HIV Testing

Form and Variables Manual

Revised 11/28/2007

Program Evaluation Branch
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention

Table of Contents

Introduction 4
Purpose 4
How this Manual is Organized 4
How to Use this Manual 5
Overview of the New HIV Test Form 6
Part 1 7
Part 2 7
Part 3 7
Cross-cutting Data Collection Tips 8

HIV Test Form – Part 1 10
Agency 11
Form ID 11
Session Date 12
Unique Agency Identification Number 12
Intervention ID 12
Site ID 13
Site Type 13
Site Zip Code 15
Client 16
Client ID 17
Date of Birth (MMDDYYYY) 17
State 18
Ethnicity 19
Race 19
Current Gender 20
Previous HIV Test 21
HIV Test Information 23
Sample Date 24
Worker ID 24
Test Election 24
Test Technology 25
Specimen Type 25
Test Result 25
Results Provided 26
If rapid reactive, did client provide confirmatory sample? 27
Risk Factors 29
Risk Factors 30
Other Risk Factors 32
Session Activity 34
Session Activity 34
Local Use Fields 41
CDC Use Fields 41
Back of HIV Test Form: PART 1 43

HIV Test Form – Part 2 45
Referrals 46
Types of Referrals 47
CDC Use Fields 50
Notes 51

HIV Test Form Part 3 (HIV Incidence) 52
Back of HIV Test Form: PART 3 56

APPENDIX 57
Variable Classification Sheet 58

Introduction

Purpose

Health Departments (HDs) and Community-Based Organizations (CBOs) funded by the Centers for Disease Control and Prevention (CDC) to provide HIV counseling, testing, and referral (CTR) services are required to collect data about their HIV prevention activities. The purpose of this *HIV Test Form and Variables Manual* (herein referred to as the "*Manual*") is to provide a detailed explanation of the CTR data variables providers must collect to meet CDC requirements. Although the Program Evaluation and Monitoring System (PEMS) Data Variable Structure (DVS) contains the complete set of PEMS data variables, with definitions and instructions, this *Manual* focuses only on the client- and agency-level variables related to the CTR intervention.

This *Manual* is based on CDC's revised *HIV Test Form* (released November 2007). The *HIV Test Form* was designed to follow the flow of a typical CTR session and provides a convenient way to systematically collect the required CTR variables. Although not all agencies will use the new *HIV Test Form* to collect and enter CTR data, the variable rationales and definitions presented in this *Manual* are relevant to all HDs and CBOs that CDC-funded provide CTR services.

Ideally, this *Manual* will enhance the quality of data collection across all CDC-funded CTR programs within the United States. Understanding the purpose and the definition of each variable will support providers in their collection of standardized, meaningful data. While this *Manual* can serve as useful guidance on the new CTR variables, it was written with the understanding that providers should continue to use their judgment regarding when and how questions are asked during an HIV testing session.

How this Manual is Organized

This *Manual* is divided into the three parts of the revised *HIV Test Form:* Part 1, Part 2, and Part 3. This manual provides instructions on which variables are required to be completed for each client and which are reported to CDC. The following terms will be used throughout this manual to denote the classification of a variable.

- Program Required – A variable that is mandated in order to answer national monitoring and evaluation questions or to enable the monitoring of program announcements and cooperative agreements. All program-required variables are reported to CDC.
- System required – A variable required for system functions. Examples of these functions include: to populate other parts of the system, to link data within the system or CDC database, or to save a record. All system-required variables are reported to CDC.
- Optional – A non-required variable that, if completed, is reported to CDC.

- Not Reported – A non-required variable that, if completed, is not reported to CDC.

Most of the variables in Part 1 and Part 2 will either be system required or program required (the classification of all variables on Part 1 and Part 2 of the *HIV Test Form* are noted in the Manual and Appendix). Part 3 applies only to those grantees funded to collect HIV testing history information for incidence modeling.

The three parts of the form are further divided into data collection segments based on sections of the *HIV Test Form*, such as "Agency," "Client," "HIV Test Information," and "Risk Factors." Each section begins with a brief overview summarizing the rationale for collecting the variables in that section, as well as rationales for selected section variables.

Each variable description in this *Manual* contains the following information:

1. Variable name
2. Variable requirement classification in parentheses after the variable name (e.g., System Required)
3. *HIV Test Form* graphic ("screen shot") of the section relevant to that variable
4. Definition of the variable with response option definitions
5. Italicized tips or special notes related to the collection of the variable. Tips aim to clarify areas of ambiguity. Many of the tips help to answer frequently asked questions received from grantees.

In some cases, there are discrepancies between the PEMS 3.0 DVS and *HIV Test Form* variables. These differences are primarily in the ordering of response options, exact wording of the definition and response options, and in variable response options to be added to the DVS in the next version.

How to Use this Manual

This *Manual* was developed as a comprehensive summary of the variables to be collected by CTR providers. HDs, CBO trainers, and program administrators may use this *Manual* as part of training and for ongoing quality assurance activities.

Effective CTR is based on principles of client-centered counseling and obtaining information necessary to guide testing, risk reduction, and referral activities. However, the collection of CTR data elements should not drive the testing session. This *Manual* focuses on the context and definitions of the variables and not on counseling skills that CTR providers already possess. A clear understanding of the purpose and meaning of the variables can enhance integration of data collection into a CTR session. Ideally, collection of these variables can be woven into the natural intervention flow as part of history-taking and risk assessment activities in a client-centered counseling session.

This *Manual* can be used as a stand-alone, self-instruction training tool or as part of group trainings. It can serve as a ready reference for all CTR program staff. Trainers may choose to review different parts of the *Form* or data collection sections in separate training sessions. The content from this *Manual* can also be turned into slides for large group presentations.

Please note that these training documents are provided with the caveat that items are subject to change as revisions are made to future reporting requirements. The *Manual* will be revised as variables or value options are updated. The most up-to-date version of the *Manual* will be made available to grantees through a number of mechanisms, not limited to: posting on the PEMS informational website, e-mail distributions to all grantees from CDC PEMS, and alerts via periodic conference calls. CDC will make every effort to notify grantees of changes to HIV testing variables in the timeliest manner.

While this *Manual* focuses on using the new *HIV Test Form* for data collection and provides some scanning tips, it will not provide specific guidance on:

- Setting up your local data collection and management system
- Generating specific IDs
- Submitting data to CDC
- Using the CPEMS "HIV Test Form" module
- Creating Quality Assurance Standards for Counseling and Testing (CT) Data

Other CTR resources include the *CDC HIV Testing Variables Data Dictionary (Data Dictionary)*, which provides information to agencies modifying local data collection and management systems; and the *PEMS Software User Manual*, which provides detailed instructions on entering data into CPEMS. In addition, CDC is developing a set of national data quality standards/guidelines to aid health departments and other CDC grantees in implementing good data quality practices for counseling, testing, and referral data. These standards are practical tools that can be tailored to an agency's specific needs.

Overview of the New HIV Test Form

Key Features of the *HIV Test Form*

The following information presents a summary of the key features of Parts 1, 2, and 3 of the *HIV Test Form*.

Part 1

- There are several ID fields on the new *HIV Test Form* to link the client data recorded on the *Form* to the agency, intervention, site, and client information stored in CDC's national database. Additional information on how to generate these IDs using PEMS can be obtained by contacting your Regional Lead or the helpdesk at dhapsupport@cdc.gov.

- The new *HIV Test Form* reflects the current OMB race and ethnicity requirements.

- There are detailed sexual risk activities fields about the client and his/her sex partners that allow for planning prevention services that target specific risks.

- The new *HIV Test Form* provides the opportunity to report information on multiple HIV tests given to a client (e.g., a rapid test and the associated confirmatory test). The combination of one or more tests represents a testing event for that client.

- New or revised variables related to HIV testing on the *HIV Test Form* include:
  - test technology (rapid vs. conventional test)
  - test results (added option of Nucleic Acid Amplification Test technology)
  - whether or not client provided a confirmatory sample following a rapid reactive test result
  - reason why client did not receive test results

Part 2

- A "Referral" section on the new *HIV Test Form* allows providers to record the types of referrals made to confirmed HIV-positive clients, as well as whether the client accessed certain services.

- There are "Local Use" fields on Parts 1 and 2 of the new *HIV Test Form*.

Part 3

- Captures the HIV testing history of HIV positive clients.

- Documents the types of medications used by HIV positive clients.

Cross-cutting Data Recording Tips

There are several data collection issues on the new *HIV Test Form* that are applicable to multiple sections of the *Form*. Instead of addressing these cross-cutting issues in each section in which they appear, they are discussed in this part of this *Manual*.

How to Record Missing Data

There are several variables and value options on the new *HIV Test Form* that allow providers to indicate why a response is not provided for a particular client-level variable. When appropriate a provider should use the following options (these options are not available for all variables):

1. "Not asked" - when a provider did not ask a client about a specific variable
2. "Declined" - when the client refuses or is unwilling to provide the requested information
3. "Don't know" - when the client reports that he/she is unaware of the answer to a specific variable

Recording Dates

The date fields allow providers to record the 2-digit month/2-digit day/4-digit year. For one-digit months and days, it is required to include a leading zero.

Availability of Local Variable Fields

Part 1 of the HIV Test Form includes two local use variable fields and Part 2 includes fifteen local use variable fields. These local use fields allow agencies to record additional data not included on the pre-printed *HIV Test Form*. In addition, there are two fields on Part 1 and six fields on Part 2 designated for CDC use.

Identifying Variables

There are several identifying variables on the *HIV Test Form* that are used to link testing event data with other data elements in local databases and CDC's national database. For example, when an HD enters information into PEMS about an agency that the HD funds to provide CTR services, PEMS creates a "Unique Agency Identification Number" for that agency. Accurately recording the Agency ID on the *HIV Test Form* ensures that

the client and HIV test information included on the *HIV Test Form* are linked to the appropriate agency within PEMS.

Some variables (e.g., Worker and Client ID) can be identified with either PEMS-generated or locally developed numbers. Providers may use locally developed (i.e., non-PEMS generated) ID numbers as long as those ID numbers conform to specifications for the variables as defined in the *Data Dictionary*. If an agency uses locally developed ID numbers, PEMS will still generate appropriate numbers for those variables when those data are imported into the PEMS software or database (e.g., even though an agency uses a locally developed client ID, PEMS will still generate an ID for the client as well).

Tips

1. *HDs working within an XPEMS deployment model will need to generate those ID numbers that are identified as "system required" within the Data Dictionary. These HD-generated ID numbers will need to conform to specifications for the variables as defined in the Data Dictionary. XPEMS jurisdictions will be responsible for providing ID numbers to their contracted agencies.*

2. *HD-generated ID numbers must be unique within a particular jurisdiction.*

3. *For the scanning system, agencies are not required to use leading zeros for ID fields.*

HIV Test Form – Part 1

HIV TEST FORM
PART 1
Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

Printed Barcode

Part 1 Sections

Agency

Session Date (MMDDYYYY) | Unique Agency ID Number | Intervention ID

Site ID | Site Type (See codes on reverse) | Site Zip Code

Client

Client ID | Date of Birth (MMDDYYYY) | State | County | Zip Code

Ethnicity	Race – *Check all that apply*	Current Gender	Previous HIV Test?	Self-Reported Result
Hispanic or Latino Not Hispanic or Latino Don't know Declined	American Ind./AK Native Asian Black/African American Native HI/Pac. Islander White Don't know Declined	Male Female Transgender – M2F Transgender – F2M	Yes No Don't know Declined Not asked	Positive Negative Prelim. Pos. Indeterminate Don't know Declined Not asked *Provide date of last test* (MMYYYY)

HIV Test Information

	HIV TEST 1	HIV TEST 2	HIV TEST 3
Sample Date (MMDDYYYY)			
Worker ID			
Test Election	Tested anonymously Tested confidentially Declined testing	Tested anonymously Tested confidentially Declined testing	Tested anonymously Tested confidentially Declined testing
Test Technology	Conventional Rapid Other	Conventional Rapid Other	Conventional Rapid Other
Specimen Type	Blood: finger stick Blood: venipuncture Blood spot Oral mucosal transudate Urine	Blood: finger stick Blood: venipuncture Blood spot Oral mucosal transudate Urine	Blood: finger stick Blood: venipuncture Blood spot Oral mucosal transudate Urine
Test Result	Positive/Reactive NAAT-pos Negative Indeterminate Invalid No result	Positive/Reactive NAAT-pos Negative Indeterminate Invalid No result	Positive/Reactive NAAT-pos Negative Indeterminate Invalid No result
Result Provided	Yes No	Yes No	Yes No
Date Provided (MMDDYYYY)			
If results not provided, why?	Declined notification Did not return/Could not locate Obtained results from another agency	Declined notification Did not return/Could not locate Obtained results from another agency	Declined notification Did not return/Could not locate Obtained results from another agency
If rapid reactive, did client provide confirmatory sample?	Yes Client declined confirmatory test Did not return/Could not locate Referred to another agency Other	Yes Client declined confirmatory test Did not return/Could not locate Referred to another agency Other	Yes Client declined confirmatory test Did not return/Could not locate Referred to another agency Other

Risk Factors

Choose one if: Client was not asked about risk factors | Client was asked, but no risk was identified | Client declined to discuss risk factors

If client risk factor information was discussed, please mark all that apply:

In past 12 months has client had: ...without using a condom?
Vaginal or Anal Sex | Oral Sex ...with person who is an IDU?
With Male ...with person who is MSM? (Female Only)
With Female ...with person who is HIV positive?

Injection Drug Use (IDU)
Has client used injection drugs in past 12 months? *if marked*
Did client share drug injection equipment?

