

TESTING QUESTIONNAIRE

For Testing Staff Only

HIV Test Election

Anonymous Confidential Test Not Done

Worker Name (Enter in Worker ID Field): _____

Test Type:

(When entering into EvaluationWeb, select only the **final** test type. If an HIV lab-based test was performed via a blood draw, select lab-based test. If **only** a rapid test was performed via fingerstick, select rapid test in EvaluationWeb.)

- | | |
|--|--|
| <input type="checkbox"/> CLIA-waived Rapid Test(s)
↓ Sample Date: _____ | <input type="checkbox"/> Laboratory-based Test
↓ Sample Date: _____ |
| <input type="checkbox"/> Preliminary Positive | <input type="checkbox"/> HIV-1 Positive |
| <input type="checkbox"/> Negative | <input type="checkbox"/> HIV-1 Positive, possible acute |
| <input type="checkbox"/> Invalid | <input type="checkbox"/> HIV-2 Positive |
| | <input type="checkbox"/> HIV Negative |
| | <input type="checkbox"/> Inconclusive, further testing needed |

For HIV Negative Results Only:

Is the client at risk for HIV infection?

Risk Not Assessed

Was the client screened for PrEP eligibility?

No Yes

Is the client eligible for PrEP referral?

No Yes, by CDC criteria

Was the client given a referral to a PrEP provider?

No Yes

Was the client provided services to assist with linkage to a PrEP provider?

No Yes

Result provided to the client?

No Yes Yes, client obtained the result from another agency

Co-Infections: (Check if applicable)

Was the client tested for Syphilis?

No Yes ----->

Syphilis Test Result:

Newly identified infection Not infected Not known

Was the client tested for Gonorrhea?

No Yes ----->

Gonorrhea Test Result:

Positive Negative Not known

Was the client tested for Chlamydia?

No Yes ----->

Chlamydial Test Result:

Positive Negative Not known

Was the client tested for Hepatitis C?

No Yes ----->

Hepatitis C Test Result:

Positive Negative Not known

Essential Health Benefits: (Check box for yes, check all that apply)

	Screened for Need	Need Determined	Provided or Referred
Health benefits navigation and enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based risk reduction intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(HIV+ Only) Navigation services for linkage to HIV care (Referred to a Linkage to Care Specialist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(HIV+ Only) Linkage services to HIV medical care (Referred to a Provider)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(HIV+ Only) Medication adherence support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>