

General Instructions for completing the Evaluation Web HIV Test Form

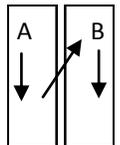
This HIV testing Form is provided to assist all CDPHE and CDC grantees who are collecting HIV testing data. The template contains the CDC Assurance of Confidentiality statement at the bottom. This statement assures clients and agency staff that data collected and recorded on forms will be handled securely and confidentially.

The form can only be accessed and downloaded from Evaluation Web.

There are no pre-printed barcodes on any testing forms. You must adhere or write in the Form Identification sticker (barcode) to Part 1, Part 2 and/or Part 3 in order to link the client's information.

- Part 1 should be used for all testing events and includes demographics, risks and screenings
- Part 2 should be used to record referral data (required for HIV positive clients)
- Part 3 (page 5) is used by CDPHE HIV Incidence Surveillance-no need to be completed at the testing site.

This form is to be used for direct data entry into Evaluation Web. This form cannot be scanned. The form follows the Evaluation Web direct data entry screens as much as possible beginning from top upper left column A to bottom left, then to upper right column B to bottom right.



Page 7 provides codes for Session Activities and definitions for commonly confused terms. Please print this out for your reference.

Depending on your agency you will either write in the name or the identification number for the Agency, Site, and client county of residence. For more information on this, or to add new site locations: contact CDPHE Evaluation Web Coordinator: Leslie.Frank@state.co.us

Assurance of Confidentiality Statement:

The information in this report to the Centers for Disease Control and Prevention (CDC) is collected under the authority of Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k. Your cooperation is necessary for evaluation of the interventions being done to understand and control HIV/AIDS. Information in CDC's HIV/AIDS National HIV Prevention Program Monitoring and Evaluation (NHME) system that would permit identification of any individual on whom a record is maintained, or any health care provider collecting NHME information, or any institution with which that health care provider is associated will be protected under Section 308(d) of the Public Health Service Act. This protection for the NHME information includes a guarantee that the information will be held in confidence, will be used only for the purposes stated in the Assurance of Confidentiality on file at CDC, and will not otherwise be disclosed or released without the consent of the individual, health care provider, or institution described herein in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m(d)).

Updated: 1/13/2015 by L.Frank

Enter or adhere Form ID												
Program Announcement (select only one)												
<input type="checkbox"/> PS12-1201 Category A				<input type="checkbox"/> CHAPP								
<input type="checkbox"/> PS12-1201 Category B				<input type="checkbox"/> Other								
Session Date		M	M	D	D	Y	Y	Y	Y			
Agency ID Name/ #												
Site ID Name/Number												
Site Zip Code												
Site County												
Client ID												
Date of Birth 01/01/1800 if unknown		M	M	D	D	Y	Y	Y	Y			
Client Name		Last		First				MI				
Phone												
Email												
Address												
City, State												
Client Zip Code												
Client County												
Client Ethnicity												
<input type="checkbox"/> Not Hispanic or Latino				<input type="checkbox"/> Declined to Answer								
<input type="checkbox"/> Hispanic or Latino				<input type="checkbox"/> Client Doesn't Know								
<input type="checkbox"/> Not Asked												
Client Race (check all that apply)												
<input type="checkbox"/> American Ind/AK Native				<input type="checkbox"/> White								
<input type="checkbox"/> Asian				<input type="checkbox"/> Don't Know								
<input type="checkbox"/> Black/African American				<input type="checkbox"/> Declined								
<input type="checkbox"/> Native HI/Pac Islander				<input type="checkbox"/> Not Asked								
Client Assigned Sex at Birth <input type="checkbox"/> Not Asked												
<input type="checkbox"/> Male				<input type="checkbox"/> Female				<input type="checkbox"/> Declined				
Client Current Gender Identity <input type="checkbox"/> Not Asked												
<input type="checkbox"/> Male				<input type="checkbox"/> Transgender—FTM								
<input type="checkbox"/> Female				<input type="checkbox"/> Transgender—Unspecified								
<input type="checkbox"/> Transgender—MTF				<input type="checkbox"/> Declined to answer								
<input type="checkbox"/> Additional specify: _____												

