

HIV COUNSELING INFORMATION FORM

Unique ID:

Session date:

Provider ID:

Agency ID:

Intervention ID:

Location ID:

HIV test conducted? (1) Yes, test conducted (2) No, test not offered (3) No, client declined testing

(1) Mark if CAQ was used
HIV risk assessment: (optional)
 (1) Low (2) High

CLIENT INFORMATION

Current gender identity: (mark one)
 (1) Male
 (2) Female
 (3) Transgender: male to female
 (4) Transgender: female to male
 (5) Other identity, specify: _____
 (6) Declined to answer

Biological sex at birth: (mark one)
 (1) Male
 (2) Female
 (3) Intersex
 (4) Declined to answer

Race/ethnicity: (mark all that apply)
 (1) Black/African American
 (1) American Indian/Alaska Native
 (1) Asian, specify: _____
 (1) Native Hawaiian/Pacific Islander, specify: _____
 (1) Hispanic/Latino(a), specify: _____
 (1) White
 (1) Client does not know
 (1) Declined to answer

Date of birth: (mm/dd/yyyy)

First letter of last name: (9) Declined

Residence county: _____

Res. state:

Residence zip code:

Housing status:
(currently) *(most severe in past 12 months)*
 (1) Homeless (1) Homeless
 (2) Unstably housed (2) Unstably housed
 (3) Stably housed (3) Stably housed
 (9) Declined to answer (9) Declined to answer

Incarcerated for more than 24 hour period?
(past 12 months) (1) Yes (0) No

Migrant? (currently) (1) Yes (0) No

Sexual orientation: (mark one)
 (1) Heterosexual or straight
 (2) Bisexual
 (3) Gay, lesbian, queer, or same gender loving
 (4) Other orientation, specify: _____
 (5) Client does not know

Health insurance coverage: (mark all that apply)
 (1) No coverage (1) Private (1) Medi-Cal (Medicaid)
 (1) Family PACT (1) Low Income Health Program (LIHP)
 (1) Medicare (1) Military (1) Indian Health Service
 (1) Other public, specify: _____

HIV test before today? (mark one)
 (1) Yes (indicate recent HIV result & date)
 (0) No
 (8) Client does not know
 (9) Declined to answer

Most recent HIV result received:
(mark one if tested before today)
 (1) Negative
 (2) Positive
 (3) Preliminary positive (no confirmatory result received)
 (4) Inconclusive, discordant, invalid
 (5) Client does not know
 (9) Declined to answer

Date of last HIV test result: (mm/yyyy)

HIV TEST INFORMATION

Test sequence:	HIV TEST #1	HIV TEST #2	HIV TEST #3
Test ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sample date: <i>(mm/dd/yyyy)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HIV test election:	<input type="checkbox"/> (1) Anonymous <input type="checkbox"/> (2) Confidential	<input type="checkbox"/> (1) Anonymous <input type="checkbox"/> (2) Confidential	<input type="checkbox"/> (1) Anonymous <input type="checkbox"/> (2) Confidential
Test technology: <i>(mark one <input checked="" type="checkbox"/>)</i>	<input type="checkbox"/> (1) Rapid <input type="checkbox"/> (2) Conventional <input type="checkbox"/> (3) NAAT/RNA <input type="checkbox"/> (4) Other test, specify: _____	<input type="checkbox"/> (1) Rapid <input type="checkbox"/> (2) Conventional <input type="checkbox"/> (3) NAAT/RNA <input type="checkbox"/> (4) Other test, specify: _____	<input type="checkbox"/> (1) Rapid <input type="checkbox"/> (2) Conventional <input type="checkbox"/> (3) NAAT/RNA <input type="checkbox"/> (4) Other test, specify: _____
Test result: <i>(mark one <input checked="" type="checkbox"/>)</i>	<input type="checkbox"/> (1) Positive <input type="checkbox"/> (2) Preliminary positive* <input type="checkbox"/> (3) Negative <input type="checkbox"/> (4) Indeterminate /Inconclusive <input type="checkbox"/> (5) Invalid *Record confirmatory test result for preliminary positive rapid tests (HIV TEST #2).	<input type="checkbox"/> (1) Positive <input type="checkbox"/> (2) Preliminary positive* <input type="checkbox"/> (3) Negative <input type="checkbox"/> (4) Indeterminate /Inconclusive <input type="checkbox"/> (5) Invalid *Record confirmatory test result for preliminary positive rapid tests (HIV TEST #3).	<input type="checkbox"/> (1) Positive <input type="checkbox"/> (2) Preliminary positive* <input type="checkbox"/> (3) Negative <input type="checkbox"/> (4) Indeterminate /Inconclusive <input type="checkbox"/> (5) Invalid *Record confirmatory test result for preliminary positive rapid tests (test #4).
Results provided?	<input type="checkbox"/> (1) Yes (record date provided) Date result provided: (mm/dd/yyyy) <input type="text"/> <input type="text"/>	<input type="checkbox"/> (1) Yes (record date provided) Date result provided: (mm/dd/yyyy) <input type="text"/> <input type="text"/>	<input type="checkbox"/> (1) Yes (record date provided) Date result provided: (mm/dd/yyyy) <input type="text"/> <input type="text"/>
	Provider ID: <input type="text"/>	Provider ID: <input type="text"/>	Provider ID: <input type="text"/>
	<input type="checkbox"/> (1) Mark if client obtained result from another agency <input type="checkbox"/> (0) No (indicate why) If results not provided, why? <input type="checkbox"/> (1) Client declined notification <input type="checkbox"/> (2) Did not return / Could not locate <input type="checkbox"/> (3) Other	<input type="checkbox"/> (1) Mark if client obtained result from another agency <input type="checkbox"/> (0) No (indicate why) If results not provided, why? <input type="checkbox"/> (1) Client declined notification <input type="checkbox"/> (2) Did not return / Could not locate <input type="checkbox"/> (3) Other	<input type="checkbox"/> (1) Mark if client obtained result from another agency <input type="checkbox"/> (0) No (indicate why) If results not provided, why? <input type="checkbox"/> (1) Client declined notification <input type="checkbox"/> (2) Did not return / Could not locate <input type="checkbox"/> (3) Other

