HIV COUNSELING INFORMATION FORM

Unique ID:				Session da						Provider ID	:		
Agency ID:	7(1) Var. (2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1	Intervention ID:		Locatio	n ID:					HIV risk	asses	sment:	as used (optional)
HIV test conducted?	_(1) Yes, test co	onducted (2) No, te		ered ∐ ⁽³⁾ No	•		esting			(1) Lov	/ [(2)	High	
Test sequence:	HIV TEST #1		•	HIV TEST		7			HIV TE	ST #3			
Test ID:													
Sample date: (mm/dd/yyyy)													
HIV test election: (1) Anonymous (2) Confidential				☐(1) Anonymous ☐(2) Confidential				☐(1) Anonymous ☐(2) Confidential					
Test technology: (mark one ⊠)	technology: (1) Rapid			☐(1) Rapid ☐(2) Conventional ☐(3) NAAT/RNA testing ☐(4) Other test, specify:				☐(1) Rapid☐(2) Conventional☐(3) NAAT/RNA testing☐(4) Other test, specify:					
Test result: (mark one 図)	(5) Invalid (6) No result * Record confirm	inate /Inconclusive	liminary	(1) Positi (2) Prelim (3) Negat (4) Indete (5) Invalid (6) No reserved con positive rapid	ninary pos tive erminate /l d sult nfirmatory t	Inconclu	for prelin	minary	(3) Ne (4) Inc (5) Inc (6) No * Record	eliminary po egative determinate valid	/Incor	nclusive	eliminary
Results provided?	Provider (1) Mark anot (0) No (indicate (1) Clie	c if client obtained res her agency ate why) s not provided, why' nt declined notificatio not return / Could not	sult from	Provi (1) M a (0) No (in) If resu (1) (1) (2)	der ID: lark if clier nother ago dicate why) ults not per client decloid not reto	nt obtainency) rovided ined not	ned resu	llt from	Pr (0) No If i	es (record da inte result p ovider ID: 1) Mark if cli another a o (indicate wheesults not (1) Client de (2) Did not re (3) Other	ent ob gency providenced	tained redded, why	esult from /?
			НС	CV TEST INF	ORMATIC	NC							
Hepatitis C (HCV) test conducted? ☐(1) Yes, test conducted ☐(2) No, test not offered ☐(3) No, client declined testing		HCV test type: ☐(1) Rapid ☐(2) Conventional ☐(3) Home Access	□(1) No □(2) Re	est result: on-reactive eactive conclusive	HCV reprovided 10 (1) Yes	ed? es	Date result prov		vided: (r	nm/dd/yyyy)	Pro	ovider IE	D:
				RISK FAC	CTORS								
Was client asked about ☐(1) Risk factors discus							scuss ris	sk factors	3				
		SESSION ACTIVITIE	S						OF	TIONAL D	ATA		
Risk reduction counseling provided? (1) Yes, counseling provided (2) No, counseling not offered (3) No, client declined Personal action plan developed? (1) Yes, plan developed (2) No, service not offered (3) No, client declined		(1) Substance use	lucation & prevention services [1] Syringe exchange program s vaccination, testing, treatment es [1] Mental health services referral, specify:			vacci	Completed hepatitis A (HAN vaccination series? (lifetime (1) Yes (0) No Completed hepatitis B (HBN vaccination series? (lifetime (1) Yes (0) No Incarcerated for more than hour period? (last 12 months) (1) Yes (0) No		(lifetime) B (HBV) (lifetime) e than a 24	OPTIONAL DATA: Item 1: Item 2: Item 3: Item 4:			

State of California—Fleatiff and Human Services Agency		California Department of Fublic Fleatin
	NARY & CONFIR	MED POSITIVE REFERRALS
Referred to HIV medical care?		Referred to HIV prevention services?
☐(1) Yes → If yes, did client attend first appointment?		☐(1) Yes — If yes, did client receive HIV prevention services?
☐(1) Yes — Appointment date: (mm/di	diagad	□(0) No □(1) Yes
	и/уууу)	☐(0) No
□(0) No		□(8) Don't know
(8) Don't know		If female, is client pregnant?
	_	☐(1) Yes → If yes, in prenatal care?