Previous HIV Test?																									
<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked				If YES, what is the client's self reported result? <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer <input type="checkbox"/> Not Asked																					
Has client <u>ever</u> been incarcerated?						Client been incarcerated in last 12 months?																			
<input type="checkbox"/> No		<input type="checkbox"/> Declined to Answer				<input type="checkbox"/> No		<input type="checkbox"/> Declined to answer																	
<input type="checkbox"/> Yes		<input type="checkbox"/> Not Asked				<input type="checkbox"/> Yes		<input type="checkbox"/> Not Asked																	
Housing status, past 12 months (select only one)																									
<input type="checkbox"/> Literally Homeless				<input type="checkbox"/> Unstably Housed/at risk of Losing Housing				<input type="checkbox"/> Stably Housed																	
<input type="checkbox"/> Not Asked				<input type="checkbox"/> Declined to answer				<input type="checkbox"/> Client doesn't know																	
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
		HIV Test 1				HIV Test 2				HIV Test 3															
Worker ID																									
Test Election		<input type="checkbox"/> Tested Anonymously <input type="checkbox"/> Tested Confidentially <input type="checkbox"/> Declined Testing <input type="checkbox"/> Test not offered				<input type="checkbox"/> Tested Anonymously <input type="checkbox"/> Tested Confidentially <input type="checkbox"/> Declined Testing <input type="checkbox"/> Test not offered				<input type="checkbox"/> Tested Anonymously <input type="checkbox"/> Tested Confidentially <input type="checkbox"/> Declined Testing <input type="checkbox"/> Test not offered															
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															
Test Result		<input type="checkbox"/> Negative <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result				<input type="checkbox"/> Negative <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result				<input type="checkbox"/> Negative <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result															
Result Provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, client obtained results from another agency				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, client obtained results from another agency				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, client obtained results from another agency															
If results not provided, why not?		<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															
Behavioral Risks																									
Choose one if Client,																									
<input type="checkbox"/> Completed a behavioral risk profile (please complete below)				<input type="checkbox"/> Not asked about behavioral risk factors				<input type="checkbox"/> No behavioral risks identified																	
								<input type="checkbox"/> Declined to discuss behavioral risk factors																	
*In the past 12 months has the client identified the following:																									
Has the client had Anal or Vaginal Sex of any kind in past 12 months?																									
<input type="checkbox"/> No				<input type="checkbox"/> Yes				<input type="checkbox"/> Declined to Answer				<input type="checkbox"/> Not Asked													
If yes, number of partners in the last 12 months? # _____																									

Behavioral Risk Factors Questionnaire

In the past 12 months, has the client identified the following behaviors: Place an X in box	No	Yes	Don't Know	No Response
Did client have Vaginal or Anal sex with a <u>Male</u>?				
If YES, Vaginal/Anal Sex <u>without a Condom</u> with a Male				
If YES, Vaginal or Anal Sex with a Male IDU				
If YES, Vaginal or Anal Sex with an HIV-positive Male				
Did client have Vaginal or Anal sex with a <u>Female</u>?				
If YES, Vaginal/Anal Sex <u>without a Condom</u> with Female				
If YES, Vaginal or Anal Sex with a Female IDU				
If YES, Vaginal or Anal Sex with an HIV-positive Female				
Did client have Vaginal/Anal sex with a <u>Transgender Person</u>?				
If YES, Vaginal or Anal Sex <u>without a Condom</u> with a Transgender Person				
If YES, Vaginal or Anal Sex with a Transgender Person IDU				
If YES, Vaginal or Anal Sex with an HIV-positive Transgender Person				
Has client injected any illicit drugs/substances? (including narcotics, hormones, silicone, etc.)				
If YES, did client share hypodermic needles, syringes, or other injection equipment?				
Has Client had Vaginal or Anal Sex of any kind with a Man who has sex with other Men (MSM) (<i>Female or MTF only</i>)				

Additional Vaginal/Anal-related Sexual Risk Factors (Mark all that Apply)