Other Risk Factor(s) (see codes on reverse)

Session Activity, Local Use & CDC Use Fields

Session Activity
During this visit, was a risk reduction plan developed for the client? Yes No
Other Session Activities (see codes on reverse)

Local Use Fields
L1
L2

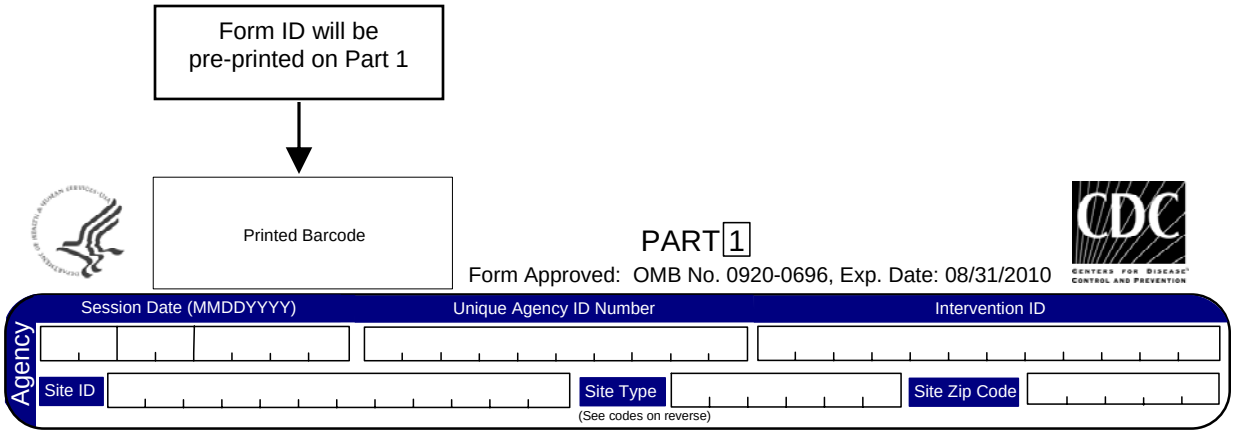
CDC Use Fields
C1
C2

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

WHITE COPY = Scan YELLOW COPY = Record Keeping CDC 50.135a (E), 10/2007

In general, Part 1 of the *HIV Test Form* is used to document information about the agency, client demographics, HIV test information, risk factors, and session activities.

Agency



This section identifies the form, agency, intervention, site, site type, and site zip code. It is also used to record the session date.

The variable names, DVS numbers, screenshots, definitions, and helpful data collection tips follow.

Form ID (System Required)

[Form ID will be
pre-printed on Part 1]

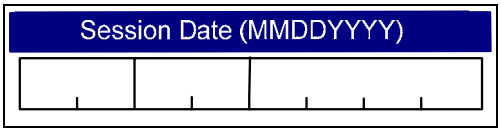
"Form ID" Definition: A code or identification number used to uniquely identify and connect data collected on a standardized form for a given intervention. This unique number identifies the "testing event" for a particular client and links multiple tests that are components of that testing event.

Tips

1. *"Form ID" is used to uniquely identify and link different parts of the HIV Test Form for a client. Part 1 of the HIV Test Form is pre-printed with this "Form ID." That same "Form ID" can be found on labels on the back of Part 1. These labels can be used if a provider needs to link information from other parts of the HIV Test Form (e.g., Part 2 or Part 3) to Part 1 for a client.*

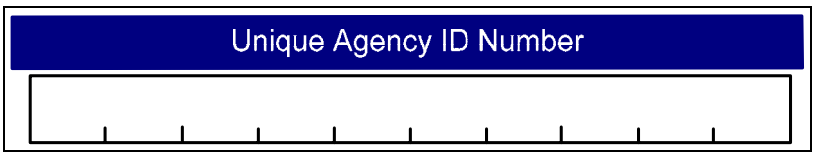
2. *Agencies not using the HIV Test Form and associated labels will use a locally developed unique numbering system for their local forms.*

Session Date (MMDDYYYY) (System Required)



"Session Date" Definition: The date on which the session was delivered to the client.

Unique Agency Identification Number (System Required)

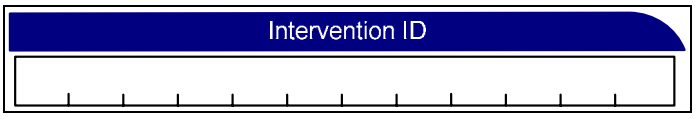


"Unique Agency Identification Number" Definition: A PEMS-generated ID used to uniquely identify an agency.

Tip

XPEMS agencies should use the PEMS-generated ID for agencies directly funded by CDC. Contract agencies not directly-funded by CDC will need to be given unique locally-developed IDs.

Intervention ID (System Required)



"Intervention ID" Definition: A PEMS-generated ID used to uniquely identify an intervention. Note: In the PEMS software, this variable is called "Intervention Name" and appears with the intervention name, not the ID. This is different from the *HIV Test Form* where the ID associated with the intervention name must be entered.

Site ID (System Required)

Site ID

"Site ID" Definition: The PEMS-generated code used to identify the location where an agency delivers HIV prevention services. Note: In the DVS and the PEMS software, this variable is called "Site Name" and appears with the site name, not the ID. This is different from the *HIV Test Form* where the ID associated with the site name must be entered.

Site Type (Program and System Required)

Site Type

"Site type" Definition: The setting in which HIV prevention services are provided. Select the option that best describes where the HIV test was performed. Refer to the list of "Site type" codes on the back of Part 1 and write the code in the text boxes.

Code	Name / Description
[F01]	**Inpatient-facility:** A hospital or other health facility where services are provided to patients that reside within that facility while they are receiving those services.
[F01.01]	**Inpatient-Hospital**
[F01.50]	**Inpatient- Drug / Alcohol Treatment:** A residential health facility that provides substance abuse treatment and rehabilitation.
[F01.88]	**Inpatient Facility- Other**
[F01.99]	**Inpatient Facility- Unknown**
[F02]	**Outpatient facility:** A health care facility where services are provided to patients that do not reside within that facility while they are receiving services.
[F02.03]	**Outpatient- Private Medical Practice:** A non-residential health care facility that is privately owned and/or operated.
[F02.04]	**Outpatient- HIV Specialty Clinic:** A non-residential health care facility that concentrates in the provision of HIV treatment, care, and prevention services.
[F02.10]	**Outpatient- Prenatal/ OBGYN Clinic:** A non-residential health care facility that provides obstetric, gynecological, and other pregnancy-related health services.
[F02.12]	**Outpatient- TB Clinic:** A non-residential health care facility that specializes in the provision of tuberculosis treatment, care, and prevention services.
[F02.19]	**Outpatient- Drug / Alcohol Treatment Clinic:** A non-residential health care facility that provides alcohol and chemical dependency treatment services.
[F02.20]	**Outpatient- Family Planning:** A non-residential health care facility that provides pregnancy testing, birth control services, and other reproductive health services.
[F02.30]	**Outpatient- Community Mental Health:** A non-residential health care facility that provides treatment and support services for the mentally ill or others with mental health problems including counseling, case management, treatment, peer/family support, and public education.
[F02.51]	**Outpatient- Community Health Clinic:** A non-residential health care facility that

Code	Name / Description
	provides primary and preventative health care services to the members of a community in which it is located.
[F02.58]	**Outpatient- School/University Clinic:** A non-residential health clinic that is operated by and provides services within a school or university setting.
[F02.60]	**Outpatient- Health Department/Public Health Clinic:** A non-residential health clinic that is supported by public funds.
[F02.61]	**Outpatient- Health Department/Public Health Clinic-HIV:** A non-residential health clinic that is supported by public funds and provides HIV prevention, diagnosis and treatment services.
[F02.62]	**Outpatient- Health Department/Public Health Clinic-STD:** A non-residential health clinic that is supported by public funds and provides STD prevention, diagnosis and treatment services.
[F02.88]	**Outpatient Facility- Other**
[F02.99]	**Outpatient Facility- Unknown**
[F03]	**Emergency Room:** A section of a hospital or clinic staffed and equipped to provide emergency care to persons requiring immediate medical treatment for sudden illness or trauma.
[F04.01]	**Blood Bank/Plasma Center:** A place where blood is collected from donors, typed, separated into components, stored, and prepared for transfusion to recipients. A blood bank may be a separate free-standing facility or part of a larger laboratory in a hospital.
[F04.05]	**HIV Counseling and Testing Site:** A facility or non-facility based setting where HIV prevention counseling and testing services are provided.
[F06]	**Community Setting:** A defined area, environment or context in which a group of people live, work or congregate.
[F06.01]	**Community Setting-AIDS Service Organization- non-clinical:** A health association, support agency, or other service actively involved in the prevention and treatment of AIDS.
[F06.02]	**Community Setting- School/Education facility:** A building or place where individuals receive knowledge through learning and instruction.
[F06.03]	**Community Setting- Church/Mosque/Synagogue/Temple:** A building or place where a group of people who adhere to a common faith gather for prayer, worship, or religious ceremonies.
[F06.04]	**Community Setting- Shelter/Transitional housing:** Shelters are facilities in which people can stay temporarily when they would otherwise have to sleep on the street. Shelters sometimes provide other services (e.g., soup kitchen, job seeking skills training, job training, support groups), or refer their clients to agencies that do. Transitional housing is short to long-term housing (6 to 24 months) available for individuals or families who are homeless.
[F06.05]	**Community Setting-Commercial:** A business or commercial facility (e.g., beauty salon, grocery store, shopping center) where HIV prevention services may also occur.
[F06.06]	**Community Setting-Residential Area:** A primary residence that might include residential neighborhoods or the common areas of apartment complexes or housing developments.
[F06.07]	**Community Setting- Bar/Club/Adult entertainment**
[F06.08]	**Community Setting-Public area:** An area, environment or context that is open to the community as a whole such as a park or city street.
[F06.09]	**Community Setting-Workplace:** A location where a worker normally performs his/her job tasks or the businesses administrative offices. Use this site type for prevention services delivered to a particular employer's employees.
[F06.10]	**Community Setting-Community center:** A facility where the members of a community can gather for social or cultural activities.

Code	Name / Description
[F06.12]	**Individual Residence:** An individual's home or place of residence. If Individual Residence is chosen, no locating information (e.g., address) is collected.
[F06.88]	**Community Setting- Other**
[F07]	**Correctional Facility:** A penal or correctional facility, prison, jail detention center, community-based rehabilitation center, or any similar institution designed for the confinement or rehabilitation of criminal offenders.
[F88]	**Other**

Tip

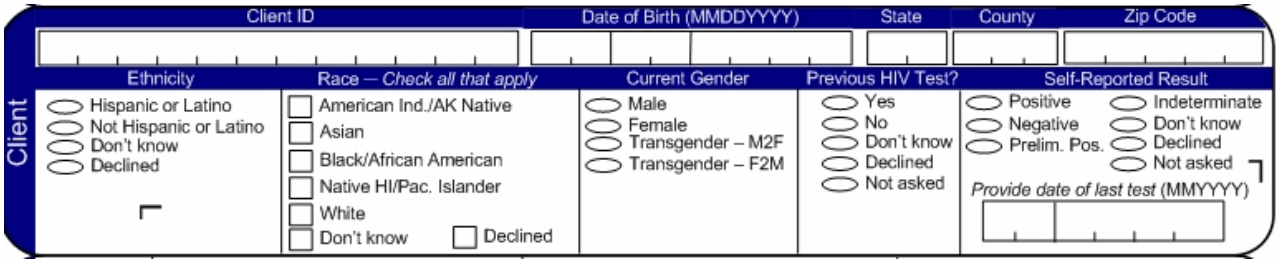
Select "Other" if the setting that best describes where the testing event took place does not fit into any of the other categories.

Site Zip Code (Program and System Required)

Site Zip Code

"Site Zip Code" Definition: The postal zip code associated with the testing site.

Client



The purpose of this section is to document to whom services are delivered and to determine if the client characteristics (e.g., race, ethnicity, and gender) of the people reached by the CTR intervention are similar to those the agency intended to reach. Collecting these data is important because they allow agencies to identify their target population, demonstrate their provision of services to stated target populations, and link planned and actual agency service delivery to community plans. Having these data available will also benefit agencies as future funding possibilities are tied to provision of services to specific target population demographic characteristics. In addition, information collected here will help determine if the intervention served groups that the agency was not expecting to serve (e.g., a group in need of HIV-prevention services moves into the service area after plans are developed). This kind of information helps agencies identify people in need of services and develop plans to provide other needed services (through linkages to other organizations or delivery of additional services).

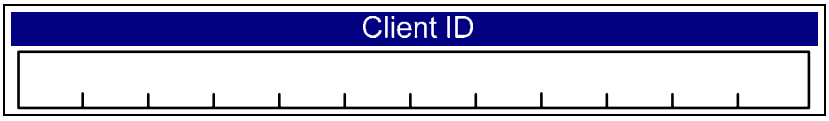
To effectively monitor and evaluate program activities, providers must be able to track these activities at the client level. It is important to know, for example, how many clients test multiple times within the year. This can only be accomplished if the site has an efficient method of tracking clients over time within an agency.

Tip

Variables in the Client Characteristics section are self-reported. Providers should not assume they know the answer for a client.

The variable names, variable classification, screenshots, definitions, and helpful data collection tips follow.

Client ID (System Required)

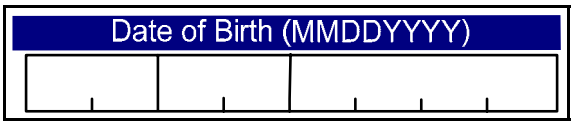


"Client ID" Definition: An PEMS-generated or locally generated client unique key used to distinguish an individual client receiving HIV prevention services within a particular agency. This key enables agencies to manage client-level data while protecting the client's confidentiality. The PEMS-generated ID is a randomly generated number and is not created by combining parts of other PEMS variables. If a single client is served by multiple agencies, he/she will have a different "Client ID" in each agency. An agency can also use a locally-developed "Client ID," though PEMS will still generate a Client ID for each client entered into PEMS. Note: In the DVS and the PEMS software, this variable is called "PEMS Client Unique Key." This is different from the HIV Test Form where it is called "Client ID."

