (i.e., the client received results but those results did not conclusively indicate whether they were HIV-positive or HIV-negative).
<i>(5) Client does not know</i>	The client reports they are unaware of their HIV serostatus.
<i>(9) Declined to answer</i>	The client declined or is unwilling to disclose the result of their last HIV test.

Date of Last HIV Test Result

Enter the month and year (mm/yyyy or mmyyyy) of client’s last test result received. It is necessary to collect more than only year of last test result because it is useful for providers and planners to know the month of the client’s last test to determine recent testing intervals.

If ...	Then ...
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?”).

Who Was Billed for the Current HIV Test?

Do not respond to this question until the HIV test has been billed.

Indicate *Who Was Billed for the Current HIV Test*. If it was billed to the Expanded Testing program, indicate (1) *Office of AIDS (OA)*.

If the HIV test has not been billed at the time of data entry, use the comments section in LEO to indicate the billing questions must be updated when this info is available (e.g., “Billing fields are incomplete; update record when billing info is available. ETA mm/dd/yyyy.”). Once billing info is available, return to the record in LEO and complete the billing fields.

Response Option	Description
<i>(1) Office of AIDS (OA)</i>	OA was billed for the current HIV test.
<i>(2) Clinic paid for the HIV test</i>	The clinic was billed for the current HIV test.
<i>(3) Client paid for the HIV test.</i>	The client was billed for the current HIV test.
<i>(4) Private</i>	A private insurer (e.g., Kaiser) was billed for the current HIV test.
<i>(5) Medi-Cal (Medicaid)</i>	Medi-Cal (Medicaid) was billed for the current HIV test.
<i>(6) Family PACT</i>	Family PACT was billed for the current HIV test.
<i>(7) Medicare</i>	Medicare was billed for the current HIV test.
<i>(8) Military/Tricare</i>	Military/Tricare was billed for the current HIV test.
<i>(9) Indian Health Services</i>	Indian Health Services was billed for the current HIV test.
<i>(10) Other public</i>	A public insurer, not listed above, was billed for the current HIV test.

Received Reimbursement for the HIV Test and Date Reimbursed

Indicate if the clinic has received payment for the current HIV test. **If the clinic did not receive reimbursement for the current HIV test at the time of data entry into LEO, please update the record if reimbursement status changes.**

Response Option	Description
<i>(1) Yes (indicate reimbursement date)</i>	The clinic has received payment for the current HIV test.
<i>If yes, indicate reimbursement date</i>	Enter the date the clinic received payment for the current HIV test as 8-digits in a mm/dd/yyyy or mmddyyyy format: (e.g., 03/03/2015 or 03032015 for March 3, 2015).
<i>(2) No, still waiting for reimbursement</i>	The HIV test has been billed and payment for the HIV test is expected, but has not been received.
<i>(3) No, the clinic will not be reimbursed</i>	The HIV test has been billed and payment for the HIV test is not expected.

C. HIV Test Information

HIV Test Information

The HTF has space available to record the test information for up to three HIV tests per client. On the very rare occasion there are four or more HIV tests, another HTF should be used to record these tests.

Test Sequence	<p>The <i>Test Sequence</i> indicates the order in which the tests were performed. This sequencing applies only to a series of related tests performed on a client to get a final result.</p> <p>Record the first HIV test information in the sequence under “HIV TEST #1”. Secondary and tertiary HIV test information is recorded under “HIV TEST #2” and “HIV TEST #3” respectively. Commonly, the second HIV test is the confirmatory test for preliminary positive rapid tests. If the first HIV test is indeterminate then additional tests may also have been performed to receive a valid HIV test result (e.g., an invalid rapid test followed by a negative rapid test). Sequential numbering starts with 1 and ranges to an unlimited number of tests.</p>
Test ID (optional)	<p>The <i>Test ID</i> is a unique laboratory test number or accession number and is typically printed on the laboratory slip, laboratory report, or on stickers and uniquely identifies a specific lab test request. This may be the same number as the <i>Unique ID</i> if there is only one test or if this is the first test in a series of tests.</p>
Sample Date	<p><i>Sample Date</i> is the date when the lab specimen was collected. (This date is typically the same date as the <i>Session Date</i> unless client returns for additional HIV antibody tests.) Enter in the month, day and year (mm/dd/yyyy or mmdyyyy).</p>
Provider ID (optional)	<p><i>Provider ID</i> of the provider or technician performing the specimen collection and/or operation of the test kit.</p>

**HIV Test
Technology**

A description of the type of test or test methods used to screen for HIV antibodies. Mark the one box that describes the *HIV Test Technology* of the current HIV antibody test.