<input type="checkbox"/> Exchange sex for drugs/money/or something they needed
<input type="checkbox"/> While intoxicated and/or high on drugs
<input type="checkbox"/> With person of unknown HIV status
<input type="checkbox"/> With person who exchanges sex for drugs/money
<input type="checkbox"/> With anonymous partner
<input type="checkbox"/> Diagnosed with a sexually transmitted disease (STD)
<input type="checkbox"/> Sex with multiple partners
<input type="checkbox"/> Oral sex (of any kind)
<input type="checkbox"/> <u>Unprotected</u> Vaginal or Anal Sex with an IDU
<input type="checkbox"/> <u>Unprotected</u> Vaginal or Anal Sex with an HIV positive person
<input type="checkbox"/> <u>Unprotected</u> Vaginal/Anal Sex in exchange sex for drugs/money/or something needed
<input type="checkbox"/> <u>Unprotected</u> Vaginal or Anal Sex with a person who exchanges sex for drugs/money
<input type="checkbox"/> <u>Unprotected</u> Vaginal or Anal Sex with multiple partners

Substance Use Screening (see pre-screen tools below):	Mental Health Screening (see pre-screen tools below):
Was the client screened for substance use, using the pre-screening tool?	Was the client pre-screened for mental health, using the pre-screening tool?
<input type="checkbox"/> No, client was not pre-screened for substance use: <input type="checkbox"/> Client was <u>not offered</u> pre-screening <input type="checkbox"/> Client <u>refused</u> pre-screening <input type="checkbox"/> Client was <u>already pre-screened</u> in past 12 months <input type="checkbox"/> Client was <u>already receiving services</u> for substance use <input type="checkbox"/> Client was self pre-screened	<input type="checkbox"/> No, client not pre-screened for mental health: <input type="checkbox"/> Client was <u>not offered</u> pre-screening <input type="checkbox"/> Client <u>refused</u> pre-screening <input type="checkbox"/> Client was <u>already pre-screened</u> in past 12 months <input type="checkbox"/> Client was <u>already receiving services</u> for mental health <input type="checkbox"/> Client was self pre-screened
<input type="checkbox"/> Yes, client was pre-screened for substance use: <input type="checkbox"/> Full substance use screening was <u>not indicated</u> <input type="checkbox"/> Client <u>declined referral</u> to additional screening <input type="checkbox"/> Client <u>referred to Health Educator</u> for screening <input type="checkbox"/> Client not referred, <u>already receiving services</u> <input type="checkbox"/> Client was self pre-screened	<input type="checkbox"/> Yes, client was pre-screened for mental health: <input type="checkbox"/> Full mental health screening was <u>not indicated</u> <input type="checkbox"/> Client <u>declined referral</u> to additional screening <input type="checkbox"/> Client <u>referred to Health Educator</u> for screening <input type="checkbox"/> Client not referred, <u>already receiving services</u> for mental health <input type="checkbox"/> Client was self pre-screened



Substance Use Pre-Screening Tool

Substance	Questions	Positive Screen (Guidelines)
Alcohol*	When was the last time you had: More than 3 drinks in one day? (for women/men >65 yrs.) More than 4 drinks in one day? (for men)	In the past 3 months
	How many drinks do you have per week?	Men: More than 14 Men >65 yrs: More than 7 Women: More than 7
Drugs	In the past year, have you used or experimented with an illegal drug or a prescription drug for non-medical reasons?	Yes
Tobacco	Do you currently smoke or use any form of tobacco?	Yes : Refer to 1-800-QUIT-NOW

*Any alcohol use is a positive screen for patients under 21 years or pregnant women.
 A standard drink in the U.S. is any drink that contains about 14 grams of pure alcohol.
 One drink = 12 oz. beer, 5 oz. wine, 1.5 oz. liquor

Mental Health Pre-Screening Tool

1. During the past 12 months, were you ever on medication/antidepressants for depression or nerve problems?	○ Yes ○ No ○ Refused
2. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?	○ Yes ○ No ○ Refused
3. During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?	○ Yes ○ No ○ Refused
4. During the past 12 months, did you ever have a period lasting 1 month or longer when most of the time you felt worried and anxious?	○ Yes ○ No ○ Refused
5. During the past 12 months, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?	○ Yes ○ No ○ Refused
6. During the past 12 months, did you ever have a spell or an attack when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath? [If respondent volunteers, "only when having a heart attack or due to physical causes," mark "No"]	○ Yes ○ No ○ Refused

Client should be **REFERRED** to a Health Educator for a further screening if he/she responded **YES** to any of the questions above.