Tips

1. *If an agency cannot access PEMS-generated "Client IDs," then it should use locally developed "Client IDs".*
2. *Agencies using locally developed (i.e., non-PEMS generated) client ID numbers need to ensure that the ID numbers conform to specifications for Client ID as defined in the Data Dictionary*

Date of Birth (MMDDYYYY) -- Month (Not Reported), Day (Not Reported), and Year (Program and System Required)

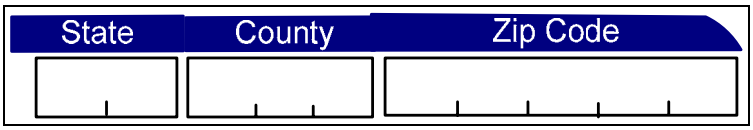


"Date of Birth (MM/DD/YYYY)" Definition: The calendar date on which the client was born.

Tip

"Year of Birth" is "Program Required". "Month" and "Day" are "Not Reported". There is no option that will allow the provider to indicate "Declined" or "Not asked."

State (Program and System Required), **County** (Not Reported), and **Zip Code** (Not Reported)



"State" Definition: The state, territory, or district where the client was currently residing at the time of service delivery.

Tips

1. *The postal code should be used to record the client's state, territory, or district.*
2. *Use the state abbreviation. For example, Georgia would be "GA".*

"County" Definition: The county, parish, or municipality of the client's locating address.

Tips

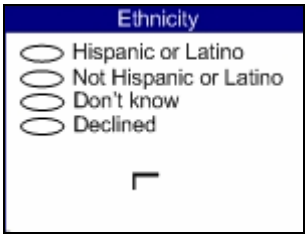
1. *The National Institute of Standards and Technology (NIST) maintains a web site of FIPS codes for U.S. counties at:* http://www.itl.nist.gov/fipspubs/co-codes/states.htm
2. *An agency may want to create a subset of the FIPS county codes relevant to the agency's geographic area.*

"Zip Code" Definition: The postal zip code for the client's locating address.

Tips on Client's Locating Address

1. *State of residence is a "program required" variable. County and Zip Code are "not reported" variables. There is no option that will allow the provider to indicate "Declined" or "Not asked."*
2. *If a person lives in one state and drives to another providers should record the address ("State," "County," and "ZIP") where the client lives, not where he/she receives services.*

Ethnicity (Program and System Required)



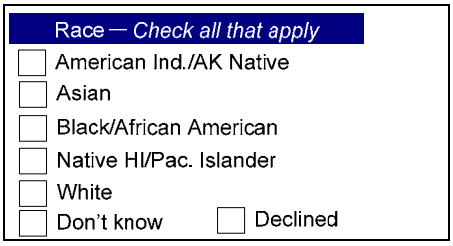
"Ethnicity" Definition: The client's self-report of whether or not he/she is of Hispanic or Latino origin. Hispanic or Latino origin refers to a person who is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin. Standard OMB ethnicity codes are applied.

- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **Not Hispanic or Latino:** A person who does not identify as Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
- **Don't know:** The client reports that he/she is unaware of his/her ethnicity.
- **Declined:** The client declines or is unwilling to report his/her ethnicity.

Tip

Indicate whether the client reported that he/she is "Hispanic or Latino" or "Not Hispanic or Latino," regardless of the client's race.

Race (Program and System Required)



"Race" Definition: A client's self-reported classification of the biological heritage with which he/she most closely identifies. Standard OMB race codes are applied. *Check all that apply.*

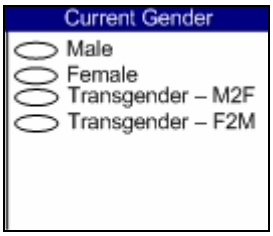
- **American Indian/Alaska Native:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black/African American:** A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian/Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Don't know:** The client reports that he/she is unaware of his/her race.
- **Declined:** The client declines or is unwilling to report his/her race.

Tips

1. *All responses that apply should be indicated; however, provider cannot record "Don't Know" or "Declined" if any other race responses are also recorded.*
2. *Standard OMB definitions and codes apply to the "Race" variable. However, if the client's "Ethnicity" is "Hispanic," the client should report the race that they identify with regardless of whether the definition of the race's ancestry (e.g., "white" is "a person having origins in any of the original peoples of Europe, the Middle East, or North Africa") applies.*

Current Gender (Program and System Required)

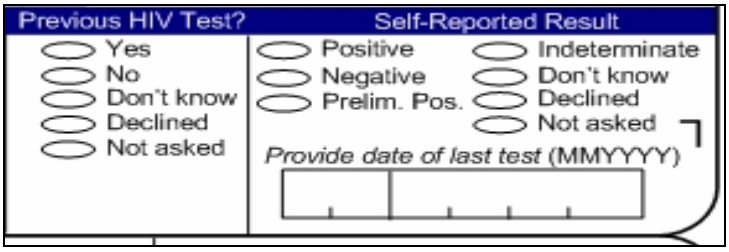


"Current Gender" Definition: The client's current self-reported sexual identity.

- **Male:** The behavioral, cultural, or psychological traits typically associated with the male sex.
- **Female:** The behavioral, cultural, or psychological traits typically associated with the female sex.
- **Transgender – M 2 F:** Individuals whose physical or birth sex is male but whose gender expression and/or gender identity is female. Note: M 2 F = male to female.

- **Transgender – F 2 M:** Individuals whose physical or birth sex is female but whose gender expression and/or gender identity is male. Note: F 2 M = female to male.

Previous HIV Test (Program Required)**, Self-Reported HIV Test Result** (Program Required), **and Date of Last Test (MMYYYY)** (Program Required)



"Previous HIV Test" Definition: The client's self-report of having had at least one prior HIV test before these data were collected.

- **Yes:** The client reports that he/she has had at least one previous HIV test.
- **No**: The client reports that he/she has never had an HIV test.
- **Don't know:** The client reports that he/she is unaware if he/she has had an HIV test.
- **Declined:** The client declines or is unwilling to report if he/she has had a previous HIV test.
- **Not asked:** The provider did not ask the client about having a previous HIV test.

Tip

If the client reports that he/she had a previous HIV test, then complete the "Self-Reported HIV Test Result" variable.

"Self-Reported HIV Test Result" Definition: The client's self-reported test result from his/her <u>most recent</u> HIV test.

- **Positive:** The client reports that his/her HIV serostatus is positive based on a confirmatory test result.
- **Negative:** The client reports that his/her HIV serostatus is negative.
- **Preliminary positive:** The client reports that he/she had a reactive HIV rapid test but did not receive the results of the associated conventional confirmatory test.

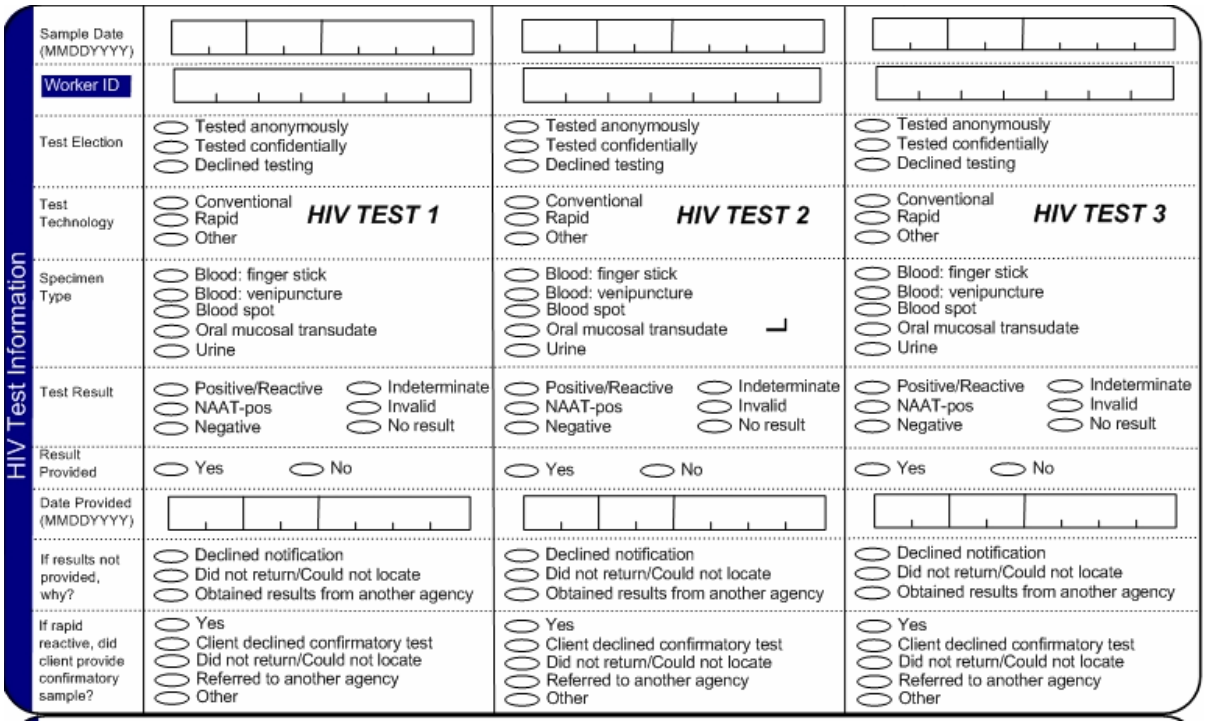
- **Indeterminate:** The client reports that he/she received results but those results did not conclusively indicate whether he/she is HIV-positive or HIV-negative.
- **Don't know:** The client reports that he/she received an HIV test, but is unaware of his/her HIV serostatus.
- **Declined:** The client declines or is unwilling to report his/her HIV serostatus.
- **Not asked:** The provider did not ask the client about his/her HIV serostatus.

Tips

1. *"Self-Reported HIV Test Result" cannot be left blank if the client reports having had at least one "Previous HIV Test" before the current testing event.*
2. *The "Previous HIV Test" variable refers to whether the client has had at least one prior HIV test. However, when asking about the "Self-Reported Test Result" it is very important that the provider ask about the test result from the most recent HIV test because this is the result that will reflect the client's current HIV serostatus. Ensure that the client understands that he/she is being asked to report his/her test results and not what he/she believes their status is.*
3. *Ensure that the client understands that "positive" means that he/she is HIV-infected based on a confirmatory test result and "negative" means that he/she is not HIV-infected based on the test result.*

"Date of last test (MMYYYY)" Definition: The client's self-reported calendar date on which he or she remembers receiving the results from his or her last HIV test.

HIV Test Information



HIV Test Information			
Sample Date (MMDDYYYY)			
Worker ID			
Test Election	Tested anonymously Tested confidentially Declined testing	Tested anonymously Tested confidentially Declined testing	Tested anonymously Tested confidentially Declined testing
Test Technology	Conventional Rapid Other **HIV TEST 1**	Conventional Rapid Other **HIV TEST 2**	Conventional Rapid Other **HIV TEST 3**
Specimen Type	Blood: finger stick Blood: venipuncture Blood spot Oral mucosal transudate Urine	Blood: finger stick Blood: venipuncture Blood spot Oral mucosal transudate Urine	Blood: finger stick Blood: venipuncture Blood spot Oral mucosal transudate Urine
Test Result	Positive/Reactive NAAT-pos Negative Indeterminate Invalid No result	Positive/Reactive NAAT-pos Negative Indeterminate Invalid No result	Positive/Reactive NAAT-pos Negative Indeterminate Invalid No result
Result Provided	Yes No	Yes No	Yes No
Date Provided (MMDDYYYY)			
If results not provided, why?	Declined notification Did not return/Could not locate Obtained results from another agency	Declined notification Did not return/Could not locate Obtained results from another agency	Declined notification Did not return/Could not locate Obtained results from another agency
If rapid reactive, did client provide confirmatory sample?	Yes Client declined confirmatory test Did not return/Could not locate Referred to another agency Other	Yes Client declined confirmatory test Did not return/Could not locate Referred to another agency Other	Yes Client declined confirmatory test Did not return/Could not locate Referred to another agency Other

This section allows providers to document information about the HIV test(s) conducted including information about the specimen type, the testing technology employed, the test result, and whether and when the result was received by the client on up to three tests. These data enable CTR sites and CDC to monitor the percentage of newly identified HIV-positive clients and the percentage of these clients who do not receive their results. Additionally, exploring the role of HIV testing technology in receipt of test results will have important programmatic implications.

The variable names, DVS numbers, screenshots, definitions, and helpful data collection tips follow.

Tips

1. *Examples of scenarios in which multiple tests would be needed include:*

   - *<u>For a rapid test with valid results:</u> Record the initial rapid test information in HIV Test 1 block of Part 1, and if needed record the confirmatory test information in HIV Test 2 block of Part 1.*

- *For a rapid test that has invalid results: Record the initial invalid rapid test information in the HIV Test 1 block, and the second rapid test information in the HIV Test 2 block. If a confirmatory test is necessary, this information will be recorded in the HIV Test 3 block.*

Sample Date (MM/DD/YYYY) (Program Required)

Sample Date (MMDDYYYY)

"Sample Date" Definition: The date on which the specimen for the HIV test was collected.

Worker ID (Optional)

Worker ID

"Worker ID" Definition: A code used to uniquely identify a person who is delivering services to clients. Worker ID can either be a "Local" ID or a "PEMS-generated" ID.

Test Election (Program Required)

Test Election:
- Tested anonymously
- Tested confidentially
- Declined testing

"Test Election" Definition: An indication of whether the test is linked to a name or is anonymous.