Response Option	Description
<i>(1) Rapid</i>	Indicate <i>Rapid</i> if the test to detect HIV antibodies or antigens can be collected and processed within a short interval of time (e.g., approximately 10-40 minutes).
<i>(2) Conventional</i>	<i>Conventional</i> for a standard non-rapid test used to detect HIV antibodies or antigens.
<i>(3) NAAT/RNA</i>	<i>NAAT/RNA</i> for a HIV test that detects the genetic material of HIV (Nucleic Acid Amplification Testing (NAAT) or Ribonucleic Acid (RNA) testing).
<i>(4) Other test, specify</i>	Use <i>Other test, specify</i> for additional testing technologies that are not considered conventional or rapid such as oral mucosa or urine based tests.

Test Result Mark the one box that describes the outcome of the current HIV test.

Response Option	Description
<i>(1) Positive</i>	A result that is reactive or positive on any HIV test technology other than rapid tests.
<i>(2) Preliminary positive</i>	The result of a HIV rapid test was reactive or preliminary positive. <i>Important: Record the confirmatory test result for preliminary positive rapid tests under the HIV TEST that immediately follows the preliminary positive test.</i>
<i>(3) Negative</i>	The test result is non-reactive or negative on any testing technology.
<i>(4) Indeterminate/ Inconclusive</i>	A test result that has not been precisely determined and no conclusion may be drawn regarding the client's HIV-status.
<i>(5) Invalid</i>	A test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.
<i>(6) No result</i>	If no result was obtained even though the specimen was drawn (e.g., blood sample hemolyzed, blood tube broke, blood tube lost in transit, unable to draw blood from veins).

Results Provided?

Indicate if the HIV test result was provided or disclosed to the client.

Response Option	Description
(1) Yes	The result of this HIV test was provided to the client. Record the date the result was provided or disclosed. In addition, if another agency provided the results indicate this on the HTF.
(0) No	The result of this HIV test was not provided to the client. Indicate the reason why the HIV test results were not provided to the client.

Date Result Provided

Enter the date (mm/dd/yyyy or mmdyyy) the HIV test result was provided or disclosed to the client. For rapid HIV tests the date is usually the same date as the *Session Date* unless the client requested to receive their HIV result on a different day. For conventional HIV tests the date of disclosure is usually after the *Session Date*.

If ...	Then ...
HIV negative results are disclosed by mail notification.	Record the date of the notification (i.e. the date the notification was mailed).

Results Provided by Another Agency

Mark if the client received their HIV results from another agency other than the one performing the HIV test.

Reason Results Not Provided to Client

If results were not provided or disclosed to the client then please indicate why.

Response Option	Description
<i>(1) Client declined notification</i>	Client was contacted but has decided not to come in to receive their HIV test results
<i>(2) Did not return/ Could not locate</i>	Client was contacted and agreed to come in to receive their HIV test results but ultimately failed to return for a disclosure session or the client could not be located.
<i>(3) Other</i>	The results of this HIV test could not be provided or disclosed for another reason other than those above.

D. Risk Factors

Risk Factors When examined collectively, these items provide a complete risk assessment of the client's potential for HIV acquisition/transmission. Sexual activity is organized by gender and type of sexual activity as well as the type of partners a client may have. Record the client's behavior during the ***last 12 months***, unless otherwise indicated.

Was Client Asked About HIV Risk Factors?