HEPATITIS C (HCV) TEST INFORMATION

HCV test conducted?	HCV test type:	HCV test result:	HCV result provided?	Date result provided: (mm/dd/yyyy)	Provider ID:	Referred to HCV RNA testing?
<input type="checkbox"/> (1) Yes, test conducted <input type="checkbox"/> (2) No, test not offered <input type="checkbox"/> (3) No, client declined	<input type="checkbox"/> (1) Rapid <input type="checkbox"/> (2) Conventional <input type="checkbox"/> (3) Home Access	<input type="checkbox"/> (1) Non-reactive <input type="checkbox"/> (2) Reactive <input type="checkbox"/> (3) Inconclusive	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No

RISK FACTORS

Was client asked about HIV risk factors? (mark one ☒)

- (1) Risk factors discussed (2) Client was not asked about risk factors (3) Client declined to discuss risk factors

Table with 3 columns: Male Partner, Female Partner, Transgender (TG) Partner. Rows include: Had vaginal or anal sex with a male/female/TG? Type of sex: (mark all that apply) Had vaginal or anal sex with a male/female/TG ... (mark all that apply)

Table with 3 rows: Had oral sex with a male? Had oral sex with a female? Had oral sex with a TG?

Number of alcoholic drinks on a typical day when drinking: (0 - 99) Used these drugs: (past 12 months, mark all that apply) Used a needle to inject drugs? (past 12 months) Ever used a needle to inject drugs? (lifetime) Hepatitis C (HCV) diagnosis? (lifetime) STD Diagnosis: (past 12 months, mark all that apply) Other HIV behavior/exposure risk? (past 12 months) If other HIV behavior/exposure, specify:

Total number of vaginal or anal sex partners: (past 12 months, 1 - 999) Has received money, drugs, or other items or services for sex? (past 12 months) Has had sex with a person who exchanges sex for drugs or money? (past 12 months)

SESSION ACTIVITIES

OPTIONAL DATA

Risk reduction counseling provided? Personal action plan developed?

Referrals: (mark all that apply) (1) No referrals (1) HIV risk reduction activities (1) Pre-exposure prophylaxis (1) Substance use services (1) Syringe services program (1) STD testing & treatment (1) Hepatitis services (1) Mental health services (1) TB testing & treatment (1) Housing services

Completed hepatitis A (HAV) vaccination series? (lifetime) Completed hepatitis B (HBV) vaccination series? (lifetime)

Optional data: Item 1: Item 2: Item 3: Item 4:

PRELIMINARY & CONFIRMED POSITIVE RESULT

Referred to HIV medical care? If yes, did client attend first appointment? Appointment date: (mm/dd/yyyy) Referred to HIV prevention services? If yes, did client receive HIV prevention services?

If female, is client pregnant? If yes, in prenatal care? Has the unique ID from this testing form been provided to your HIV/AIDS Surveillance Coordinator or program for inclusion on the HIV/AIDS Adult Case Report Form (ACRF)?

PARTNER SERVICES

Were partner services discussed/offered this session? (mark one) Was skill building provided for self-notification? Number of partners to be self-notified: (0-999)

Was client interviewed for partner elicitation at this agency? Interview date: (mm/dd/yyyy) Number of partners: (0-999, dual & 3rd party) Was partner services referred out to another agency? Specify agency: Was client interviewed for partner elicitation? Interview date: (mm/dd/yyyy) Number of partners: (0-999, dual & 3rd party)

HIV TESTING AND TREATMENT HISTORY

Ever had a previous positive HIV test? Date of first positive HIV test: (mm/dd/yyyy) Ever had a negative HIV test? Date of last negative HIV test: (mm/dd/yyyy) Number of negative HIV tests within 24 months before first positive HIV test:

Used or is currently using antiretroviral (ARV) medication? Specify antiretroviral medications: Date ARV first began: (mm/dd/yyyy) Date of last ARV use: (mm/dd/yyyy) Data entry ID:

