

**COV NQE LUS NUG TXOG QHOV KEV KUAJ NTSUAS
 (Testing Questionnaire)**

Tus ID Ntsuas# Daim Ntawm
 Lo Ntawm No

Hnub No Yog Hnub:

Hnub Yug:	Lub Xeev Koj Nyob	Lub Nroog Koj Nyob	Koj Tus Zip Code
Haiv neeg tsawg <input type="checkbox"/> Neeg Hispanic los sis Latino <input type="checkbox"/> Tsis Yog Neeg Hispanic los sis Latino <input type="checkbox"/> Tsis Paub <input type="checkbox"/> Tsis xav teb	Haiv neeg (Kos rau txhua nqe lus uas phim) <input type="checkbox"/> Neeg Meskas Isdias/Neeg Keeb Kwm As Lav Xas Kas <input type="checkbox"/> Neeg As Xis <input type="checkbox"/> Neeg Dub/Meskas As Fab Li Kas <input type="checkbox"/> Neeg Keeb Kwm Has Vais/Neeg Nyob Hauv Thooj Av Dej Hia Txwv Pacific <input type="checkbox"/> Neeg Dawb <input type="checkbox"/> Tsis qhia kom meej <input type="checkbox"/> Tsis xav teb <input type="checkbox"/> Tsis Paub	Thaum Yug Yog Txiv Neej los yog Poj Niam <input type="checkbox"/> Txiv Neej <input type="checkbox"/> Poj Niam <input type="checkbox"/> Tsis xav teb	Qhov Yog Txiv Neej los yog Poj Niam Rau Tam Sim No <input type="checkbox"/> Txiv Neej <input type="checkbox"/> Poj Niam <input type="checkbox"/> Hloov Ntawm Txiv Neej Mus Ua Poj Niam (MTF) <input type="checkbox"/> Hloov Ntawm Poj Niam Mus Ua Txiv Neej (FTM) <input type="checkbox"/> Hloov lub cev mus ua txiv neej los yog poj niam - Tsis qhia <input type="checkbox"/> Ua Lwm Hom Txiv Neej los yog Poj Niam <input type="checkbox"/> Tsis xav teb

Yav dhau los koj puas tau mus kuaj ntsuas tus kab mob HIV?
 Yog Tsis Yog Tsis Paub

Yog koj twb tau mus kuaj ntsuas tus kab mob HIV ua ntej dhau los lawm, qhov kuaj tau los ntawd zoo li cas?
 Tsis Muaj Muaj Tsis paub

Kev paub zoo tshaj plaws ntawm koj hauv 5 lub xyoos dhau los muaj xws li:
 (Kos rau kem plaub fab uas muaj tiag)

Tau sib deev los sis ua qhov quav nrog ib tug txiv neej?
 Tau sib deev los sis ua qhov quav nrog ib tug txiv neej **uas tsis tau siv lub hnab looj?**
 Tau sib deev los sis ua qhov quav nrog ib tug txiv neej **uas raug txhaj tshuaj muaj yees?**
 Tau sib deev los sis ua qhov quav nrog ib tug txiv neej **uas yog tus muaj HIV+?**

Tau sib deev los sis ua qhov quav nrog ib tug poj niam?
 Tau sib deev los sis ua qhov quav nrog ib tug poj niam **uas tsis tau siv lub hnab looj?**
 Tau sib deev los sis ua qhov quav nrog ib tug poj niam **uas raug txhaj tshuaj muaj yees?**
 Tau sib deev los sis ua qhov quav nrog ib tug poj niam **uas yog tus muaj HIV+?**

Tau sib deev los sis ua qhov quav nrog ib tug neeg hloov mus ua txiv neej los yog mus ua poj niam lawm?
 Tau sib deev los sis ua qhov quav nrog ib tug neeg uas raug hloov mus ua txiv neej los yog mus ua poj niam **uas tsis tau siv lub hnab looj?**
 Tau sib deev los sis ua qhov quav nrog ib tug neeg uas raug hloov mus ua txiv neej los yog poj niam **uas raug txhaj tshuaj muaj yees?**
 Tau sib deev los sis ua qhov quav nrog ib tug neeg raug hloov mus ua txiv neej los yog poj niam **uas yog tus muaj HIV+?**

Kev paub zoo tshaj plaws ntawm koj hauv 5 lub xyoos dhau los muaj xws li:
 (Kos rau kem plaub fab uas yog)

Puas tau txhaj tshuaj muaj yees? Puas tau sib koom siv rab koob txhaj tshuaj muaj yees?

Rau qhov kuaj ntsuas tus kab mob syphilis xwb

Hauv 12 lub hlis dhau los, koj puas tau muab rau npuav ntawm qhov ncauj los sis muab rau lwm tus deev ntawm qhov ncauj?

Rau cov poj niam xwb

Hauv 5 lub xyoos dhau los, koj puas deev nrog ib tug txiv neej uas yog tus tau deev nrog cov txiv neej?

Kos rau kem plaub fab uas teb tias yog: (Kos rau txhua nqe uas phim)

- Koj puas tau hnov los lus Kev Npaj Tiv Thaiv Kis Kab Mob (Pre-Exposure Prophylaxis-PrEP)?
- Puas yog tam sim no koj siv cov tshuaj PrEP txhua hnub?
- Hauv 12 lub hlis dhau los koj puas tau siv PrEP rau thaum ib lub sijhawm twg?

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For Testing Staff Only

HIV Test Election

Anonymous Confidential Test Not Done

Worker Name (Enter in Local Use Field 1):

Test Type:

(When entering into Evaluation Web select only the **final** test type. If an HIV lab-based test was performed, select lab-based test. If **only** a rapid test was performed, 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

Result provided to the client?

No Yes Yes, client obtained the result from another agency

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

No Yes

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"/>
<i>(HIV+ Only)</i> Navigation services for linkage to HIV care <i>(Referred to a Linkage to Care Specialist)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(HIV+ Only)</i> Linkage services to HIV medical care <i>(Referred to a Provider)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(HIV+ Only)</i> Medication adherence support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>