□ (0) No → If not referred to medical care, indicate why	/?	□(0) No □(1) Yes
☐(1) Client already in HIV medical care		(8) Don't know (0) No
□(2) Client declined HIV medical care		(9) Declined (8) Don't know
		□(9) Declined
	PARTNE	R SERVICES
Were partner services discussed/offered this session?		erviewed for partner elicitation at this agency? (dual and 3 rd party)
were partner services discussed/offered this session? (mark one ⊠)	was chent inte	nterview date: (mm/dd/yyyy) Number of partners:
☐(1) Offered and accepted		fried view date. (him/da/yyyy) (attach Partner Information Forms) (0-999) (dual & 3 rd party)
<u>, </u>	□(0) No	attacii Fattiei Illioitiatioi Toriis) (0-999) (dda & 3 - party)
(2) Offered and refused		
☐(3) Not offered		
		ervices referred out to another agency?
Was skill building provided for self-notification?		Specify agency:
☐(1) Yes → Number of partners to	(0) No	Nas client interviewed for partner elicitation? Number of partners:
□(0) No be self-notified: (0-999)		(0-999) (dual & 3 rd party)
		(8) Don't know
	TEOTING AND	TOE ATMENT HOTODY
	TESTING AND	TREATMENT HISTORY
State number (STATENO): (eHARS ID number)		Used or is currently using antiretroviral (ARV) medication?
		☐(1) Yes (specify ARV used and indicate first and last date used)
11		□(0) No
Ever had a previous positive HIV test?		□(8) Don't know
(1) Yes — Date of first positive HIV test: (mm/dd/yyyy)		(9) Declined to answer
Date of first positive HIV test: (mm/dd/yyyy)	_	Specify antiretroviral medications:
□(®) Don't know		opoony ununoutovitus moustationes
9 Declined		
Ever had a negative HIV test?		D. ADVC 41
☐(1) Yes — Date of last negative HIV test: (mm/dd/yyyy)		Date ARV first began: (mm/dd/yyyy)
□(0) No		
☐(8) Don't know		
(if date is from a lab test with test type, enter in lab	data section)	Date of last ARV use: (mm/dd/yyyy)
	<u> </u>	Jako or lade y late a doc. (minutally yyyy)
Number of negative HIV tests within	on't know	
24 months before first positive HIV	eclined	
test:		

State of California—Health and Human Serv	vices Agency		BACE / ETHNICITY CODES			California Department of Public Health	
			RACE / ETHNICITY CODES				
Asian:	313 Laotian		Native Hawaiian/Pacific Isla	nder:	Hispanic/La		
301 Asian Indian	324 Madagascar		422 Guamanian		505 Caribbe		
302 Bangladeshi	314 Malaysian		411 Hawaiian		503 Central	American	
303 Bhutanese	321 Maldivian		403 Melanesian		507 Cuban		
304 Burmese	322 Nepalese		402 Micronesian		502 Mexica	n	
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 Spania	rd	
309 Hmong	317 Sri Lankan				599 Other L	atino	
310 Indonesian	307 Taiwanese						
320 lwo Jiman	318 Thai						
311 Japanese	319 Vietnamese						
312 Korean	399 Other Asian						
		(CALIFORNIA COUNTY CODES				
1 Alameda	13 Imperial		25 Modoc	37 San Dieg	0	49 Sonoma	
2 Alpine	14 Inyo		26 Mono	38 San Fran	cisco	50 Stanislaus	
3 Amador	15 Kern		27 Monterey	39 San Joac	Juin	51 Sutter	
4 Butte	16 Kings		28 Napa	40 San Luis		52 Tehama	
5 Calaveras			29 Nevada			53 Trinity	
5 Calaveras 17 Lake 6 Colusa 18 Lassen		30 Orange		42 Santa Ba		54 Tulare	
			31 Placer	9-		55 Tuolumne	
7 Contra Costa 19 Los Angeles 8 Del Norte 20 Madera			32 Plumas			56 Ventura	
9 El Dorado	21 Marin		33 Riverside	45 Shasta	u E	57 Yolo	