PART TWO

The following information on preliminary & confirmed positives is required

Was client referred to HIV medical care? No Yes Don't know

If Yes, did client attend the first appointment?

- Pending
- Yes, confirmed accessed Service
- Did not access service-confirmed
- Lost to Follow-up
- No Follow-Up
- Don't Know

If YES, was first appointment within 90 days of HIV test?

- No
- Yes
- Don't Know

If No, why?

- Client already in HIV medical care
- Client declined HIV medical care

Was client referred to/contacted by Partner Services? No Yes Don't know

If Yes, was the client interviewed for Partner Services?

- No
- Yes
- Don't Know

IF YES, was the client interview within 30 days of receiving their result?

- No
- Yes
- Don't Know

Local Use Field				
L5				
L6				
L7				
L8				
L9				
L10				
L11				
L12				
L13				
L14				
L15				
L16				
L17				

Was client referred to HIV Prevention Services? No Yes Don't know

If Yes, did client receive HIV Prevention Services?

- No
- Yes
- Don't Know

CDC Use Fields				
C3				
C4				
C5				
C6				
C7				
C8				

If female, is client pregnant? No Yes Don't know
 Declined to answer Not Asked

If yes, is client in prenatal care?

- No
- Yes
- Don't Know
- Declined to Answer
- Not Asked

For Health Departments Use ONLY

Prior to the client testing positive during this testing event, was she/he previously reported to the jurisdiction's surveillance department as being HIV-positive?

- No
- Yes
- Not Checked
- Don't Know

Notes: _____

PART THREE							
HIV Incidence-CDPHE Use only							
Date client reported information (date of Survey):							
	M	M	D	D	Y	Y	Y
Has the client ever had a previous positive HIV Test?							
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked							
Date of first positive HIV Test:							
	M	M	D	D	Y	Y	Y
Has the client ever had a negative HIV Test?							
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked							
Date of last negative HIV Test:							
	M	M	D	D	Y	Y	Y
Number of negative HIV tests within 24 months before the current (or first positive) HIV test:							
<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined							
Known Value # _____							
Has the client used or is client currently using antiretroviral medication (ARV)?							
<input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, specify antiretroviral medications <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked							
		1			3		
		2			4		
(see codes from right hand column)							
Date ARV began:							
	M	M	D	D	Y	Y	Y
Date of last ARV use:							
	M	M	D	D	Y	Y	Y

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

Some Help with Commonly Confused Variables

HIV Test Information- Agency Zip Code: Postal code of agency's primary location or "home-base". **Site Zip Code:** The postal zip code associated with the actual site where the testing services were provided. The site's postal zip code is linked to the unique Site ID and Site Type. At times, the zip code of site where tested may not be the same zip code as where the agency is located (e.g., field visit testing). **Client Zip Code:** The postal code for the territory or district where the client lives at the time services are delivered. In some cases, the client lives may not live in the same zip code as where the client is receiving HIV prevention services. For example, a person could reside in area (or jurisdiction) but drive to another area to receive HIV testing out of fear of having their privacy or confidentiality exposed. **Local Client ID:** A locally developed alpha-numeric unique client identification code used to distinguish an individual client receiving multiple services within an agency. This code can be shared and used by more than one agency throughout a city, territory or state. This code should not contain personal information that is organized in a way that can be easily deciphered. **Client Date of Birth/Birth Year:** Enter the date in which the client was born. **If birth date is unknown, enter 1/1/1800. If Month & Year are known but not date, enter Month/day 1/ Year (e.g., May of 1995 is 5/1/1995). If birth year is unknown, enter 1800.**

Don't Know: Client reports not knowing the answer, after having been asked. **Declined to Answer:** Client was asked, but declines to answer or is unwilling to give a definitive answer. **Hispanic/Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. **American Indian or Alaska Native:** 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. **Black or African American:** A person having origins in any of the black racial groups of Africa. **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Incarceration: Prior to data collection, the client is or has been imprisoned or confined to a jail or penitentiary.