- **Tested anonymously:** The HIV test was not linked to the client's name.
- **Tested confidentially:** The HIV test was confidential.
- **Declined testing:** The client declined to take an HIV test.

Tip

"Declined testing" should only be selected if the client refused testing, not if the provider determined that the client was not ready for testing.

Test Technology (Program Required)

Test Technology:	◯ Conventional ◯ Rapid ◯ Other

"Test Technology" Definition: A description of the type of test or test method used to screen for HIV antibodies.

- **Conventional:** A standard test used to detect antibodies to HIV, typically referred to as an EIA or ELISA (enzyme-linked immunosorbant assay).
- **Rapid:** A test to detect antibodies to HIV that can be collected and processed within a short interval of time (e.g., approximately 10-60 minutes).
- **Other:** Additional testing technologies that are not considered conventional or rapid.

Specimen Type (Program Required)

Specimen Type:	◯ Blood: finger stick ◯ Blood: venipuncture ◯ Blood spot ◯ Oral mucosal transudate ◯ Urine

"Specimen Type" Definition: The type of biological material or sample used to test for HIV antibodies.

- **Blood-finger stick:** Whole blood, plasma, or serum drawn with a needle from a finger tip.
- **Blood-venipuncture:** Whole blood, plasma, or serum drawn with a needle from a vein, usually in the forearm.
- **Blood Spot:** A drop of whole blood dried on blotting paper.
- **Oral mucosal transudate:** A cell sample taken with a mouth swab from the soft tissue lining the inside of the mouth and gums.
- **Urine:** The liquid product filtered from the blood by the kidneys.

Test Result (Program Required)

Test Result:	◯ Positive/Reactive ◯ NAAT-pos ◯ Negative	◯ Indeterminate ◯ Invalid ◯ No result

"Test Result" Definition: The outcome of the current HIV test. Note: In the DVS and PEMS software, this variable is named "HIV Test Result."

- **Positive / Reactive:** A test result that is reactive on an initial ELISA test, repeatedly reactive on a second ELISA run on the same specimen, and confirmed positive on a Western Blot or other supplemental test indicating that the client is infected.
- **NAAT-positive:** A test result that is previously negative or indeterminate on an initial ELISA or Western Blot and is also reactive based on nucleic acid testing.
- **Negative:** A test result that is non-reactive on an initial ELISA test indicating the absence of HIV infection or an ELISA that was repeatedly reactive and the confirmatory test (Western Blot or IFA) was negative.
- **Indeterminate:** A test result that has not been precisely determined. A possible result of a Western Blot, which might represent a recent HIV infection or a false positive.
- **Invalid:** A test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.
- **No result:** No result was obtained even though the specimen was drawn (e.g., blood sample hemolyzed, blood tube broke, blood tube lost in transit, unable to draw blood from veins).

Tips

1. *NAAT stands for nucleic acid amplification testing. NAAT is a relatively new state-of-the-art technology used to detect acute HIV infection. The testing is based on the detection of viral nucleic acids rather than antibodies.*
2. *Select "invalid" if you cannot confirm the result of a test because there are questions about the quality of the sample or something happened to the sample (e.g., contaminated, mislabeled). Select "no result" if the sample was destroyed or disappeared (e.g., the sample was sent to the lab but now the lab cannot find it).*

Results Provided (Program Required), **Date Provided** (MMDDYYYY) (Program Required), and **If Results Not Provided, why?** (Program Required)

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

"Results Provided" Definition: The act of informing the client of his/her HIV test result. Note: In the DVS and PEMS software, this variable is named "Provision of Result."

"Date Provided (MMDDYYYY)" Definition: The calendar month, day, and year in which the client's HIV test result was provided to the client. Note: In the DVS and PEMS software, this variable is named "Provision of Result Date."

Tip

If HIV test results were provided, then complete the "Date Provided" variable.

"If results not provided, why?" Definition: An explanation for why the HIV test result was not provided to the client. Note: In the DVS and PEMS software, this variable is named "Reasons Results Not Provided."

- **Declined notification:** The client declined to accept notification of his/her HIV test result from the provider.
- **Did not return / Could not locate:** The client did not return for his/her HIV test result or could not be located to provide the test result.
- **Obtained results from another agency:** The client received his/her HIV test results from another agency.

Tip

*If results were not provided, then complete the "**If results not provided, why?**" variable.*

If rapid reactive, did client provide confirmatory sample? (Program Required)

If rapid reactive, did client provide confirmatory sample?	◯ Yes ◯ Client declined confirmatory test ◯ Did not return/Could not locate ◯ Referred to another agency ◯ Other

"If rapid reactive, did client provide confirmatory sample?" Definition: An indication of whether the client provided another sample for confirmatory testing of a reactive result from a positive test.

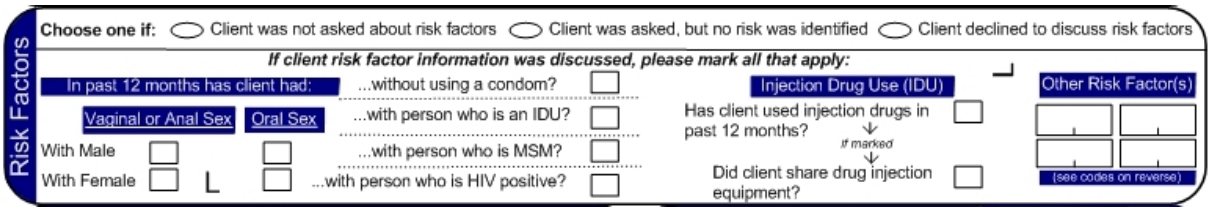
- **Yes:** The client provided a sample for a confirmatory test.
- **Client declined confirmatory test:** The client declined to provide a sample for a confirmatory test.

- **Did not return/Could not locate:** The client did not return or could not be located to obtain a sample for a confirmatory test.
- **Referred to another agency:** The client was referred to another agency for the confirmatory test.
- **Other:** The client did not provide a sample for a confirmatory test for a reason other than those described above.

Tip

Response options for this variable are only selected if the client had a rapid HIV test and the HIV test result was positive/reactive. Otherwise, the provider should leave this variable blank.

Risk Factors



Client risk data provides information on the risk behaviors of the client that may increase a client's risk of HIV exposure or transmission. These data also provide information on the social circumstances that may influence a client's engagement in high-risk behaviors. These data are useful in planning prevention services that target those risks.

When asking questions about past behavior or events, it is important to define the time period. The "Recall Period" is the period of time for clients to consider specific behaviors and events. The Recall Period required by the CDC is the last 12 months.

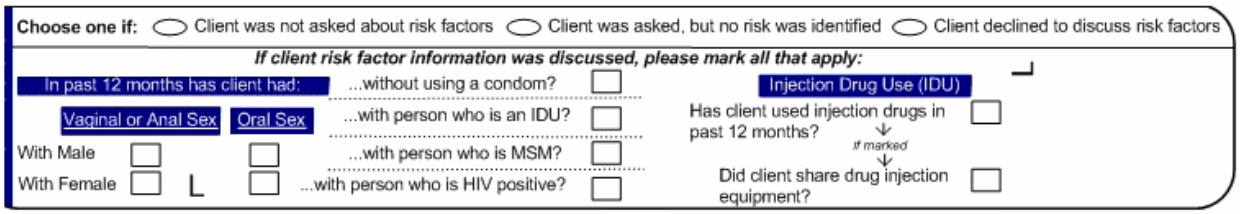
Risk factor information will help to guide prevention messages that are tailored to each individual client's needs. This will permit the use of data from both a local and a national perspective to better understand client risk behavior patterns. Ultimately, this information can be used to guide planning and development of more effective HIV prevention strategies and initiatives, both locally and around the country.

The variable names, variable classification, screenshots, definitions, and helpful data collection tips follow.

Tips

1. *Variables in the Client Risk Factors section are self-reported. Providers should not assume they know the answer.*
2. *Providers may be able to help clients with recall by identifying the specific months and/or seasons included in the recall period and identifying significant events (e.g., birthdays, holidays) that would provide some contextual cues for recall of risk.*

Risk Factors (Program Required)



"Risk Factors" Definition: A description of the risk factor(s) that placed the client at potential risk for HIV exposure and/or transmission.

If no responses to risk factor information are provided, then select one of the following three value choices:

- **Client was not asked about risk factors:** The provider did not ask the client about his/her risk factors. (If marked, no risk factors can be selected.)
- **Client was asked, but no risk identified:** The client reports no risk factors that may have placed him/her at potential risk for HIV exposure and/or transmission. (If marked, no risk factors can be selected.)
- **Client declined to discuss risk factors:** The client declines or is unwilling to report his/her risk factors. (If marked, no risk factors can be selected.)

If the client is asked and reports sexual risk factors, select one or both of the following variables:

- **Sex (vaginal or anal) with male:** The client has had anal or vaginal intercourse (protected or unprotected) with a male in the past 12 months.
- **Sex (vaginal or anal) with female:** The client has had anal or vaginal intercourse (protected or unprotected) with a female in the past 12 months.

If the client reports having <u>vaginal or anal</u> sex with a male or female in the past 12 months, then the client should be asked to report any of the following additional risk factors:

- **Sex without using a condom:** The client has had sex with a person without using a condom.
- **Sex with person who is an IDU:** The client has had sex with a person who he/she knows to be an injection drug user (IDU).
- **Sex with person who is MSM:** The client is female and has had sex with a person who she knows has male to male sex.
- **Sex with person who is HIV positive:** The client has had sex with a person who he/she knows to be HIV positive.

The client may also report having oral sex with a male or female. Variables related to oral sex are not required by CDC but may be collected on the *HIV Test Form.*

- **Oral sex with male:** The client has had oral sex with a male. (Optional)
- **Oral sex with female:** The client has had oral sex with a female. (Optional)

In addition to sexual risk factors, variables related to risk for injection drug use are also collected.

- **Injection drug use (IDU):** The client has used injection drugs/substances (including narcotics, hormones, silicon, etc.) in the past 12 months.

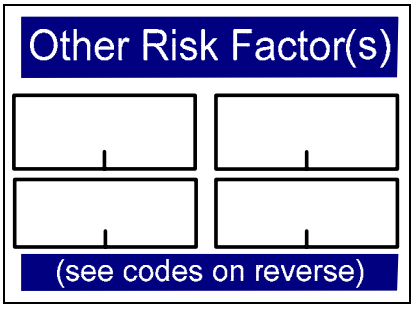
If the client reports injection drug use, then the client should be asked to report whether he/she has shared drug injection equipment.

- **Did client share drug injection equipment:** The client has shared drug injection equipment

Tips

1. *It is critical to accurately identify a client's risk behaviors. Accurate identification of risks can be used to determine if a program designed to target specific risk behaviors is effectively identifying appropriate clients. This knowledge also allows providers the ability to make referrals appropriate to a client's risk behavior. Thus, if a client does not report any HIV risk behaviors, it is important for a provider to ascertain the reason a client wants to get tested.*
2. *Illicit injection drugs/substances are those for which a client does not have a prescription (or which the client uses in a way other than is prescribed) or drugs/substances that are not available over the counter (or which are used in a way other than intended).*
3. *"Client was asked, but no risk identified" is checked when the client was asked about "Risk Factors," but reports none of the risk factors listed. "Client declined to discuss risk factors" is checked when the client refuses or is unwilling to talk about all of the "Risk Factors" listed. "Client was not asked risk factors" is checked when none of the "Risk Factors" was asked by the provider.*
4. *Only select "With person who is a known MSM" if the client is female.*
5. *Additional sexual risks should not be reported unless client first reports anal or vaginal sex with a male, female, or transgender.*
6. *"Did client share drug injection equipment" should not be selected unless client first reports that he/she used injection drugs in the past 12 months.*

Other Risk Factors (Optional)



"Other Risk Factors" Definition: If the client's risk factor(s) involve other sexual activities not printed on the *HIV Test Form*, there are additional codes on the back of Part 1 for risk factors that further describe the client's sexual risk for HIV exposure and/or transmission. For each additional client risk factor identified, indicate the risk characteristics that describe the client's risk for either being exposed to HIV or transmitting HIV with the code listed on the back of Part 1.

- **Exchange sex for drugs/money/or something they needed:** The client participated in sex events in exchange for drugs or money or something he/she needed.
- **While intoxicated and/or high on drugs:** The client used alcohol and/or illicit drugs before and/or during sex.
- **With person of unknown HIV status:** The client has had sex with a person whose HIV status is unknown to either the client or to the partner.
- **With person who exchanges sex for drugs/money:** The client has had sex with a person who exchanges sex for drugs/money.
- **With anonymous partner:** The client has had sex with a person whose identity was unknown to the client.
- **With person who has hemophilia or transfusion/transplant recipient:** The client has had sex with a person who has hemophilia or is a transfusion/transplant recipient.
- **Sex (vaginal or anal) with transgender:** The client has had anal or vaginal intercourse (protected or unprotected) with a transgender person.

Tips

1. *If the client did not report having any risks, then only mark a response to "client was asked but no risk was identified."*
2. *The first two "Other Risk Factors"" (e.g., "In exchange…" and "While intoxicated and/or high on drugs") refer to the client. The "Risk Factors" refer to the sex partner(s) of the client.*
3. *An anonymous partner is someone whose identity is unknown to the client prior to the sexual activity. A person's identity is a set of behavioral or personal characteristics by which that person is known. This can include*

information about a person's name, address, and habits that allow the client to identify the person.

