

Enter or adhere form ID		Sample Date		M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y
Session Date		M	M	D	D	Y	Y	Y	Y	HIV Test 1				HIV Test 2				HIV Test 3									
Program Announcement (select only one)		Worker ID																									
<input type="checkbox"/> PS12-1201 Category A <input type="checkbox"/> PS12-1201 Category B <input type="checkbox"/> PS12-1201 Category C <input type="checkbox"/> PS12-1210 CAPUS <input type="checkbox"/> Other: _____		<input type="checkbox"/> PS11-1113 Category A-YMSM <input type="checkbox"/> PS11-1113 Category B-YTG <input type="checkbox"/> PS10-1003 <input type="checkbox"/> PS08-803 <input type="checkbox"/> MSM Testing Initiative		Test Election		<input type="checkbox"/> Anonymously <input type="checkbox"/> Confidentially <input type="checkbox"/> Test Not Offered <input type="checkbox"/> Declined Testing				<input type="checkbox"/> Anonymously <input type="checkbox"/> Confidentially <input type="checkbox"/> Test Not Offered <input type="checkbox"/> Declined Testing				<input type="checkbox"/> Anonymously <input type="checkbox"/> Confidentially <input type="checkbox"/> Test Not Offered <input type="checkbox"/> Declined Testing													
Agency Name/ID Number		Test Technology		<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid <input type="checkbox"/> NAAT/RNA Testing <input type="checkbox"/> Other				<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid <input type="checkbox"/> NAAT/RNA Testing <input type="checkbox"/> Other				<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid <input type="checkbox"/> NAAT/RNA Testing <input type="checkbox"/> Other															
Directly Funded CBO Agency ID		Test Result		<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result				<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result				<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result															
Site Name/ID Number		Result Provided		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, client obtained results from another agency				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, client obtained results from another agency				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, client obtained results from another agency															
Site Type		If Results NOT provided, why?		<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did Not Return/ Could Not Locate <input type="checkbox"/> Other				<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did Not Return/ Could Not Locate <input type="checkbox"/> Other				<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did Not Return/ Could Not Locate <input type="checkbox"/> Other															
Site ZIP Code		Choose status of collection of behavioral risk profile		<input type="checkbox"/> Client completed a behavioral risk profile <input type="checkbox"/> Client was not asked about behavioral risk factors																							
Site County		<input type="checkbox"/> Client was asked, but no behavioral risks identified <input type="checkbox"/> Client declined to discuss behavioral risk factors		For clients completing a risk profile, did the client report the following behaviors in the past 12 months? (select all that apply)																							
Client ID																											
Date of Birth																											
Client State (use USPS abbreviation)																											
Client County																											
Client ZIP Code																											
Client Ethnicity																											
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked																									
Client Race (check all that apply)																											
<input type="checkbox"/> American IN/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander		<input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked																									
Client Assigned Sex at Birth																											
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Declined <input type="checkbox"/> Not Asked																									
Client Current Gender Identity																											
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked		<input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Transgender Unspecified																									
Additional (specify): _____																											
Previous HIV Test?																											
<input type="checkbox"/> No  <input type="checkbox"/> Yes → If Yes, what is the client's self-reported result?																											
<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate		<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked																							
		Additional Risk Factors (enter two-digit code from page 3)		1	#	#	2	#	#	3	#	#	4	#	#												
		Session Activities (enter codes from page 3)		1	#	#	.	#	#	3	#	#	.	#	#												
		Local Use Fields		L1	#	#	#	#	#	L3	#	#	#	#	#												
				L2	#	#	#	#	#	L4	#	#	#	#	#												