Indicate if client was asked about HIV risk factors. **Please select one response.**

Response Option	Description
<i>(1) Risk factors discussed</i>	Client was asked about risk factors and client responded to all or some of the risk factors questions in this section.
<i>(2) Client was not asked about risk factors</i>	Provider did not ask the client questions about any of the risk factors in the RISK FACTORS section.
<i>(3) Client declined to discuss risk factors</i>	Client was asked about risk factors but the client declined to answer all of the risk factors questions in this section.

Sexual Behavior in Past 12 months (Vaginal or Anal Sex)

Indicate whether or not client has had **male, female, or transgender** vaginal or anal sex partners in the past 12 months. For each partner type, indicate the sexual activities that the client has engaged in for each partner type.

Male, Female, and/or Transgender Vaginal or Anal Sex Partner(s)

If ...	Mark ...
Client reports having vaginal or anal 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 vaginal or anal sex partner(s)</i> • <i>Female vaginal or anal sex partner(s)</i> • <i>Transgender (TG) vaginal or anal sex partner(s)</i> 	<i>(1) Yes</i> next to each partner type reported by the client.
Client reports that they have not had vaginal or anal sex with one or more of the above listed sex partner types.	<i>(0) No</i> next to any partner type they have not had vaginal or anal sex with.
Client declines or refuses to report that they have not had vaginal or anal sex with one or more of the above listed sex partner types.	<i>(9) Declined</i> next to the partner types for which client declined or refused to report.

Type of Vaginal or Anal Sex

For any male, female and/or transgender sex partners reported, indicate the specific *Type of Vaginal or Anal Sex* that the client has engaged in for each partner gender type **in the past 12 months**.

Response Option	Description
<i>(1) Vaginal insertive</i> (penis in vagina)	A client inserted their penis into a female sex partner's vagina
<i>(1) Vaginal receptive</i> (penis in vagina)	A client's sex partner inserted their penis into the client's vagina.
<i>(1) Vaginal</i> (penis in vagina)	A client inserted their penis into a transgender sex partner's vagina or client's sex partner inserted their penis into the client's vagina.
<i>(1) Anal insertive</i> (penis in anus (butt))	A client inserted their penis into their sex partner's anus.
<i>(1) Anal receptive</i> (penis in anus (butt))	A client's male or transgender sex partner inserted their penis into the client's anus.

Vaginal or Anal Sex Partner Type

Mark the activity for each gender (male, female or transgender) the client reports having had vaginal or anal sex with in the past 12 months.

Response Option	Description
<i>(1) Without using a condom</i>	A client has vaginal or anal sex with a partner without using a condom.
<i>(1) Who injects drugs</i>	A client has vaginal or anal sex with someone they are reasonably sure has injected drugs.
<i>(1) Who is HIV positive</i>	A client has vaginal or anal sex with someone they are reasonably sure or know is HIV positive.
<i>(1) Known to have had sex with a male (if female)</i>	In the past 12 months a female client has had vaginal or anal sex with a man who she is reasonably sure has had sex with another man.

Oral Sex Indicate whether or not the client had *Oral Sex* with male, female, and transgender partners in the past 12 months. *Oral Sex* refers to sex where one partner has their mouth or tongue on a sex partner's penis, vagina, or anus. Select (1) *Yes* if they had *Oral Sex* with this partner type or (0) *No* if they have not had *Oral Sex* with this partner type.

Number of Vaginal or Anal Sex Partners Write in the total number of male, female and/or transgender vaginal or anal sex partners reported by the client in the past 12 months. Values can be from 1 to 999.

Has Received Money, Drugs or Other Items or Services for Sex?

If ...	Mark ...
In the last 12 months the client has received money, drugs, a place to stay, or other items or services in exchange for having vaginal or anal sex.	(1) <i>Yes</i>
If, during the last 12 months the client has not engaged in the above behavior.	(0) <i>No</i>

Has Had Sex with a Person who Exchanges Sex for Drugs or Money?

If ...	Mark ...
In the last 12 months the client has had vaginal or anal sex with a person who exchanges drugs or money for sex (client has a partner who engages in sex work).	(1) <i>Yes</i>
If, during the last 12 months the client has not engaged in the above behavior.	(0) <i>No</i>

Number of Alcoholic Drinks If the client drinks alcoholic beverages, indicate the number of alcoholic drinks that the client reports drinking on a typical day when drinking. If the client does not drink, enter zero. Values range from 0-99.