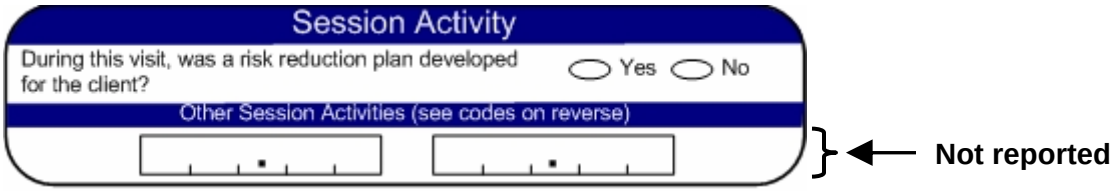
4. *"Client declined to discuss risk factors" is checked when the client refuses or is unwilling to talk about any "Risk Factors" or "Other Risk Factors" listed. "Client was not asked about risk factors" is marked checked when none of the "Risk Factors" or "Other Risk Factors" was asked.*
5. *"Sex with transgender" fits into the initial risk category similar to "Sex with male" and "Sex with female". While it is optional to collect this value choice, if it is selected, the additional risk factors (e.g., Sex without using a condom) can be collected.*

Session Activity

Recording "Activities" allows programs to monitor their CTR intervention implementation. For this intervention, the activities are broken down into four different sub-categories: a) "Information ", b) "Demonstration", c) "Practice", and d) "Discussion." The *HIV Test Form* allows the provider to document these activities. On Part 1, the provider must record if a "risk reduction plan" was developed for the client during his or her session. Also, within this section, the provider may choose to document up to 2 additional activities by using the codes listed on the back of Part 1. If an agency requires the documentation of more session activities, the "local use" fields can be used. These fields are located on Part 1 and Part 2 of the *HIV Test Form*.

The variable name, variable classification, screenshots, definitions, and helpful data collection tips follow.

Session Activity (Program Required)



"Session Activity" Definition: The specific actions or components of an intervention in which the client participated or in which they received during this particular session.

"During this visit, was a risk reduction plan developed for the client?" Definition: To determine if a risk reduction plan was developed with the client to reduce the risk of HIV exposure and/or transmission. (Program Required)

- **Yes**: A risk reduction plan was developed with the client.
- **No**: A risk reduction plan was not developed with the client.

"Other Session Activities" (Not Reported): Refer to the list of "Other Session Activities" codes on the back of Part 1 and write the code in the text boxes. "Other Session Activities" are not reported to CDC. The complete list of activities include:

Code	Name / Description
[03.00]	**HIV testing:** A diagnostic, laboratory procedure to assess for the presence of HIV antibodies.
[04.00]	**Referral:** A process by which immediate client needs for prevention, care, and supportive services are assessed and prioritized and clients are provided with information and assistance in identifying and accessing specific services(such as setting up appointments and providing transportation). Note: The provision of a referral also includes a plan for tracking whether or not the client accessed the referral.

Code	Name / Description
[05.00]	**Personalized risk assessment:** The process by which an individual client, a provider or both working together identify, acknowledge, and understand the details and context of the client's HIV risk. The assessment should explore previous risk reduction efforts and identify successes and challenges of those efforts.
[06.00]	**Elicit partners:** The process by which the provider assists the index client in identifying partners and other sexual and drug-injecting networks at high risk for transmission of HIV who might benefit from testing and/or medical examination.
[07.00]	**Notification of exposure:** The process of informing a HIV-positive client's sex- and/or needle-sharing partners of their exposure to HIV. This activity is only applicable if the intervention type is Partner Counseling and Referral Services (PCRS).
[8.01]	**Information - HIV/AIDS transmission:** Any general information, written or verbal, given to an individual or a group on HIV/AIDS.
[8.02]	**Information - Abstinence/postpone sex:** Any information, written or verbal, given to an individual or a group on abstaining from sexual activity or postponing sexual activity.
[8.03]	**Information - Other STD:** Any information, written or verbal, given to an individual or a group on STDs (other than HIV or viral hepatitis), how it is transmitted, how to reduce risk for transmission or infection, or treatment options.
[8.04]	**Information - Viral hepatitis:** Any information on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.
[08.05]	**Information - Availability of HIV/STD counseling and testing:** Any information, written or verbal, given to an individual or a group about where and how to access HIV-related CTR or STD counseling and testing. This includes referral lists that only list CTR and/or STD counseling and testing sites.
[8.06]	**Information - Availability of partner notification and referral services:** Any information, written or verbal, given to an individual or a group about where and how to access partner notification services. The availability information provided is exclusive to PS. This includes referral lists that only list PCRS sites.
[08.07]	**Information - Living with HIV/AIDS:** Any information, written or verbal, given to an individual or a group living with HIV/AIDS specific to living with the disease.
[08.08]	**Information - Availability of social services:** Any information, written or verbal, given to an individual or a group about how and where to access social services. This could include a referral list that only includes social services agencies or providers.
[08.09]	**Information - Availability of medical services:** Any information, written or verbal, given to an individual or a group about how and where to access HIV medical services. This could include a referral list that only includes HIV medical care providers.
[8.10]	**Information - Sexual risk reduction:** Any information, written or verbal, given to an individual or a group on how to reduce sexual risk for HIV transmission or infection.
[8.11]	**Information - IDU risk reduction:** Any information, written or verbal, given to an individual or a group on how to reduce injection drug use risk for HIV transmission or infection.
[08.12]	**Information - IDU risk free behavior:** Any information, written or verbal given to an individual or a group on abstaining from injection drug use or only using new needles and disposing of them appropriately.
[08.13]	**Information - Condom / barrier use:** Any information, written or verbal, given to an individual or a group regarding appropriate use and disposal of condoms or other barrier methods.
[08.14]	**Information - Negotiation/Communication:** Any information, written or verbal, given to an individual or a group regarding communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing).

Code	Name / Description
[08.15]	**Information - Decision making:** Any information, written or verbal, given to an individual or a group regarding the steps and techniques needed for reassessing, planning, and using judgment to avoid situations that may expose him/her to HIV infection or transmission risk and/or decision to engage in a risk behavior.
[08.16]	**Information - Disclosure of HIV status:** Any information, written or verbal, given to an individual or a group regarding disclosure of their HIV status, applicable laws, accompanying ramifications, and options regarding non-disclosure.
[08.17]	**Information - Providing prevention services:** Any information, written or verbal, given to an individual or a group on how to communicate prevention messages and/or demonstrate risk reduction skills with others.
[08.18]	**Information - HIV testing:** Any information, written or verbal, given to an individual, couple, or group regarding HIV testing including explanation of the testing process and meaning of results, behavioral risks for infection, and importance of knowing their status.
[08.19]	**Information - Partner notification:** Any information, written or verbal, given to an individual or a group regarding the notification of partners of possible exposure to HIV and accompanying ramifications, behaviors associated with possible exposure, and consideration of alternatives or information on how to notify partners regarding possible exposure.
[08.20]	**Information - HIV medication therapy adherence:** Any information, written or verbal, given to an individual or a group regarding HIV medication therapy, benefits and risk, medical therapy alternatives, and importance of adhering to medication therapy for HIV.
[08.21]	**Information - Alcohol and drug use prevention:** Any information, written or verbal, given to an individual or a group on the negative effects and consequences of alcohol and drug use and its relationship to HIV transmission or infection risk behavior, including strategies to avoid or abstain from use.
[08.22]	**Information - Sexual Health:** Any information, written or verbal, given to an individual or a group on reproductive health, sexuality, sexual development, and similar topics.
[8.23]	**Information - TB Testing:** Any information on TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.
[08.66]	**Information - Other:** Any information, written or verbal, given to an individual or group that cannot be captured in any of the other information codes.
[9.01]	**Demonstration - Condom/barrier use:** Provider or participant demonstration (using a teaching tool) of appropriate use and disposal of condoms or other barrier methods.
[9.02]	**Demonstration - IDU risk reduction:** Provider or participant demonstration of how to safely dispose of syringes or how to use bleach kits to clean works.
[09.03]	**Demonstration - Negotiation/communication:** Provider or participant demonstration of how to communicate desire for safer practices and how to negotiate safer practices with partners (sexual and needle sharing).
[09.04]	**Demonstration - Decision making:** Provider or participant demonstration of steps and techniques needed for reassessing, planning, and using judgment to avoid situations that may expose him/her to HIV infection or transmission risk and/or decision to engage in a risk behavior.
[09.05]	**Demonstration - Disclosure of HIV status:** Provider or participant demonstration of techniques to disclose seropositive status or discuss issues relevant to disclosure.
[09.06]	**Demonstration - Providing prevention services:** Provider or participant demonstration of how to communicate prevention messages or demonstrate risk reduction skills with others.
[09.07]	**Demonstration – Partner Notification**: Provider or participant demonstration of how to notify partners regarding possible exposure to HIV or how to discuss issues

Code	Name / Description
	relevant to partner notification.
[09.66]	**Demonstration - Other**: Any provider or participant demonstration of a skills or technique that is not decision making, IDU risk reduction, condom/barrier use, negotiation and communication, disclosure, or providing prevention services.
[10.01]	**Practice - Condom/barrier use:** Participant practice (using a teaching tool) of appropriate condom and/or barrier use and disposal during the intervention session.
[10.02]	**Practice - IDU risk reduction:** Participant practice of safe needle use and disposal including the use of bleach kits to clean works during the intervention session(s).
[10.03]	**Practice - Negotiation/Communication:** Participant practice communication of desire for safer practices and negotiation of safer practices with partners (sexual and needle sharing) during the intervention session(s).
[10.04]	**Practice - Decision making:** Participant practice using steps and techniques needed for reassessing, planning, and using judgment to avoid situations that may expose him/her to HIV infection or transmission risk and/or decision to engage in a risk behavior.
[10.05]	**Practice - Disclosure of HIV status:** Participant practice of techniques to disclose seropositive status or discuss issues relevant to disclosure.
[10.06]	**Practice - Providing prevention services:** Participant practice communication of prevention messages and/or demonstration of risk reduction skills with others during intervention session(s).
[10.07]	**Practice - Partner notification:** Participant practice of how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.
[10.66]	**Practice - Other:** Participant practice of a skill or technique that is not decision making, IDU risk reduction, condom/barrier use, negotiation and communication, disclosure, or providing prevention services.
[11.01]	**Discussion - Sexual risk reduction:** Facilitation of discussion with individuals or groups involving examination of sexual risk behaviors (self or others) and accompanying ramifications, examination of attitudes and feelings about his/her risks, consideration of alternatives, and decision making to reduce sexual risk.
[11.02]	**Discussion - IDU risk reduction:** Facilitation of discussion with individuals or groups involving examination of IDU risk and accompanying ramifications, examination of attitudes and feelings about his/her risks, consideration of alternatives, and decision making to reduce IDU risk.
[11.03]	**Discussion - HIV testing:** Facilitation of discussion with individuals, couples, or groups regarding HIV testing including explanation of the testing process and meaning of results, discussion of behavioral risks for infection, examination of attitudes and feelings about his/her risks, consideration of alternatives, and decision making to know his/her status and reduce HIV transmission risk.
[11.04]	**Discussion - Other STD:** Facilitation of discussion with individuals or groups regarding sexually transmitted diseases (other than HIV), involving an examination of behavioral risks and accompanying ramifications, examination of attitudes and feelings about his/her risks, consideration of alternatives, treatment alternatives, and decision making to reduce behavioral risk for other sexually transmitted diseases and/or seek treatment.
[11.05]	**Discussion - Disclosure of HIV status**: Facilitation of discussion with individuals or groups regarding techniques to disclose seropositive status or discuss issues relevant to disclosure.
[11.06]	**Discussion - Partner notification:** Facilitation of discussion with individuals or groups regarding how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.
[11.07]	**Discussion - HIV medication therapy adherence:** Facilitation of discussion with individuals or groups regarding HIV medication therapy and accompanying

Code	Name / Description
	ramifications, examination of attitudes and feelings about HIV medication therapy, discussion of medical therapy alternatives, and decision making to begin and adhere to medication therapy for HIV.
[11.08]	**Discussion - Abstinence / postpone sex:** Facilitation of discussion with individuals or groups on abstaining from sexual activity or postponing the initiation of sexual activity and accompanying ramifications including an examination of risks associated with sexual activities, discussion of alternatives, and decision making to abstain or postpone sexual activity.
[11.09]	**Discussion - IDU risk free behavior:** Facilitation of discussion with individuals or groups on abstaining from injection drug use or only using new needles and disposing appropriately.
[11.10]	**Discussion - HIV/AIDS transmission:** Facilitation of discussion with individuals or groups on HIV/AIDS and how HIV is transmitted.
[11.11]	**Discussion - Viral hepatitis:** Facilitation of discussion with individuals or groups on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.
[11.12]	**Discussion - Living with HIV/AIDS:** Facilitation of discussion with individuals or groups on living with HIV/AIDS and ramifications of living with HIV/AIDS, examination of attitudes and feelings about living with the disease.
[11.13]	**Discussion - Availability of HIV/STD counseling and testing:** Facilitation of discussion with individuals or groups on where and how to access HIV-related CTR or STD counseling and testing and may include the importance of knowing your status. This includes referral lists that only list CTR and/or STD counseling and testing sites.
[11.14]	**Discussion - Availability of partner notification and referral services:** Facilitation of discussion with individuals or groups on where and how to access partner notification services.
[11.15]	**Discussion - Availability of social services:** Facilitation of discussion with individuals or groups on how and where to access social services.
[11.16]	**Discussion - Availability of medical services:** Facilitation of discussion with individuals or groups on how and where to access HIV medical care. Discussion may include options regarding available services.
[11.17]	**Discussion - Condom/barrier use:** Facilitation of discussion with individuals or groups on the appropriate use and disposal of condoms or other barrier methods and accompanying ramifications, examination of attitudes and feelings about condom use, and decision making regarding use of condoms/barriers.
[11.18]	**Discussion - Negotiation/communication:** Facilitation of discussion with individuals or groups on communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing), including discussion of accompanying ramifications, examination of attitudes and feeling, and decision making regarding communicating and negotiating safer practices.
[11.19]	**Discussion - Decision making:** Facilitation of discussion with individuals or groups on steps and techniques needed for reassessing, planning, and using judgment to avoid situations that may expose him/her to HIV infection or transmission risk and/or decision to engage in a risk behavior.
[11.20]	**Discussion - Providing prevention services:** Facilitation of discussion with individuals or groups on communicating prevention message and/or demonstrating risk reduction skills with others.
[11.21]	**Discussion -Alcohol and drug use prevention:** Facilitation of discussion with individuals or groups on the negative effects and consequences of alcohol and drug use and its relationship to HIV transmission or infection risk including strategies to avoid or abstain from use.
[11.22]	**Discussion - Sexual health:** Facilitation of discussion with individuals or groups on reproductive health, sexuality, sexual development, and similar topics.

