

Public Burden Statement: 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 OMB control number for this project is 0930-0343. Public reporting burden for this collection of information is estimated to average 8 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

## SAMHSA MAI Rapid HIV/HEPATITIS Testing Clinical Information Form

<b>SECTION A: SITE CHARACTERISTICS</b>		1. Date of visit (mm/dd/yyyy): _____	
2. Grantee #: _____		3. Partner ID (if applicable): _____	
4. CLIENT RHHT ID #: _____		5. GPRA ID #: _____ <input type="checkbox"/> GPRA Tool Not Completed	
6. Site type code # (see site code on back page)			
<b>RAPID HIV TEST KIT LOT NUMBER:</b> _____			
<b>SECTION B: DEMOGRAPHICS</b>			
<b>1. Gender (check one)</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<b>3. Race (check all that apply)</b> <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	<b>4. Age (check one)</b> <input type="checkbox"/> <18 years <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	<b>5. Previous HIV Test</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes: (check one)</b> <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown
<b>6. Previous Viral Hepatitis Test</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes: (check one)</b> <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown			
<b>SECTION C: RISK BEHAVIORS</b>			
<b>1. During the past 30 days have you - from the date of this form (check all that apply)</b>			
<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 with an Hepatitis positive person		<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	
<b>2. During the past 30 days have you used: from the date of this form (check all that apply)</b>			
<input type="checkbox"/> 4 or more alcoholic drinks in 1 sitting ( <b>for men</b> ) <input type="checkbox"/> 3 or more alcoholic drinks in 1 sitting ( <b>for women</b> ) <input type="checkbox"/> cocaine (crack)		<input type="checkbox"/> marijuana <input type="checkbox"/> ecstasy <input type="checkbox"/> heroin <input type="checkbox"/> methamphetamine <input type="checkbox"/> inhalants (specify) _____	
		<input type="checkbox"/> non-medical use of prescription drugs <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) _____	
<b>3. Have you (check all that apply)</b>			
<input type="checkbox"/> been diagnosed with alcohol or drug dependence, in the past 12 months <input type="checkbox"/> been in alcohol or drug treatment in the past 12 months <input type="checkbox"/> ever been in alcohol or drug treatment		<input type="checkbox"/> been diagnosed with psychological distress, in the past 12 months (e.g., major depression, anxiety disorder) <input type="checkbox"/> ever received treatment for psychological distress during the past 12 months? (e.g., major depression, anxiety disorder) <input type="checkbox"/> none of the above	
<b>SECTION D: Rapid HIV TESTING RESULTS</b>		<b>SECTION E: Rapid HEPATITIS B &amp; C TESTING RESULTS, if applicable</b>	
<b>1. Rapid HIV test result (check one)</b>		<b>1. Rapid Hepatitis test results (check all that apply)</b>	
<input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test)		<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal	
		<input type="checkbox"/> Hepatitis C <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal	
<b>2. Did client receive result of rapid HIV test? (check one)</b>		<b>2. Did client receive results of rapid HEP test? (check one)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Hep B</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Hep C</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. Retest HIV Result: (check one)</b>		<b>3. Retest HEP Result: (check one)</b>	
<input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid/Indeterminate		<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal	
		<input type="checkbox"/> Hepatitis C <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal	
<b>4. Did client receive retest result of test? (check one)</b>		<b>4. Did client receive retest results of test? (check one)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Hep B</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Hep C</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

