### Session Date (MMDDYYYY)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Unique Agency ID Number</th>
<th>Intervention ID</th>
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### Client ID

- **Client ID:**
- **Date of Birth (MMDDYYYY):**
- **State/County/Zip Code:**

### Client Information

- **Ethnicity:**
  - [ ] Hispanic or Latino
  - [ ] Not Hispanic or Latino
  - [ ] Don’t know

- **Race — Check all that apply:**
  - [ ] American Ind./AK Native
  - [ ] Asian
  - [ ] Black/African American
  - [ ] Native HI/Pac. Islander
  - [ ] White
  - [ ] Don’t know
  - [ ] Declined

- **Current Gender:**
  - [ ] Male
  - [ ] Female
  - [ ] Transgender – M2F
  - [ ] Transgender – F2M
  - [ ] Don’t know
  - [ ] Declined
  - [ ] Not asked

- **Previous HIV Test?**
  - [ ] Positive
  - [ ] Negative
  - [ ] Don’t know
  - [ ] Indeterminate
  - [ ] Prelim. Pos.
  - [ ] Declined
  - [ ] Not asked

### HIV Test Information

- **Sample Date (MMDDYYYY):**
- **Worker ID:**
- **Test Election:**
  - [ ] Tested anonymously
  - [ ] Tested confidentially
  - [ ] Declined testing

- **Test Technology:**
  - [ ] Conventional
  - [ ] Rapid
  - [ ] Other

- **Specimen Type:**
  - [ ] Blood: finger stick
  - [ ] Blood: venipuncture
  - [ ] Blood spot
  - [ ] Oral mucosal transudate
  - [ ] Urine

- **Test Result:**
  - [ ] Positive/Reactive
  - [ ] Indeterminate
  - [ ] NAAT-pos
  - [ ] Negative
  - [ ] Other

- **Result Provided:**
  - [ ] Yes
  - [ ] No

- **Date Provided (MMDDYYYY):**
- **If results not provided, why:**
  - [ ] Declined notification
  - [ ] Did not return/Could not locate
  - [ ] Obtained results from another agency

- **If rapid reactive, did client provide confirmatory sample?:**
  - [ ] Yes
  - [ ] No

#### HIV TEST 1
- **Test Result:**
  - [ ] Positive/Reactive
  - [ ] Indeterminate
  - [ ] NAAT-pos
  - [ ] Negative

#### HIV TEST 2
- **Test Result:**
  - [ ] Positive/Reactive
  - [ ] Indeterminate
  - [ ] NAAT-pos
  - [ ] Negative

#### HIV TEST 3
- **Test Result:**
  - [ ] Positive/Reactive
  - [ ] Indeterminate
  - [ ] NAAT-pos
  - [ ] Negative

### Choose one if: (Client was not asked about risk factors / Client was asked, but no risk was identified / Client declined to discuss risk factors)

- **Risk Factors**
  - **In past 12 months has client had:**
    - [ ] without using a condom?
    - [ ] with person who is an IDU?
    - [ ] with person who is MSM?

- **Session Activity**
  - During this visit, was a risk reduction plan developed for the client?
  - [ ] Yes
  - [ ] No

### Public Reporting Burden

- Provide date of last test (MMYYYY)
Was client referred to medical care?
- Yes
- No
- Don't know

If yes, did client attend the first appointment?
- Yes
- No
- Don't know

If no, why?
- Client already in care
- Client declined care

Was client referred to HIV Prevention services?
- Yes
- No

Was client referred to PCRS?
- Yes
- No

If female, is client pregnant?
- Yes
- No
- Don't know

If yes, in prenatal care?
- Yes
- No
- Don't know

If no, was client referred for prenatal care?
- Yes
- No
- Don't know

If yes, did client attend first prenatal care appointment?
- Yes
- No
- Don't know

Local Use Fields:

CDC Use Fields:

Notes (Print Only):