

SAMHSA MAI Rapid HIV Testing Clinical Information Form

SECTION A: SITE CHARACTERISTICS

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

RAPID HIV TEST KIT LOT NUMBER: _____

SECTION B: DEMOGRAPHICS

- | | | | |
|--|---|---|---|
| 1. Gender (check one)
<input type="checkbox"/> Male
<input type="checkbox"/> Female
<input type="checkbox"/> Transgender | 3. Race (check all that apply)
<input type="checkbox"/> Alaska Native/American Indian
<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> White | 4. Age (check one)
<input type="checkbox"/> <18 yrs
<input type="checkbox"/> 18-24 yrs
<input type="checkbox"/> 25-34 yrs
<input type="checkbox"/> 35-44 yrs
<input type="checkbox"/> 45-54 yrs
<input type="checkbox"/> 55-64 yrs
<input type="checkbox"/> 65+ yrs | 5. Previous HIV Test
<input type="checkbox"/> No
<input type="checkbox"/> Yes
If Yes: (check one)
<input type="checkbox"/> Result was negative
<input type="checkbox"/> Result was positive
<input type="checkbox"/> Result was inconclusive
<input type="checkbox"/> 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)

- | | |
|---|--|
| <input type="checkbox"/> had unprotected sex with a male
<input type="checkbox"/> had unprotected sex with a female
<input type="checkbox"/> had unprotected sex with a transgender individual
<input type="checkbox"/> had unprotected sex with significant other in a monogamous relationship
<input type="checkbox"/> had unprotected sex with multiple partners
<input type="checkbox"/> had unprotected sex with an HIV positive person
<input type="checkbox"/> had unprotected sex while high on drugs/alcohol | <input type="checkbox"/> had unprotected sex with a person who injects drugs
<input type="checkbox"/> had unprotected sex with a man who has sex with men
<input type="checkbox"/> exchanged sex for drugs/money/shelter
<input type="checkbox"/> been diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes)
<input type="checkbox"/> refusal
<input type="checkbox"/> the client reports no known sexual risk factors |
|---|--|

2. During the past 30 days have you used: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> cocaine (crack)
<input type="checkbox"/> marijuana
<input type="checkbox"/> methamphetamine
<input type="checkbox"/> heroin
<input type="checkbox"/> ecstasy | <input type="checkbox"/> non-medical use of prescription drugs
<input type="checkbox"/> 5 or more alcoholic drinks in 1 sitting (for men) | <input type="checkbox"/> 4 or more alcoholic drinks in 1 sitting (for women)
<input type="checkbox"/> shared injection equipment (i.e. needle and drug paraphernalia)
<input type="checkbox"/> refusal
<input type="checkbox"/> the client reports no known substance use risk factors
<input type="checkbox"/> other (specify) _____ |
|---|--|---|

3. Have you (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> ever been in alcohol or drug treatment before today
<input type="checkbox"/> been in alcohol or drug treatment during the past 12 months | <input type="checkbox"/> ever experienced serious psychological distress (e.g., major depression, anxiety disorder)
<input type="checkbox"/> none of the above |
|--|---|

SECTION E: Rapid HIV TESTING RESULTS AND RETESTING RESULTS

- | | |
|--|--|
| 1. Rapid HIV test results (check one)
<input type="checkbox"/> Negative/Non-reactive
<input type="checkbox"/> Positive/Reactive
<input type="checkbox"/> Invalid (Repeat test using a new test kit.) | 2. Did client receive results of rapid HIV test? (check one)
<input type="checkbox"/> Yes
<input type="checkbox"/> 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 _____

Rapid HIV test kit lot number (client retested): _____

SECTION F: TYPE OF SERVICES PROVIDED (Check all that apply)

- | | |
|--|---|
| 1. <input type="checkbox"/> HIV Pre-Test/Prevention Counseling
2. <input type="checkbox"/> HIV Post-Test Counseling | 3. <input type="checkbox"/> Linked to care treatment after positive confirmation
4. <input type="checkbox"/> Linked to prevention/ancillary services if negative test result |
|--|---|

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 (if rapid HIV test result is positive/reactive)

- | | |
|---|--|
| 1. Confirmatory test conducted (check one)
<input type="checkbox"/> Yes
<input type="checkbox"/> Yes: Client now wants a confirmatory test after initial refusal.
<input type="checkbox"/> No, reason _____

2. Type of confirmatory test (check one)
<input type="checkbox"/> Blood (plasma, serum, or blood spot)
<input type="checkbox"/> Oral <input type="checkbox"/> Urine | 3. Confirmatory test results (check one)
<input type="checkbox"/> Negative
<input type="checkbox"/> Indeterminate
<input type="checkbox"/> Positive
<input type="checkbox"/> Results pending

4. Did client receive results of confirmatory test? (check one)
<input type="checkbox"/> Yes
<input type="checkbox"/> No, reason _____ |
|---|--|

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Codes for Site Types

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