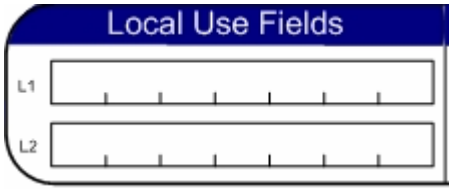
Code	Name / Description
[11.23]	**Discussion - TB Testing:** Facilitation of discussion with individuals or groups about TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.
[11.66]	**Discussion - Other:** Discussion with individuals or groups regarding HIV infection, transmission, or risk reduction issues and accompanying ramifications, examination of attitudes and feelings about these issues, consideration of alternatives, and decision making to reduce HIV infection, transmission, or risk reduction. Issues do not include sexual or IDU risk reduction, HIV testing, other sexually transmitted diseases, HIV status disclosure, partner notification, or HIV medication therapy.
[12.01]	**Other Testing - Pregnancy:** Provision of testing to determine pregnancy.
[12.03]	**Other Testing - Viral hepatitis:** Provision of testing to determine infection with viral hepatitis.
[12.02]	**Other Testing - STD:** Provision of testing to determine infection with a sexually transmitted disease other than HIV or Viral Hepatitis.
[12.04]	**Other Testing - TB:** Provision of testing to determine infection with TB.
[13.01]	**Distribution - Male condoms:** Provision of male condoms by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.
[13.02]	**Distribution - Female condoms:** Provision of female condoms by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.
[13.03]	**Distribution - Safe sex kits**: Provision of packages that minimally contain a condom (male or female), lubricant, and instruction for proper use. May include other materials at no cost to the consumer.
[13.04]	**Distribution - Safer injection/bleach kits:** Provision of packages that minimally contain a small bottle of bleach and needle cleaning instructions. Packages may include bottle caps for cookers, cotton, alcohol wipes, and bottles of water for rinsing needles. Materials are provided at no cost to the consumer.
[13.05]	**Distribution - Lubricants:** Provision of water-based lubricants at no cost to the consumer as part of HIV prevention activities.
[13.06]	**Distribution - Education materials:** Provision of printed materials designed to be learning or teaching aids by handing them out, placing in a location to be accessed by consumers, or electronic dissemination at no cost to the consumer.
[13.07]	**Distribution - Referral lists:** Provision of lists of specific organizations that provide a specific set of HIV prevention, care, or support services with contact information. The agencies listed are known by the provider to be reliable sources for those services based on provider knowledge and experience. Lists may be disseminated by handing them out, placing them in a location to be accessed by the consumer, or emailed to consumers.
[13.08]	**Distribution - Role model stories:** Provision stories of individuals who have changed their behaviors or plan to change their behaviors to reduce their risk for HIV transmission or infection. Stories may be disseminated by handing them out, placing them in a location to be accessed by the consumer, or emailed to consumers.
[13.66]	**Distribution - Other:** Provision of materials or supplies to consumers with the intent to decrease their risk for HIV transmission or infection and/or to improve health outcomes. Distribution may include dissemination in person, by placing materials in locations to be accessed by consumers, sent to consumers electronically or by land mail. Does not include condoms, safer sex kits, bleach kits, lubricants, education materials, referral lists, or role model stories.
[14.01]	**Post-intervention follow up:** Individual or group meeting or contact with participant(s) of an intervention after the last session of the intervention to assess or discuss changes targeted by the intervention and/or revisions to risk reduction goals and/or strategies.
[14.02]	**Post-intervention booster session:** An intervention session conducted with

Code	Name / Description
	participant(s) of an intervention after the last session to review and reinforce risk reduction skills and information addressed by the intervention.
[15.00]	**HIV Testing History Survey:** The provision of the "HIV Testing History Survey." This value choice is applicable only to those organizations who are funded by CDC to administer the survey.
[88]	**Other:** Any HIV prevention activity not captured in other value choices.

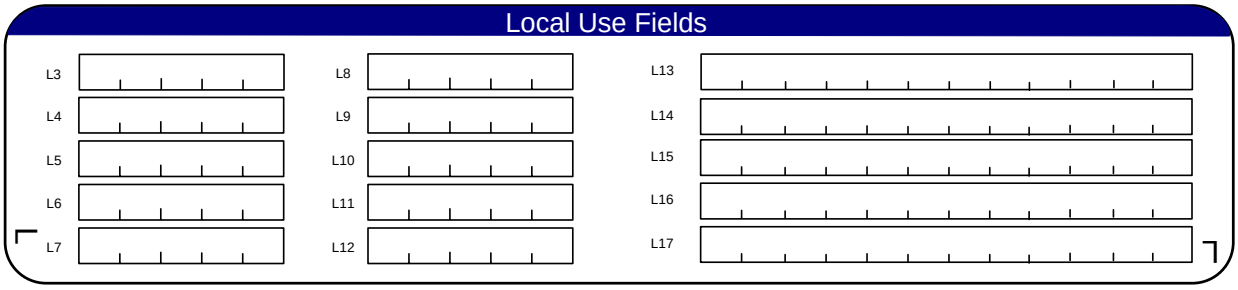
Tips

1. *Use the "Other Session Activities" field for recording the codes for activities that are listed on the back of Part 1. The provider can record up to two activities in the "Other Session Activities" section.*
2. *CDC will only receive data on whether or not a "risk reduction plan" was developed for the client during his or her session. Additional codes used in the "Other Session Activities" section and/or "Local Use" fields will not be reported to CDC.*
3. *"Information" is different from "Discussion" in that "Information" is the provider giving the client factual information (materials or verbally), whereas "Discussion" is an exchange between the provider and the client about a topic*
4. *The activity "11.20: Discussion - Providing prevention services" was included because some organizations are funded not only to provide services directly to persons at risk but also to other organizations, groups, or providers of HIV prevention services.*
5. *The distinction between "11.18: Discussion – Negotiation/communication." and "11.19: Discussion – Decision making." is that "negotiation/communication" involves how to talk about and negotiate with others about safer sex practices, whereas "decision making" focuses on a level of awareness within an individual regarding his/her decision making processes around safer sex practices.*

Local Use Fields (Not Reported)



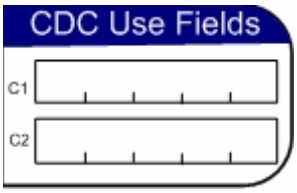
(HIV Test Form, Part 1)



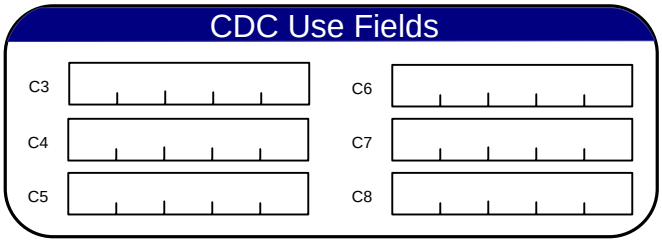
(HIV Test Form, Part 2)

"Local Use Fields" Definition: These are fields that are available for any additional information that the local agency wants to capture. There are additional local use fields on Part 1 and 2 of the form if needed. The local agency administrator and/or site decide(s) on codes and how to use them.

CDC Use Fields (Program Required)



(HIV Test Form, Part 2)



(HIV Test Form, Part 2)

"CDC Use Fields" Definition: These fields are placeholders for future CDC data needs and should not be used by the agency unless requested to do so by CDC. Currently, only the first CDC Use Field is defined. These fields are located on Part 1 and Part 2.

"CDC Use Field 1" Definition: This field will be used to code whether each HIV test is conducted as part of a "Screening" or "Targeted Testing" strategy. This differentiation between testing strategies for data reporting is based on consultation with grantees and national partners and allows separate analyses of activities and results associated with each testing strategy.

The coding is as follows:

- Screening = "01"
- Targeted testing ="02"
- Don't know ="99"

Value choice "99", "Don't know" may be used if your agency is currently unable to report the data in this way, or if there is a lack of clarity regarding whether the test was part of targeted testing or screening.

Tips

1. *The definitions for the two types of testing strategies are:*

   - *Screening: Performing an HIV test for all persons in a generalized population.*

   - *Targeted testing: Performing an HIV test for a defined population or subpopulation typically defined on the basis of risk behavior, settings, demographic characteristics, or geographical considerations.*

2. *The key difference between the two testing strategies is whether the subpopulation is defined on the basis of risk.*

   - *As a screening example: All males accessing a health center would be representative of a generally defined population independent of risk characteristics and would be categorized as "screening."*

   - *As a targeted testing example: A mobile van providing HIV testing and other services, and stationed within high risk communities would be conducting targeted testing, even though all persons who come to the van would be offered testing.*

Back of HIV Test Form: PART 1

Please see the next page for a copy of the back of Part 1 Form.

Client Identifying Data (Optional)

Name: _____

Address: _____

Phone: _____ Other: _____

Codes for Site Type

F01	Inpatient Facility
F01.01	Inpatient Hospital
F01.50	Inpatient- Drug / Alcohol Treatment
F01.88	In patient Facility- Other
F01.99	Inpatient Facility- Unknown
F02	Outpatient facility
F02.03	Outpatient- Private Medical Practice
F02.04	Outpatient- HIV Specialty Clinic
F02.10	Outpatient- Prenatal/ OBGYN Clinic
F02.12	Outpatient- TB Clinic
F02.12	Outpatient- Drug / Alcohol Treatment Clinic
F02.19	Outpatient- Family Planning
F02.20	Outpatient- Community Mental Health
F02.30	Outpatient- Community Health Clinic
F02.58	Outpatient- School/University Clinic
F02.60	Outpatient- Health Department/Public Health Clinic
F02.61	Outpatient- Health Department/Public Health Clinic-HIV
F02.62	Outpatient- Health Department/Public Health Clinic-STD
F02.88	Outpatient Facility- Other
F02.99	Outpatient Facility- Unknown
F03	Emergency Room
F04.01	Blood Bank, Plasma Center
F04.05	HIV Counseling and Testing Site
F06	Community Setting
F06.01	Community Setting – AIDS Service Organization – non clinical
F06.02	Community Setting – School/Education Facility
F06.03	Community Setting – Church/Mosque/Synagogue/Temple
F06.04	Community Setting – Shelter/Transitional housing
F06.05	Community Setting – Commercial
F06.06	Community Setting – Residential
F06.07	Community Setting – Bar/Club/Adult Entertainment
F06.08	Community Setting – Public Area
F06.09	Community Setting – Workplace
F06.10	Community Setting – Community Center
F06.88	Community Setting – Other
F07	Correctional Facility
F88	Facility – Other

Codes for Other Risk factor(s)

01	Exchange sex for drugs/money/or something they need
02	While intoxicated and/or high on drugs
05	With person of unknown HIV status
06	With person who exchanges sex for drugs/money
08	With anonymous partner
09	With person who has hemophilia or transfusion/transplant recipient
11	Sex with transgender

Codes for Other Session Activities

03.00	HIV Testing
04.00	Referral
05.00	Personalized Risk assessment
06.00	Elicit Partners
07.00	Notification of exposure
08.01	Information – HIV/AIDS transmission
08.02	Information-Abstinence/postpone sexual activity
08.03	Information-Other sexually transmitted diseases
08.04	Information-Viral hepatitis
08.05	Information – Availability of HIV/STD counseling and testing
08.06	Information-Availability of partner notification and referral services
08.07	Information – Living with HIV/AIDS
08.08	Information – Availability of social services
08.09	Information – Availability of medical services
08.10	Information – Sexual risk reduction
08.11	Information – IDU risk reduction
08.12	Information – IDU risk free behavior
08.13	Information – Condom/barrier use
08.14	Information – Negotiation / Communication
08.15	Information – Decision making
08.16	Information – Disclosure of HIV status
08.17	Information – Providing prevention services
08.18	Information – HIV testing
08.19	Information – Partner notification
08.20	Information – HIV medication therapy adherence
08.21	Information – Alcohol and drug use prevention
08.22	Information – Sexual health
08.23	Information – TB testing
08.66	Information – Other
09.01	Demonstration – Condom/barrier use
09.02	Demonstration – IDU risk reduction
09.03	Demonstration – Negotiation / Communication
09.04	Demonstration – Decision making
09.05	Demonstration – Disclosure of HIV status
09.06	Demonstration – Providing prevention services
09.07	Demonstration – Partner notification
09.66	Demonstration – Other
10.01	Practice – Condom/barrier use
10.02	Practice – IDU risk reduction
10.03	Practice – Negotiation / Communication
10.04	Practice – Decision making
10.05	Practice – Disclosure of HIV status
10.06	Practice – Providing prevention services
10.07	Practice – Partner notification
10.66	Practice – Other
11.01	Discussion – Sexual risk reduction
11.02	Discussion – IDU risk reduction
11.03	Discussion – HIV testing
11.04	Discussion – Other sexually transmitted diseases
11.05	Discussion – Disclosure of HIV status
11.06	Discussion – Partner notification
11.07	Discussion – HIV medication therapy adherence
11.08	Discussion – Abstinence/postpone sexual activity
11.09	Discussion – IDU risk free behavior
11.10	Discussion – HIV/AIDS transmission
11.11	Discussion – Viral hepatitis
11.12	Discussion – Living with HIV/AIDS
11.13	Discussion – Availability of HIV/AIDS counseling testing
11.14	Discussion – Availability of partner notification and referral services
11.15	Discussion – Availability of social services
11.16	Discussion – Availability of medical services
11.17	Discussion – Condom/barrier use
11.18	Discussion – Negotiation / Communication
11.19	Discussion – Decision making
11.20	Discussion – Providing prevention services
11.21	Discussion – Alcohol and drug use prevention
11.22	Discussion – Sexual health
11.23	Discussion – TB testing
11.66	Discussion – Other
12.01	Other testing – Pregnancy
12.02	Other testing – STD
12.03	Other testing – Viral hepatitis
12.04	Other testing – TB
13.01	Distribution – Male condoms
13.02	Distribution – Female condoms
13.03	Distribution – Safe sex kits
13.04	Distribution – Safer injection / bleach kits
13.05	Distribution – Lubricants
13.06	Distribution – Education materials
13.07	Distribution – Referral lists
13.08	Distribution – Role model stories
13.66	Distribution – Other
14.01	Post-intervention follow up
14.02	Post-intervention booster session
15.00	HIV Testing History Survey
88	Other

