Form ID *(enter or adhere)*

7 Positive Test Result
(complete for persons testing POSITIVIE for HIV)

Did the client attend an HIV medical care appointment after this positive test?

- ○ Yes, confirmed
- ○ Yes, client/patient self-report
- ○ No
- ○ Don't Know

→ Date Attended

Has the client ever had a positive HIV test?

- ○ No
- ○ Yes
- ○ Don't Know

→ Date of first positive result

Was the client provided with individualized behavioral risk-reduction counseling?

- ○ No
- ○ Yes

Was the client's contact information provided to the health department for Partner Services?

- ○ No
- ○ Yes

What was the client's most severe housing status in the last 12 months?

- ○ Literally homeless
- ○ Unstably house or at risk of losing housing
- ○ Stably housed
- ○ Not asked
- ○ Declined to Answer
- ○ Don't know

If the client is female, is she pregnant?

- ○ No
- ○ Yes
- ○ Declined to Answer
- ○ Don't know

→ Is the client in prenatal care?

- ○ No
- ○ Yes
- ○ Not asked
- ○ Declined to Answer
- ○ Don't know

→ Was the client screened for need of perinatal HIV service coordination?

- ○ No
- ○ Yes

→ Does the client need perinatal HIV service coordination?

- ○ No
- ○ Yes

→ Was the client referred for perinatal HIV service coordination?

- ○ No
- ○ Yes

State Health Department Use Only
(complete for persons testing POSITIVE for HIV)

eHARS State Number

eHARS City/County Number

New or Previous diagnosis?

- ○ New diagnosis, verified
- ○ New diagnosis, not verified
- ○ Previous diagnosis
- ○ Unable to determine

→ Has the client seen a medical care provider in the past six months for HIV treatment?

- ○ No
- ○ Yes
- ○ Declined to Answer
- ○ Don't know

CMR Number

Was the client interviewed for Partner Services?

- ○ Yes, by a health department specialist
- ○ Yes, by a non-health department person trained by the health department to conduct partner services
- ○ No
- ○ Don't Know

→ Date of Interview

Value Definitions for POC Rapid Test Results

New diagnosis, verified - The HIV surveillance system was checked and no prior report was found and there is no indication of a previous diagnosis by either client self report (if the client was asked) or review of other data sources (if other data sources were checked).

New diagnosis, not verified - The HIV surveillance system was not checked and the classification of new diagnosis is based only on no indication of a previous positive HIV test by client self-report or review of other data sources.

Previous diagnosis - Previously reported to the HIV surveillance system or the client reports a previous positive HIV test or evidence of a previous positive test is found on review of other data sources.

Unable to determine - The HIV surveillance system not checked and no other data sources were reviewed and there is no information from the client about previous HIV test results.

Form Approved: OMB No. 0920-0696, Exp. 02/28/2019. 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 the 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. CDC 50.135b(E),10/2007