10 Fresno	22 Mariposa		34 Sacramento	46 Sierra		58 Yuba	
11 Glenn	22 Mariposa 23 Mendocino	34 Sacramento 35 San Benito		46 Sierra 47 Siskiyou		36 Tuba	
				•			
12 Humboldt	24 Merced		36 San Bernardino	48 Solano			
			OTATE/TERRITORY COREO				
AL Alabama	II. IIII a la		STATE/TERRITORY CODES	DI Di e de lei		EM Endorated States of	
AL Alabama	IL Illinois		MT Montana	RI Rhode Isl		FM Federated States of Micronesia	
AK Alaska	IN Indiana		MT Montana NE Nebraska	SC South Ca	arolina		
AK Alaska AZ Arizona	IN Indiana IA Iowa		MT Montana NE Nebraska NV Nevada	SC South Ca	arolina akota	Micronesia GU Guam	
AK Alaska AZ Arizona AR Arkansas	IN Indiana IA Iowa KS Kansas		MT Montana NE Nebraska NV Nevada NH New Hampshire	SC South Ca SD South Da TN Tenness	arolina akota	Micronesia GU Guam MH Marshall Islands	
AK Alaska AZ Arizona AR Arkansas CA California	IN Indiana IA Iowa KS Kansas KY Kentucky		MT Montana NE Nebraska NV Nevada NH New Hampshire NJ New Jersey	SC South Ca SD South Da TN Tenness TX Texas	arolina akota	Micronesia GU Guam MH Marshall Islands MP Northern Mariana Islands	
AK Alaska AZ Arizona AR Arkansas CA California CO Colorado	IN Indiana IA Iowa KS Kansas KY Kentucky LA Louisiana		MT Montana NE Nebraska NV Nevada NH New Hampshire NJ New Jersey NM New Mexico	SC South Ca SD South Da TN Tenness TX Texas UT Utah	arolina akota ee	Micronesia GU Guam MH Marshall Islands MP Northern Mariana Islands PW Palau	
AK Alaska AZ Arizona AR Arkansas CA California	IN Indiana IA Iowa KS Kansas KY Kentucky		MT Montana NE Nebraska NV Nevada NH New Hampshire NJ New Jersey NM New Mexico NY New York	SC South Ca SD South Da TN Tenness TX Texas UT Utah VT Vermont	arolina akota ee	Micronesia GU Guam MH Marshall Islands MP Northern Mariana Islands PW Palau PR Puerto Rico	
AK Alaska AZ Arizona AR Arkansas CA California CO Colorado	IN Indiana IA Iowa KS Kansas KY Kentucky LA Louisiana		MT Montana NE Nebraska NV Nevada NH New Hampshire NJ New Jersey NM New Mexico	SC South Ca SD South Da TN Tenness TX Texas UT Utah	arolina akota ee	Micronesia GU Guam MH Marshall Islands MP Northern Mariana Islands PW Palau PR Puerto Rico VI Virgin Islands of the U.S.	
AK Alaska AZ Arizona AR Arkansas CA California CO Colorado CT Connecticut	IN Indiana IA Iowa KS Kansas KY Kentucky LA Louisiana ME Maine	S	MT Montana NE Nebraska NV Nevada NH New Hampshire NJ New Jersey NM New Mexico NY New York	SC South Ca SD South Da TN Tenness TX Texas UT Utah VT Vermont	arolina akota ee	Micronesia GU Guam MH Marshall Islands MP Northern Mariana Islands PW Palau PR Puerto Rico	
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AK Alaska AZ Arizona AR Arkansas CA California CO Colorado CT Connecticut DE Delaware DC District of Columbia	IN Indiana IA Iowa KS Kansas KY Kentucky LA Louisiana ME Maine MD Maryland MA Massachusetts	3	MT Montana NE Nebraska NV Nevada NH New Hampshire NJ New Jersey NM New Mexico NY New York NC North Carolina ND North Dakota	SC South Ca SD South Da TN Tenness TX Texas UT Utah VT Vermont VA Virginia WA Washing	arolina akota ee gton ginia	Micronesia GU Guam MH Marshall Islands MP Northern Mariana Islands PW Palau PR Puerto Rico VI Virgin Islands of the U.S. 88 Client does not currently reside in a US state,	
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