Form ID stickers
(n=8)

HIV Test Form – Part 2

Part 2 Sections

Place Barcode Sticker Here

HIV TEST FORM
PART 2

Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2010

CDC requires the following information on **confirmed positives**

Referrals

Was client referred to medical care?
- Yes → If yes, did client attend the first appointment?
  - Yes
  - No
  - Don't know
- No → 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 → If yes, in prenatal care?
  - Yes
  - No → If no, was client referred for prenatal care?
    - Yes → If yes, did client attend first prenatal care appointment?
      - Yes
      - No
      - Don't know
    - No
  - Don't know
  - Declined
  - Not asked
- No
- Don't know
- Declined
- Not asked

Local Use Fields

L3	L8	L13
L4	L9	L14
L5	L10	L15
L6	L11	L16
L7	L12	L17

CDC Use Fields

C3	C6
C4	C7
C5	C8

Notes (Print Only)

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta Georgia 30333; ATTN: PRA 0920-0696.

WHITE COPY = Scan YELLOW COPY = Record Keeping CDC 50.135b (E), 10/2007

Referral Information

Local Use Fields

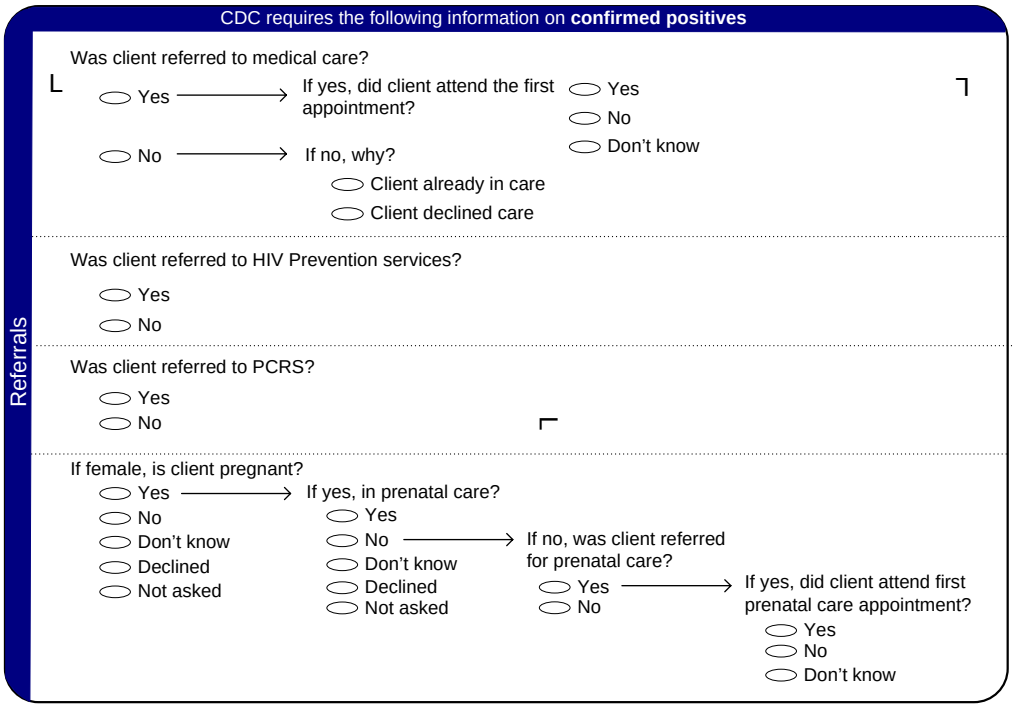
CDC Use Fields and Notes

In general, Part 2 of the *HIV Test Form* is used to document referral information on confirmed HIV positive clients.

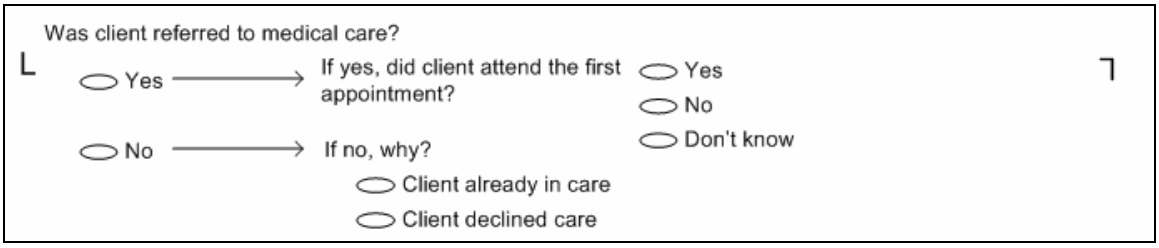
Referrals

Referrals to needed services are a critical piece of a comprehensive HIV prevention care and services program. No single agency can provide the variety of services that an individual client may need. Referrals serve to link the client to needed services that will aid in protecting the client from exposure to HIV or reducing the likelihood that the client will transmit HIV to others. Additionally, referral of HIV seropositive individuals to primary medical care and treatment is critical to reducing HIV-related morbidity as well as reducing transmission risks. This section asks for information about referrals provided to individuals who test positive for HIV and the outcomes of those referrals (whether or not the client actually received the service).

The variable names, variable classification, screenshots, definitions, and helpful data collection tips follow.



Was Client Referred to Medical Care? (Program Required)



"Was client referred to medical care?" Definition: Indicates whether a client was provided a referral to medical care during the testing session**.** Medical care includes medical services that address HIV infection including evaluation of immune system function and screening, treatment, and prevention of opportunistic infection.

- **Yes:** The client was referred to medical care.
- **No:** The client was not referred to medical care.

- **"If yes, did client attend the first appointment?" Definition:** If client did receive a referral to medical care, indicate whether the client attended the first medical care appointment.
  - **Yes:** The referring agency has confirmed the client accessed the service to which he or she was referred.
  - **No:** The referring agency has confirmed that the client had not accessed the service to which he or she was referred.
  - **Don't Know:** The referring agency is unsure if the client accessed the service to which he or she was referred.

- **"If no, why?" Definition:** If the response is ***No***, indicate why client was not referred to medical care.
  - **Client already in care**: Client did not receive a referral for HIV medical care because he/she is already receiving medical care, evaluation, and treatment for HIV infection.
  - **Client declined care**: Client declined to receive written or oral referrals for HIV medical care services.

Was Client Referred to HIV Prevention Services? (Program Required)

Was client referred to HIV Prevention services?

- ◯ Yes
- ◯ No

"Was client referred to HIV prevention services?" Definition: Indicates whether a client was provided a referral to any HIV prevention service (or a combination of services), other than medical care and treatment, prenatal care, or PCRS. This includes services to address additional prevention service or treatment needs such as health education, individual counseling, and community level interventions (e.g., workshops, health fairs).

- **Yes:** Client was referred to one or more HIV prevention services.
- **No:** Client was not referred to one or more prevention services.

Was Client Referred to PCRS? (Program Required)

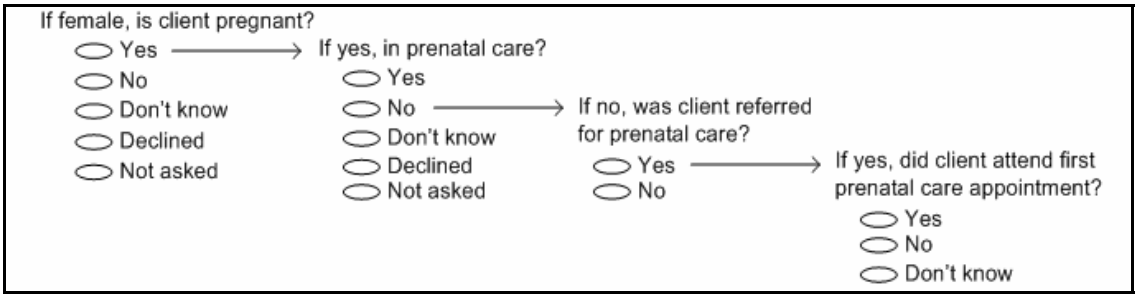
Was client referred to PCRS?

- ◯ Yes
- ◯ No

"Was client referred to PCRS?" Definition: Indicates whether a client was provided a referral to partner counseling and referral services (PCRS). This includes a range of services available to HIV-infected persons, their partners, and affected communities that involve informing current and past partners that a person who is HIV-infected has identified him/her as a sex or injection-drug-paraphernalia-sharing partner and advising him/her to have HIV counseling and testing. Notified partners, who may not have suspected their risk, can then choose whether to be tested for HIV, enabling those who test HIV-positive to receive early medical evaluation, treatment, and prevention services, including risk-reduction counseling.

- **Yes:** Client was referred to one or more HIV prevention services.
- **No:** Client was not referred to one or more prevention services.

If Female, is Client Pregnant? (Program Required)



"If female, is client pregnant?" Definition: Indicates the self-reported pregnancy status of female clients.

- **Yes**: The client reports she is pregnant.
- **No**: The client reports she is not pregnant.
- **Don't know**: The client reports that she is unaware if she is currently pregnant.
- **Not asked**: The provider did not ask the client if she was currently pregnant.
- **Declined**: The client declines or is unwilling to report if she is currently pregnant.

Tips

1. *Only select "**Not asked**" for females. Leave this variable blank for males.*
2. *If the client reports that she is pregnant, complete the "**If yes, in prenatal care?**" variable.*

- **"If yes, in prenatal care?" Definition:** Self-reported status of the pregnant client's receipt of regular health care during pregnancy.
  - **Yes**: The client reports she is currently receiving prenatal care.
  - **No**: The client reports she is not currently receiving prenatal care.
  - **Don't know**: The client reports that she is unaware if she is currently receiving prenatal care.
  - **Not asked**: The provider did not ask the client if she was currently receiving prenatal care.
  - **Declined**: The client declines or is unwilling to report if she is currently receiving prenatal care.

Tips

1. *Only collect data on this variable if the client reports that she is pregnant.*

2. *Only select "Not asked" for pregnant females. Leave this variable blank for males or non-pregnant females.*

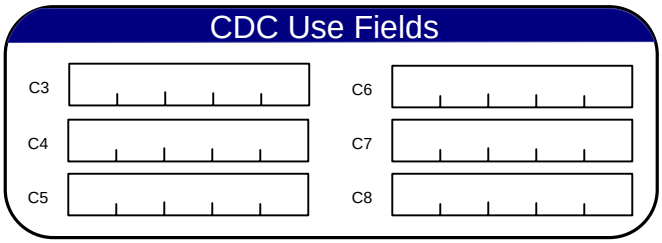
- **"If no, was client referred for prenatal care?" Definition:** For each HIV positive female client who is pregnant and not in prenatal care, was client referred to prenatal care to monitor the health of the pregnant mother and fetus.
  - **Yes**: The client was referred to prenatal care.
  - **No**: The client was not reported to prenatal care.

- **"If yes, did client attend first prenatal care appointment?" Definition:** If client did receive a referral for prenatal care, indicate whether she attended the first appointment.
  - **Yes**: The referring agency has confirmed client that the client attended the first prenatal care appointment.
  - **No**: The referring agency confirmed that the client did not attend first prenatal care appointment.
  - **Don't know**: The referring agency was not able to confirm whether or not the client attended the first prenatal care appointment.

Local Use Fields (Not Reported)

For information on "Local Use" fields and "CDC Use" fields, please see page 41.

CDC Use Fields (Program Required)



(HIV Test Form, Part 2)

"CDC Use Fields" Definition: The CDC Use Fields on Part 2 are currently undefined. They are placeholders for future CDC data needs and should not be used by the agency unless requested to do so by CDC.

Notes (Not Reported)

The “Notes” section is for hardcopy files only. Information documented here will not be saved in the database.

HIV Test Form Part 3 (HIV Incidence)

This form is intended to be completed by federally-funded HIV Incidence states for clients who test HIV positive and may be completed before or after the test result is known. Local health departments may obtain additional information regarding this form from their CDC Incidence Surveillance Coordinator.

Place Barcode Sticker Here

HIV TEST FORM

PART 3

Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

CDC — Centers for Disease Control and Prevention

HIV Incidence

Date information collected? (MMDDYYYY) ☐☐☐

Date first positive HIV test: (MMDDYYYY) ☐☐☐

Has client ever tested negative?
- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Declined

Date last negative HIV test: (MMDDYYYY) ☐☐☐

Number of tests in the two years before the current (or first positive) test. Include the current (or first positive) test.