RACE / ETHNICITY CODES

Asian:	313 Laotian	Native Hawaiian/Pacific Islander:	Hispanic/Latino(a):
301 Asian Indian	324 Madagascar	422 Guamanian	505 Caribbean
302 Bangladeshi	314 Malaysian	411 Hawaiian	503 Central American
303 Bhutanese	321 Maldivian	403 Melanesian	507 Cuban
304 Burmese	322 Nepalese	402 Micronesian	502 Mexican
305 Cambodian	315 Okinawan	401 Polynesian	506 Puerto Rican
306 Chinese	316 Pakistani	412 Samoan	504 South American
308 Filipino	323 Singaporean	404 Other Pacific Islander	501 Spaniard
309 Hmong	317 Sri Lankan		599 Other Latino
310 Indonesian	307 Taiwanese		
320 Iwo Jiman	318 Thai		
311 Japanese	319 Vietnamese		
312 Korean	399 Other Asian		

CALIFORNIA COUNTY CODES

1 Alameda	13 Imperial	25 Modoc	37 San Diego	49 Sonoma
2 Alpine	14 Inyo	26 Mono	38 San Francisco	50 Stanislaus
3 Amador	15 Kern	27 Monterey	39 San Joaquin	51 Sutter
4 Butte	16 Kings	28 Napa	40 San Luis Obispo	52 Tehama
5 Calaveras	17 Lake	29 Nevada	41 San Mateo	53 Trinity
6 Colusa	18 Lassen	30 Orange	42 Santa Barbara	54 Tulare
7 Contra Costa	19 Los Angeles	31 Placer	43 Santa Clara	55 Tuolumne
8 Del Norte	20 Madera	32 Plumas	44 Santa Cruz	56 Ventura
9 El Dorado	21 Marin	33 Riverside	45 Shasta	57 Yolo
10 Fresno	22 Mariposa	34 Sacramento	46 Sierra	58 Yuba
11 Glenn	23 Mendocino	35 San Benito	47 Siskiyou	
12 Humboldt	24 Merced	36 San Bernardino	48 Solano	

STATE/TERRITORY CODES

AL Alabama	IL Illinois	MT Montana	RI Rhode Island	FM Federated States of Micronesia
AK Alaska	IN Indiana	NE Nebraska	SC South Carolina	GU Guam
AZ Arizona	IA Iowa	NV Nevada	SD South Dakota	MH Marshall Islands
AR Arkansas	KS Kansas	NH New Hampshire	TN Tennessee	MP Northern Mariana Islands
CA California	KY Kentucky	NJ New Jersey	TX Texas	PW Palau
CO Colorado	LA Louisiana	NM New Mexico	UT Utah	PR Puerto Rico
CT Connecticut	ME Maine	NY New York	VT Vermont	VI Virgin Islands of the U.S.
DE Delaware	MD Maryland	NC North Carolina	VA Virginia	88 Client does not currently reside in a US state, territory, or district.
DC District of Columbia	MA Massachusetts	ND North Dakota	WA Washington	
FL Florida	MI Michigan	OH Ohio	WV West Virginia	
GA Georgia	MN Minnesota	OK Oklahoma	WI Wisconsin	
HI Hawaii	MS Mississippi	OR Oregon	WY Wyoming	
ID Idaho	MO Missouri	PA Pennsylvania	AS American Samoa	

ANTIRETROVIRAL (ARV) MEDICATION CODES

22 Agenerase (amprenavir)	18 Inivase (saquinavir, SQV)	13 Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC,AZT)
30 Aptivus (tipranavir, TPV)	34 Intelence (etravirine)	27 Truvada (tenofovir DF/emtricitabine, TDF/FTC)
32 Atripla (efavirenz/emtricitabine/tenofovir DF)	36 Isentress (raltegravir)	01 Videx (didanosine, ddl)
24 Combivir (lamivudine/ zidovudine, 3TC/AZT)	16 Kaletra (lopinavir/ ritonavir)	14 Videx EC (didanosine, ddl)
06 Crixivan (indinavir, IDV)	31 Lexiva (fosamprenavir, 908)	17 Viracept (nelfinavir, NfV)
11 Emtriva (emtricitabine, FTC)	07 Norvir (ritonavir, RTV)	05 Viramune (nevirapine, NVP)
03 Epivir (lamivudine, 3TC)	33 Prezista (darunavir, DRV)	12 Viread (tenofovir DF, TDF)
28 Epzicom (abacavir/lamivudine, ABC/3TC)	09 Rescriptor (delavirdine, DLV)	04 Zerit (stavudine, d4T)
25 Fortovase (saquinavir, SQV)	26 Retrovir (zidovudine, ZDV, AZT)	20 Ziagen (abacavir, ABC)
10 Fuzeon (enfuvirtide, T20)	15 Reyataz (atazanavir, ATV)	88 Other Antiretroviral
19 Hepsera (adefovir)	08 Saquinavir (Fortavase, Inivase)	99 Unspecified
02 Hivid (zalcitabine, ddC)	35 Selzentry (maraviroc)	
23 Hydroxyurea	21 Sustiva (efavirenz, EFV)	