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 SAMHSAs Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

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

**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)

**SECTION B: DEMOGRAPHICS**

3. Race (check all that apply)
   - Alaska Native/
   - American Indian
   - Asian
   - Black/African American
   - Native Hawaiian/
   - Other Pacific Islander
   - White

4. Age (check one)
   - <18 years
   - 18-24 yrs
   - 25-34 yrs
   - 35-44 yrs
   - 45-54 yrs
   - 55-64 yrs
   - 65 + yrs

**SECTION C: 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 trans gender 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 with an Hepatitis positive person

2. During the past 30 days have you used: from the date of this form (check all that apply)
   - 4 or more alcoholic drinks in 1 sitting (for men)
   - 3 or more alcoholic drinks in 1 sitting (for women)
   - cocaine (crack)
   - marijuana
   - ecstasy
   - heroin
   - methamphetamine

3. Have you (check all that apply)
   - been diagnosed with alcohol or drug dependence, in the past 12 months
   - been in alcohol or drug treatment in the past 12 months
   - ever been in alcohol or drug treatment
   - been diagnosed with psychological distress, in the past 12 months (e.g., major depression, anxiety disorder)
   - ever received treatment for psychological distress during the past 12 months? (e.g., major depression, anxiety disorder)
   - none of the above

**SECTION D: Rapid HIV TESTING RESULTS**

1. Rapid HIV test result (check one)
   - Negative/Non-reactive
   - Positive/Reactive
   - Invalid (Repeat test)_refusal

2. Did client receive result of rapid HIV test? (check one)
   - Yes
   - No

3. Retest HIV Result: (check one)
   - Negative/Non-reactive
   - Positive/Reactive
   - Invalid/indeterminate

4. Did client receive retest result of test? (check one)
   - Yes
   - No

**SECTION E: Rapid HEPATITIS B & C TESTING RESULTS**

1. Rapid Hepatitis test results (check all)
   - Hepatitis B
     - Positive/Reactive
     - Negative/Non-reactive
     - Invalid (Repeat test)
     - Refusal
   - Hepatitis C
     - Positive/Reactive
     - Negative/Non-reactive
     - Invalid (Repeat test)
     - Refusal

2. Did client receive results of rapid HEP test? (check one)
   - Yes
   - No

3. Retest HEP Result: (check one)
   - Negative/Non-reactive
   - Positive/Reactive
   - Invalid/indeterminate

4. Did client receive retest results of test? (check one)
   - Yes
   - No
### SAMHSA MAI Rapid HIV Testing Clinical Information Form

#### SECTION F: CONFIRMATORY TESTING of HIV

**1. Confirmatory HIV test result (check one)**
- Negative/Non-reactive
- Positive/Reactive
- Invalid/indeterminate
- Results pending

**2. Type of confirmatory test (check one)**
- Blood (plasma, serum, or blood spot)
- Oral
- Urine

#### SECTION G: CONFIRMATORY TESTING of HEP B & C Test

**1. Confirmatory HEP test result (check one)**
- Negative/Non-reactive
- Positive/Reactive
- Invalid/indeterminate
- Results pending

**2. Type of confirmatory test (check one)**
- Blood (plasma, serum, or blood spot)

#### SECTION H: TYPE OF HIV SERVICES PROVIDED

- HIV Pre/Post- Prevention Counseling
- HIV Pre/Post-Test Counseling
- HIV Testing
- Referred to HIV Care and Treatment Services
- Linked to HIV care treatment after positive confirmation *(Client attended a routine HIV medical care visit in last 3 months)*
- Linked to HIV prevention/ancillary services if negative test result

#### SECTION I: TYPE OF Hepatitis SERVICES PROVIDED

- Hepatitis Pre/Post- Prevention Counseling
- Hepatitis Pre/Post-Test Counseling
- Viral Hepatitis Testing
- Hepatitis Vaccination
  - Yes
  - A
  - Date 1: ______________________
  - B
  - Date 2: ______________________
  - Twinrix
  - Date 3: ______________________
- Referred to Hepatitis Care after positive confirmation
- Linked to Hepatitis care treatment after positive confirmation *(Client attended a routine Hepatitis medical care visit in last 3 months)*
- Linked to Hepatitis prevention/ancillary services if negative test result

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**Codes for Site Types**

<table>
<thead>
<tr>
<th>Code</th>
<th>Type</th>
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<th>Type</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 Clinic</td>
<td>S20</td>
<td>Community Setting-Residential</td>
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<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>
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<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>
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<tr>
<td>S12</td>
<td>Outpatient-Family Planning</td>
<td>S27</td>
<td>Correctional Facility</td>
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<tr>
<td>S13</td>
<td>Outpatient-Private Medical Practice</td>
<td>S28</td>
<td>Blood Bank, Plasma Center</td>
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<td>S14</td>
<td>Outpatient-Health Department/Public Health Clinic</td>
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</tr>
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<td>S15</td>
<td>Outpatient-Health Department/Public Health Clinic-HIV</td>
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