1 (Current (or 1st positive) test) + ☐ (# of tests in the 2 years before the current (or 1st positive) test) = ☐

Has client used or is client currently using antiretroviral medication (ARV)?
- ◯ Yes → If yes, specify antiretroviral medication? → ☐☐ ☐☐
- ◯ No
- ◯ Don't know
- ◯ Declined

(See codes on reverse)

Date ARV began? (MMDDYYYY) ☐☐☐

Date of last ARV use? (MMDDYYYY) ☐☐☐

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

WHITE COPY = Scan YELLOW COPY = Record Keeping CDC 50.135c (E), 10/2007

The field, **Date information collected** indicates the date on which this form was completed by the provider with information provided by the client.

The field, **Date first positive HIV test** indicates the date on which the client first tested positive for HIV. If the client has not had a previous positive HIV test, the date will be left blank.

Tip

Dates must be in the MMDDYYYY format.

The field, **"Has client ever tested negative"** indicates if the client self-reports ever testing negative for previous HIV test(s). Options for the self-reported negative HIV test include:

- **Yes:** The client has received a negative test result prior to the current HIV positive test.
- **No:** The client has not received a negative test result prior to the current HIV positive test.
- **Don't know:** The client is not aware of receiving a negative test result prior to the current HIV positive test.
- **Declined:** The client refused to answer whether he/she has previously received a negative test result prior to the current HIV positive test.

The field, **"Date of last negative HIV test"** indicates the date of the last negative HIV test reported by the client.

Tip

Client may estimate the date of their last negative HIV test if he/she is uncertain. An unconfirmed preliminary positive test is not considered a previous negative test, but a negative rapid test is.

The field, **Number of HIV tests in the 2 years before the current or first positive test (including current or 1st positive)** indicates the number of HIV test the client self-reports having 2 years prior to the current test.

Tip

Add the current test and the number of previous test and indicate the total number of test the client has received in the last 2 years in the last box. An unconfirmed preliminary positive rapid test will not count as a previous positive test, nor does it count as a previous negative test. A negative rapid test will count as a previous negative test and should be included in this count.

The field, **"Has client used or is client currently using antiretroviral medication (ARV)"** indicates if the client is using or has previously used antiretroviral medication. Antiretroviral medications can be used to treat or try to prevent HIV infection as in pre- or post-exposure prophylaxis, or can be used to treat Hepatitis B as in the case of lamivudine. Options for reporting this include:

- **Yes:** The client reports that he/she has used or is currently using antiretroviral medication.
- **No:** The client reports that he/she has not used or is not currently using antiretroviral medication.
- **Don't know:** The client does not know if he/she has taken antiretroviral medication.

- **Declined:** The client declines or is unwilling to report if he/she has taken antiretroviral medication.

If the response is "Yes", indicate the corresponding code for the antiretroviral medication which the client has used or is currently using. The table below includes the codes and corresponding medication. The medications are listed in alphabetical order.

Code	Medication
22	Agenerase (amprenavir)
30	Aptivus (tipranavir, TPV)
32	Atripla (efavirenz/ emtricitabine/ tenofovir DF)
24	Combivir (lamivudine/zidovudine)
6	Crixivan (indinavir, IDV)
11	Emtriva (emtricitabine, FTC)
3	Epivir (lamivudine, 3TC)
28	Epzicom (abacavir/lamivudine)
25	Fortovase (saquinavir, SQV)
10	Fuzeon (enfivirtide, T20)
19	Hepsera (adefovir)
2	Hivid (zalcitabine, ddC)
23	Hydroxyurea
18	Invirase (saquinavir, SQV)
16	Keletra (lopinavir /ritonavir)
31	Lexiva (fosamprenavir, 908)
7	Norvir (ritonavir, RTV)
33	Prezista (darunavir, DRV)
9	Rescriptor (delavirdine, DLV)
26	Retrovir (zidovudine, ZDV, AZT)
15	Reyataz (atazanavir, ATV)
8	Saquinavir (Fortavase, Invirase)
21	Sustiva (efavirenz, EFV)
13	Trizivir (abacavir/lamivudine/zidovudine)
27	Truvada (tenofovir DF/emtricitabine)
1	Videx (didanosine, ddl)
14	Videx EC (didanosine, ddl)
17	Viracept (nelfinavir, NFV)
5	Viramune (nevirapine, NVP)
12	Viread (tenofovir DF, TDF)
4	Zerit (stavudine, d4T)
20	Ziagen (abacavir, ABC)
88	Other
99	Unspecified

If the client indicates the use of antiretroviral medication (ARV), please use the field, **Date ARV began** to capture the date the client first began using **antiretroviral medication (ARV).**

If the client states they are no longer using antiretroviral medication (ARV), please use the field, **Date of last ARV use** to indicate the date the client first stopped using **antiretroviral medication (ARV).** If the client is currently using antiretroviral medication enter the date that the form is completed as the last date of **Date of last ARV use**.

Tip

Dates must be in the MMDDYYYY format.

Back of HIV Test Form: PART 3

Codes for Antiretroviral (ARV) medication(s)

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

APPENDIX

Variable Classification Sheet

Program Required - A variable that is mandated in order to answer National Monitoring and Evaluation questions or enable the monitoring of program announcements and cooperative agreements. All program-required variables are reported to CDC.

- Site Type (also system required)
- Site Zip Code (also system required)
- Client's year of birth (also system required)
- Client's state of residence (also system required)
- Ethnicity (also system required)
- Race (also system required)
- Current Gender (also system required)
- Previous HIV Test
- Self-Reported HIV Test Result
- Date of last HIV Test
- Sample Date
- Test Election
- Test Technology
- Specimen Type
- Test Results
- Results Provided
- Date Results Provided
- If results not provided, why?
- If rapid reactive, did client provide confirmatory sample?
- Risk factors
- Session Activity (Risk reduction plan only)
- CDC Use Fields
- Referrals

System Required - A variable required for system functions. Examples of these functions include: to populate other parts of the system, to link data within the system, or to save a record. All system-required variables are reported to CDC.

- Form ID
- Session Date
- Unique Agency Identification Number
- Intervention ID
- Site ID
- Client ID

Optional - A non-required variable that, if completed, is reported to CDC.

- Other Risk Factors
- Worker ID

Not Reported - A non-required variable that, if completed, is not reported to CDC.

- Client's Month and Day of Birth
- Client's County and Zip Code
- Other Session Activities
- Local Use Fields
- Part 3 variables are submitted to the local surveillance coordinator, not CDC.

Printed Barcode

HIV TEST FORM

PART 1

Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

CDC — Centers for Disease Control and Prevention

Agency

Session Date (MMDDYYYY) | Unique Agency ID Number | Intervention ID

Site ID | Site Type (See codes on reverse) | Site Zip Code

Client

Client ID | Date of Birth (MMDDYYYY) | State | County | Zip Code

Ethnicity
- Hispanic or Latino
- Not Hispanic or Latino
- Don't know
- Declined

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

Previous HIV Test?
- Yes
- No
- Don't know
- Declined
- Not asked

Self-Reported Result
- Positive
- Negative
- Prelim. Pos.
- Indeterminate
- Don't know
- Declined
- Not asked

Provide date of last test (MMYYYY)

HIV Test Information

	HIV TEST 1	HIV TEST 2	HIV TEST 3
Sample Date (MMDDYYYY)			
Worker ID			
Test Election	Tested anonymously Tested confidentially Declined testing	Tested anonymously Tested confidentially Declined testing	Tested anonymously Tested confidentially Declined testing
Test Technology	Conventional Rapid Other	Conventional Rapid Other	Conventional Rapid Other
Specimen Type	Blood: finger stick Blood: venipuncture Blood spot Oral mucosal transudate Urine	Blood: finger stick Blood: venipuncture Blood spot Oral mucosal transudate Urine	Blood: finger stick Blood: venipuncture Blood spot Oral mucosal transudate Urine
Test Result	Positive/Reactive NAAT-pos Negative Indeterminate Invalid No result	Positive/Reactive NAAT-pos Negative Indeterminate Invalid No result	Positive/Reactive NAAT-pos Negative Indeterminate Invalid No result
Result Provided	Yes No	Yes No	Yes No
Date Provided (MMDDYYYY)			
If results not provided, why?	Declined notification Did not return/Could not locate Obtained results from another agency	Declined notification Did not return/Could not locate Obtained results from another agency	Declined notification Did not return/Could not locate Obtained results from another agency
If rapid reactive, did client provide confirmatory sample?	Yes Client declined confirmatory test Did not return/Could not locate Referred to another agency Other	Yes Client declined confirmatory test Did not return/Could not locate Referred to another agency Other	Yes Client declined confirmatory test Did not return/Could not locate Referred to another agency Other

Risk Factors

Choose one if: Client was not asked about risk factors | Client was asked, but no risk was identified | Client declined to discuss risk factors

If client risk factor information was discussed, please mark all that apply:

In past 12 months has client had:
- ...without using a condom?
- ...with person who is an IDU?
- ...with person who is MSM? (Female Only)
- ...with person who is HIV positive?

Vaginal or Anal Sex: With Male | With Female

Oral Sex

Injection Drug Use (IDU)

Has client used injection drugs in past 12 months? → *if marked* → Did client share drug injection equipment?

Other Risk Factor(s) (see codes on reverse)

Session Activity

During this visit, was a risk reduction plan developed for the client? Yes No

Other Session Activities (see codes on reverse)

Local Use Fields

L1

L2

CDC Use Fields

C1

C2

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

WHITE COPY = Scan | YELLOW COPY = Record Keeping | CDC 50.135a (E), 10/2007

Place Barcode Sticker Here

HIV TEST FORM

PART 2

Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2010

CDC requires the following information on **confirmed positives**

Referrals

Was client referred to medical care?

- ◯ Yes → If yes, did client attend the first appointment?
  - ◯ Yes
  - ◯ No
  - ◯ Don't know
- ◯ No → 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 → If yes, in prenatal care?
  - ◯ Yes
  - ◯ No → If no, was client referred for prenatal care?
    - ◯ Yes → If yes, did client attend first prenatal care appointment?
      - ◯ Yes
      - ◯ No
      - ◯ Don't know
    - ◯ No
  - ◯ Don't know
  - ◯ Declined
  - ◯ Not asked
- ◯ No
- ◯ Don't know
- ◯ Declined
- ◯ Not asked

Local Use Fields

L3	L8	L13
L4	L9	L14
L5	L10	L15
L6	L11	L16
L7	L12	L17

CDC Use Fields

C3	C6
C4	C7
C5	C8

Notes (Print Only)

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

WHITE COPY = Scan YELLOW COPY = Record Keeping

CDC 50.135b (E), 10/2007

Place Barcode Sticker Here

HIV TEST FORM

PART 3

Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

HIV Incidence

Date information collected? (MMDDYYYY) ☐☐ ☐☐☐☐

Date first positive HIV test: (MMDDYYYY) ☐☐ ☐☐☐☐

Has client ever tested negative?
- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Declined

Date last negative HIV test: (MMDDYYYY) ☐☐ ☐☐☐☐

Number of tests in the two years before the current (or first positive) test. Include the current (or first positive) test.

1 (Current (or 1st positive) test) + ☐ (# of tests in the 2 years before the current (or 1st positive) test) = ☐

Has client used or is client currently using antiretroviral medication (ARV)?
- ◯ Yes → If yes, specify antiretroviral medication? → ☐☐ ☐☐ (See codes on reverse)
- ◯ No
- ◯ Don't know
- ◯ Declined

Date ARV began? (MMDDYYYY) ☐☐ ☐☐☐☐

Date of last ARV use? (MMDDYYYY) ☐☐ ☐☐☐☐

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

WHITE COPY = Scan YELLOW COPY = Record Keeping CDC 50.135c (E), 10/2007

GENERAL INSTRUCTIONS FOR COMPLETING THE HIV TEST FORM

- This form is designed to be read by an Optical Character Recognition (OCR) scanner. The legibility of this form depends on the quality of the hand-written and selected information.
- Carefully separate the sheets at the perforations. If the form tears, it may not be readable by the scanner or operator.
- Each part has a top sheet and a bottom carbonless copy. The top copy (white) is the only sheet that should be scanned. The bottom copy (yellow) should **NOT** be scanned; rather it should be used for record keeping purposes.
- **DO NOT** use red ink. Blue or black ink is preferred.
- **DO NOT** fold, staple, wrinkle or tear form(s).
- **DO NOT USE WHITE OUT**. White out sometimes will cause a mis-read by the scanning software.
- **DO NOT** mark on the bar codes of the Form ID numbers. Marking on the Form ID numbers (barcode) may cause the wrong number to be scanned.
- **DO NOT** make any stray marks on the form(s), particularly in the fields where answers will appear.
- Part 1 is the only form with a pre-printed code. You must attach a form identification sticker (barcode) located on the back of the carbonless copy (yellow) to Part 2 and/or Part 3 in order to link a client's information.
    - Part 1 should be used for all testing events
    - Part 2 should be used to record referral data on **confirmed HIV positive** clients
    - Part 3 is used by jurisdictions funded to collect HIV Incidence data.

RESPONSE FORMATS

There are three different response formats on the form that you will use to record data: (1) text boxes, (2) check boxes, and (3) radio buttons. Instructions for each one of these formats are listed below.

Text boxes

Text boxes are used to record handwritten information (e.g., codes, dates). When writing letters or numbers in the boxes:

- use all capital letters and write neatly in your best penmanship. **DO NOT** use cursive.
- put only 1 letter or number per box and **DO NOT** have any part of the letter or number touch the edges of the box.

Here are examples of how to write letters and numbers:

LETTERS

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

NUMBERS

0	1	2	3	4	5	6	7	8	9

Check boxes

Check boxes are used to select all options that apply. For example, check boxes are used to record information about "Race."

- use an "X" instead of a check mark because the tail of the check mark might run over into another box.
- keep the "X" within the edges of the box.

Radio buttons

Radio buttons are ovals used to select only one option from among two or more options. For example, radio buttons are used to select "Current Gender." When selecting an option using a radio button:

- fill in the oval completely.
- **DO NOT** mark over area of the oval.