Used a Needle to Inject Drugs and Shared Needles

Indicate whether client has injected psychoactive drugs in the past 12 months and if so, whether the client has shared needles.

If ...	Mark ...
Client reports using needles/syringes for psychoactive drugs in the past 12 months.	(1) Yes
If yes, were needles or injection equipment shared?	(1) Yes (0) No
Client has not using needles/syringes for psychoactive drugs in the past 12 months.	(0) No
Client declines or refuses to answer.	(9) Declined

Other HIV Behavior/Exposure Risk Factors?

Indicate whether or not the client reports any additional risk behaviors or exposures **during the past 12 months**. Other HIV risk behaviors or exposures may include, but are not limited to the following: occupational blood-to-blood exposure, 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 and other behaviors that pose a risk of transferring bodily fluids. If (1) Yes (*specify*) is selected, the write down the other behavior/exposure reported by the client.

E. Preliminary and Confirmed Positive Result

Verification of HIV medical care: Indicate if client was referred to HIV medical care. All HIV positive (preliminary and confirmed) clients need to be referred to or 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.

Referred to HIV Medical Care? **Verification of linkage to a medical visit is required for medical referrals.**

Indicate YES or NO if the client was *Referred to HIV Medical Care*.

If Yes, Did Client Attend First Appointment?

If YES, the client was *Referred to HIV Medical Care*:

Then mark if the client attended their first HIV medical care appointment.

Date of First Appointment

And enter the date (mm/dd/yyyy or mmdyyy) of the client's first HIV medical appointment.

If NO, HIV results were not provided to client:

Reason Not Referred to Medical Care

Then indicate why. (1) *Client already in HIV medical care*; or (2) *Client declined HIV medical care* if the client refuses to accept notification of his or her HIV test result from the provider;

Prevention services: Prevention services are defined as any service or intervention *directly* aimed at reducing risk for transmitting or acquiring HIV infection (e.g., prevention counseling, DEBIs, risk reduction counseling, syringe services, STD testing and treatment). **Verification of referral is required for prevention services.**

Referred to HIV Prevention Services?

Indicate if client was referred to any HIV prevention service(s) other than medical care and treatment, prenatal care, or partner services after receiving an HIV positive test result. This includes services to address additional prevention or treatment needs.

If Yes, Did Client Receive HIV Prevention Services?

If ...	Mark ...
Client was referred to prevention services.	(1) Yes
If so , did client receive HIV prevention services?	(1) Yes (0) No (8) Don't know
Client was not referred to prevention services.	(0) No

Pregnancy (Females Only)

If Female, is Client Pregnant? Ask client whether or not she is pregnant.

If Yes, in Prenatal Care?

If ...	Mark ...
Client is pregnant.	(1) Yes
If so, is client in prenatal care?	(1) Yes (0) No (8) Don't know (9) Declined
Client is not pregnant.	(0) No
Client does not know if she is pregnant.	(8) Don't know
Client declines or refuses to answer.	(9) Declined

AIDS Case Report Form (ACRF)

Unique ID Provided to HIV/AIDS Surveillance Coordinator or Program

Indicate if the *Unique ID* from the HTF was provided to the HIV/AIDS Surveillance Coordinator or program for inclusion on the HIV/AIDS Adult Case Report Form (ACRF). The ACRF is the form used to report newly-identified HIV cases to the California Office of AIDS, Department of Public Health. All agencies should be providing the *Unique ID* from the HTF to their Surveillance Coordinator or program for inclusion on the ACRF when a confirmed HIV-positive client is identified.

If ...	Mark ...
<i>Unique ID</i> provided to HIV/AIDS Surveillance Coordinator or program for inclusion on the ACRF.	(1) Yes
<i>Unique ID</i> not provided to HIV/AIDS Surveillance Coordinator or program for inclusion on the ACRF.	(0) No

F. Partner Services

Partner Services (PS) is the process of informing past and present sexual and/or needle-sharing partners of HIV-infected individuals that they may have been exposed to HIV. It is a free, confidential and voluntary service created for persons who are infected with HIV to have their partners notified of a possible exposure. Benefits for notified partners include education on HIV/AIDS prevention, risk behavior and risk reduction strategies, and referral and access to HIV testing so that they may learn their HIV status.

