**SECTION A: SITE CHARACTERISTICS**
1. Date of visit (mm/dd/yyyy):
2. Grantee #:
3. Partner ID (if applicable):
4. CLIENT ID:
5. Site type code # (see site code on back page)

**RAPID HIV TEST KIT LOT NUMBER:**

**SECTION B: DEMOGRAPHICS**
1. Gender (check one)
   - Male
   - Female
   - Transgender
2. Ethnicity (check one)
   - Hispanic
   - Non-Hispanic
3. Race (check all that apply)
   - Alaska Native/American Indian
   - Asian
   - Black/African American
   - Native Hawaiian/Other Pacific Islander
4. Age (check one)
   - <18 years
   - 18-24 yrs
   - 25-34 yrs
   - 35-44 yrs
   - 45-54 yrs
   - 55-64 yrs
   - 65+ yrs
5. Previous HIV Test
   - No
   - Yes
   - Result was negative
   - Result was positive
   - Result was inconclusive
   - Result was unknown

**SECTION C: REASON FOR TEST OR REASON FOR REFUSAL TO TAKE TEST TODAY:**
- Client took test. Reason for taking it:
- Client refused test. Reason for refusal:

**SECTION D: RISK BEHAVIORS**
1. During the past 30 days have you - from the date of this form (check all that apply)
   - had unprotected sex with a male
   - had unprotected sex with a female
   - had unprotected sex with a transfender individual
   - had unprotected sex with significant other in a monogamous relationship
   - had unprotected sex with multiple partners
   - had unprotected sex with an HIV positive person
   - had unprotected sex while high on drugs/alcohol
2. During the past 30 days have you used: (check all that apply)
   - cocaine (crack)
   - marijuana
   - methamphetamine
   - heroin
   - ecstasy
   - non-medical use of prescription drugs
   - 5 or more alcoholic drinks in 1 sitting (for men)
   - 4 or more alcoholic drinks in 1 sitting (for women)
   - shared injection equipment (i.e. needle and drug paraphernalia)
   - refusal
   - the client reports no known substance use risk factors
   - other (specify)
3. Have you (check all that apply)
   - ever been in alcohol or drug treatment before today
   - been in alcohol or drug treatment during the past 12 months
   - ever experienced serious psychological distress (e.g., major depression, anxiety disorder)
   - none of the above

**SECTION E: Rapid HIV TESTING RESULTS AND RETESTING RESULTS**
1. Rapid HIV test results (check one)
   - Negative/Non-reactive
   - Positive/Reactive
   - Invalid (Repeat test using a new test kit.)
2. Did client receive results of rapid HIV test? (check one)
   - Yes
   - No, reason:
3. Retest Results (check one)
   - Negative/Non-reactive
   - Positive/Reactive
   - Invalid/Indeterminate
4. Did client receive retest results of test? (check one)
   - Yes
   - No, reason:

**SECTION F: TYPE OF SERVICES PROVIDED**
1. HIV Pre-Test/Prevention Counseling
2. HIV Post-Test Counseling
This section applies to all services (e.g., linked to medical care) the client has been provided either by the Grantee or another agency, up to and including the point at which the RHT Form is being completed.

**SECTION G: CONFIRMATORY TESTING**
1. Confirmatory test conducted (check one)
   - Yes
   - No, reason:
2. Type of confirmatory test (check one)
   - Blood (plasma, serum, or blood spot)
   - Oral
   - Urine
3. Confirmatory test results (check one)
   - Negative
   - Indeterminate
   - Positive
   - Results pending
4. Did client receive results of confirmatory test? (check one)
   - Yes
   - No, reason:

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Public reporting burden for 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. If all items are asked of a client/participant to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. 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. The control number for this project is 0930-0295.
# SAMHSA MAI Rapid HIV Testing Clinical Information Form

## Codes for Site Types

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S01</td>
<td>Inpatient Facility</td>
<td>S16</td>
<td>Community Setting-AIDS Service Organization-non-clinical</td>
</tr>
<tr>
<td>S02</td>
<td>Inpatient Hospital</td>
<td>S17</td>
<td>Community Setting-Community Center</td>
</tr>
<tr>
<td>S03</td>
<td>Inpatient-Drug/Alcohol Treatment</td>
<td>S18</td>
<td>Community Setting-Shelter/Transitional housing</td>
</tr>
<tr>
<td>S04</td>
<td>Inpatient Facility-Other</td>
<td>S19</td>
<td>Community Setting-School/Education Facility</td>
</tr>
<tr>
<td>S05</td>
<td>Outpatient-Drug/Alcohol Treatment</td>
<td>S20</td>
<td>Community Setting-Residential</td>
</tr>
<tr>
<td>S06</td>
<td>Outpatient-HIV Specialty Clinic</td>
<td>S21</td>
<td>Community Setting-Public Area</td>
</tr>
<tr>
<td>S07</td>
<td>Outpatient-Community Mental Health</td>
<td>S22</td>
<td>Community Setting-Workplace</td>
</tr>
<tr>
<td>S08</td>
<td>Outpatient-Community Health Clinic</td>
<td>S23</td>
<td>Community Setting-Commercial</td>
</tr>
<tr>
<td>S09</td>
<td>Outpatient-TB Clinic</td>
<td>S24</td>
<td>Community Setting-Other</td>
</tr>
<tr>
<td>S10</td>
<td>Outpatient-School/University Clinic</td>
<td>S25</td>
<td>Community Setting-Bar/Club/Adult Entertainment</td>
</tr>
<tr>
<td>S11</td>
<td>Outpatient-Prenatal/OBGYN Clinic</td>
<td>S26</td>
<td>Community Setting-Church/Mosque/Synagogue/Temple</td>
</tr>
<tr>
<td>S12</td>
<td>Outpatient-Family Planning</td>
<td>S27</td>
<td>Correctional Facility</td>
</tr>
<tr>
<td>S13</td>
<td>Outpatient-Private Medical Practice</td>
<td>S28</td>
<td>Blood Bank, Plasma Center</td>
</tr>
<tr>
<td>S14</td>
<td>Outpatient-Health Department/Public Health Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S15</td>
<td>Outpatient-Health Department/Public Health Clinic-HIV</td>
<td></td>
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</tbody>
</table>