Housing status, past 12 months- Literally Homeless- Not intended for human habitation (car, camp, etc.); temporary (shelter, motel, transitional housing); hospital, institution; incarceration facility. **Unstable:** Housing instability but temporarily housed- living in overcrowded housing; living with others; frequent moves; recently evicted, etc. **Stable:** Consistent housing meant for human habitation, no risk of losing housing. **Don't Know for Housing status:** Client reports not knowing the answer, after having been asked.

Additional Risk Factors- Sex with Multiple Partners: Client has had sex with more than one partner in last 12 months (doesn't have to be in the same session).

Anonymous partner: Someone who's identify was unknown (name, address, or habits that allow the client to identify the person).

Diagnosed with a sexually transmitted disease (STD): Client's self-reported status of having been diagnosed with one or more of STIs-syphilis, gonorrhea, or Chlamydia in last 12 months

Other Session Activities - Referral: Can be active or passive. **Information:** Provider tells client information about a service, how something works, how to do something, etc. (e.g., the value of condom use). Client is mostly listening and/or passively learning. **Discussion:** Provider and client have more detailed dialogue about a service, how something works, how to do something, etc. (e.g., discussing client's disinterest in using condoms). Client is actively engaged and is sharing their perceptions, experiences, etc. about the topic. **Demonstration:** Client is showed a skill/showed how to do something (e.g., provider shows how to put a condom on a model or provides a scenario of how to discuss sensitive topic. Client is mostly observing and/or passively learning. **Practice:** Client practices a skill with oversight (e.g., client tries out putting on a condom on a model, role plays discussing sensitive topic with provider, etc.) Client is actively engaged in learning/trying out a skill. **Distribution:** Materials/Items given out often accompanying information, demonstrations, etc.

Yes, Referred To Medical Care: The client was referred to HIV-related medical services for (or due to) their HIV-positive diagnosis including: evaluation of immune system function and screening, treatment, and prevention of opportunistic infection (includes same-day as CD4, viral load counts, etc.). **Don't know:** Tester is unaware if the client was referred to HIV medical care after receiving an HIV positive test result.

Referral Outcome - Pending: Referring agency has not yet confirmed that the client accessed the service to which he or she was referred. **Confirmed, Accessed service:** Referring agency has confirmed that the client accessed the service to which he or she was referred. **Confirmed, Did NOT access service:** Referring agency has confirmed that client had not accessed the service to which he or she was referred. **Lost to follow-up:** After 90 days of referral date, access of the service to which the client was referred can't be confirmed or denied. **No follow-up:** Referral was not tracked to confirm whether the client accessed the referred service. **Don't know:** The referral outcome is unknown.

Referred To Partner Services- Partner Services include a range of available services for newly and previously diagnosed HIV-infected persons, their partners and affected communities by CDPHE's Disease Intervention Specialists (DIS). Referral includes a call or setting up a meeting, etc. with DIS. **Don't know:** Tester is unaware if the client was referred/interviewed by Partner Services after receiving an HIV positive test result.

Referred To HIV Prevention Services: HIV Prevention services are defined as generally any service or intervention directly aimed at reducing risk for transmitting or acquiring HIV infection at a variety of locations (e.g., CRCS, risk reduction counseling, discussion about partner disclosure, an HIV prevention class as at a CBO, syringe exchange, etc.)

Don't know: Provider is unaware if the client was referred to HIV Prevention Services after receiving an HIV positive test result.

NEED TO PRINT MORE FORMS?

There is a downloadable version of this form on Evaluation Web listed under tab "Other", then download forms

WANT AN ELECTRONIC VERSION OF ALL FORM DEFINITIONS?

Contact Leslie.Frank@state.co.us for the entire data-dictionary