PS 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. Notified partners, who may not have suspected their risk, can then choose whether to be tested for HIV, enabling those who test HIV positive to receive early medical evaluation, treatment, and prevention services.

THIS INFORMATION IS REQUIRED and must be verified for documentation on HTF.

Was PS Discussed/ Offered this Session? Indicate if partner services was discussed, offered, or provided during the current session to clients testing HIV positive or preliminary positive.

PS was discussed/offered with the HIV positive client AND the client accepted the service.	<i>(1) Offered and accepted</i>
PS was discussed/offered with the HIV positive client, but client declined or refused the service.	<i>(2) Offered and refused</i>
PS was not discussed/offered during this session.	<i>(3) Not Offered</i>

PS Activities There are 3 options for PS activities:

- *(1) Skill building with client for self-notification*
- *(1) Interviewed for partner elicitation at this agency (anonymous third party notification or dual client/partner session)*
- *(1) Referred out to another agency for partner services (if yes, must indicate if client was interviewed for partner elicitation)*

Mark all PS activities that were provided during the current session or referred out. For each third party notification and dual partner session, indicate the number of partners involved and attach a Partner Information Form(s) for each partner accounted for in the session(s). Partner Information Forms are not necessary for client self-notification.

PS - Skill building is providing client with some strategies for talking to partners about self-disclosure. In self-disclosure, the HIV-positive individual contacts and notifies their sex and/or needle sharing partner(s) themselves, suggesting the partner(s) get an HIV test. Providers can support self-disclosure through coaching, peer support, practice, resources and referrals, etc.

Was Skill Building Provided for Self-Notification? Indicate if skill building was provided to assist HIV positive or preliminary positive client in notifying their sex and/or needle sharing partners they have been exposed to HIV and should be tested.

	If ...	Mark ...
	Skill building was provided for self-notification.	<i>(1) Yes</i>
Number of Partners to be Self-Notified	If so, what is the number of partners to be self-notified?	<i>0-999</i>
	Skill building was not provided for self-notification.	<i>(0) No</i>

PS - Dual session and 3rd party notification indicate if client was interviewed for partner elicitation at your agency. The interview may include the elicitation of personal information for a dual client-partner session and/or an anonymous third party notification. If client was interviewed at this agency then record the interview date and number of partners (dual or 3rd party).

Was Client Interviewed for Partner Elicitation at This Agency? (dual or 3rd party)	Indicate YES or NO if the client was interviewed for partner elicitation at your agency. If YES, the client was interviewed for partner elicitation at your agency:
Date Interviewed for Partner Elicitation at This Agency	Then enter in the month, day and year (mm/dd/yyyy or mmdyyy) client was first interviewed for partner elicitation (dual or 3 rd party) at your agency. If there are multiple interviews at this agency then record the date of the first interview.
Number of Partners Elicited	And enter in the <i>Number of Partners Elicited</i> at your agency for a dual client-partner session and/or anonymous third party notification. For each activity, indicate the number of partners involved and attach a Partner Information Form(s) (PIF) for each partner accounted for in dual client/partner session(s) and anonymous third party notification.

Was PS Referred Out to Another Agency? Indicate YES or NO if the client was referred out to another agency

Specify Name of Agency Referred To **If YES, the client was referred out to another agency:**
Then write the name or identification number of the agency that the client was referred to for partner services.

Was Client Interviewed for Partner Elicitation **And** indicate YES or NO if the client was interviewed for partner elicitation at another agency.

Date Interviewed for Partner Elicitation at this Agency **If YES, the client was interviewed for partner elicitation at another agency:**
Then enter in the month, day and year (mm/dd/yyyy or mmdyyy) client was first interviewed for partner elicitation (dual or 3rd party) at this agency. If there are multiple interviews at this agency then record the date of the first interview.

Number of Partners Elicited at this Agency **And** enter in the number of partners elicited at this agency for a dual client-partner session and/or anonymous third party notification. For each activity, indicate the number of partners involved and attach a Partner Information Form(s) (PIF) for each partner accounted for in dual client/partner session(s) and anonymous third party notification.

G. HIV Testing and Treatment History

Ever Had a Previous Positive HIV Test? Indicate if client has ever in their life had a positive HIV test *prior* to the current HIV positive test. Preliminary positive results do not count.

If ...	Mark ...
The client ever had a previous positive HIV test.	(1) <i>Yes</i>
The client never had a previous positive HIV test.	(0) <i>No</i>
The client did not know if he/she ever had a previous positive HIV test.	(8) <i>Don't know</i>
Client declined/refused to answer if he/she ever had a previous positive HIV test.	(9) <i>Declined</i>

Date of First Positive HIV Test Enter the month and year (mm/dd/yyyy or mmdyyy) of client’s first known date of confirmed positive test even if not certain that this is the first positive test. Enter date of test, not date of provider note. **An approximate date is better than no date.**

If ... The client does not remember the month	Then ... Ask client to guess the month. Prompt for seasons or holidays if necessary (e.g. “Was it in the winter?”).
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Ever Had a Negative HIV Test? Indicate if client has ever tested HIV negative for HIV in their lifetime.

If ...	Mark ...
The client ever had a previous negative HIV test.	(1) <i>Yes</i>
The client never had a previous negative HIV test.	(0) <i>No</i>
The client did not know if he/she ever had a previous negative HIV test.	(8) <i>Don’t know</i>
Client declined/refused to answer if he/she ever had a previous negative HIV test.	(9) <i>Declined</i>

Date of Last Negative HIV Test Enter the month and year (mm/dd/yyyy or mmdyyy) of client’s last known date of negative test even if not certain that this is the most recent negative test. Enter date of test, not date of provider note. An approximate date is better than no date.

If ... The client does not remember the month	Then ... Ask client to guess the month. Prompt for seasons or holidays if necessary (e.g. “Was it in the winter?”).
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Number of Negative HIV Tests in Past 24 Months

Enter the number of HIV tests within 24 months before the first positive HIV test. DO NOT count the first positive test. Only count the negative tests client had in the 24 months (2 years) prior to having the first positive test.

If ...
The client does not remember the number of negative HIV tests in the past 24 months

Mark ...
(8) *Don't know*

If client declines to answer (9) Declined to answer

Used or is Currently Using Antiretroviral (ARV) Medication?

Indicate if client has ever taken any antiretroviral (ARV) medication for treatment of HIV. Please note that this does not include PEP or PrEP.

If ...	Mark ...
The client used any ARV at any point in time.	(1) <i>Yes</i>
The client has never used ARVs – the absence of ARV use information is not the same as never used ARVs.	(0) <i>No</i>
The client 's ARV use is unknown.	(8) <i>Don't know</i>
Client declined/refused to answer if he/she ever had a previous positive HIV test.	(9) <i>Declined</i>

Specify Antiretroviral Medications

List antiretroviral (ARV) medications client has used or is currently using. All ARV codes for specifying ARVs are located on page 3 of this form. Enter the name of earliest known ARV taken. Select 'Unspecified' if ARV name is unknown. This variable is not being used to monitor treatment.

Date ARV First Began

Enter the month and year (mm/dd/yyyy or mmddyyyy) of the earliest date of any ARV use. An approximate date is better than no date.

If ...
The client does not remember the month

Then ...
Ask client to guess the month. Prompt for seasons or holidays if necessary (e.g. "Was it in the winter?").

Date of Last ARV Use Enter the month and year (mm/dd/yyyy or mmddyyyy) antiretroviral (ARV) medication last used. An approximate date is better than no date.

If ...

The client does not remember the month

Then ...

Ask client to guess the month. Prompt for seasons or holidays if necessary (e.g. "Was it in the winter?").

Data Entry ID Enter the data entry ID of the staff person who entered this form into the LEO system.