

STD/HIV Test Form-Part 2: CDC requires the following for positive tests

Was client referred to:

HIV medical care? Yes No

Partner Services? Yes No

HIV Prevention Services? Yes No

If female, is client pregnant?

Yes

No

Don't Know

Declined

Not Asked

If yes, is client in prenatal care?

Yes

No

Don't Know

Declined

Not Asked

What was the client's housing status in the past 12 months? (check all that apply)

Homeless

Unstably Housed and at Risk of Losing Housing

Stably Housed

Not Asked

Declined to Answer

Don't know

Place P label from STD/HIV Form-Part 1 in the space provided below.

Worker ID: _____

HIV Incidence
Worker ID: _____

Date client reported information:							
	M	M	D	D	Y	Y	Y

Has the client ever had a previous positive HIV Test?

Yes
 No
 Don't Know
 Declined

Date of first positive HIV Test:							
	M	M	D	D	Y	Y	Y

Has the client ever had a negative HIV Test?

Yes
 No
 Don't Know
 Declined

Date of last negative HIV Test:							
	M	M	D	D	Y	Y	Y

Number of negative HIV tests within 24 months before the current (or first positive) HIV test:

--	--

Don't Know
 Declined

Has the client used or is client currently using antiretroviral medication (ARV)?

Yes → **If yes, specify antiretroviral medications**
 No
 Don't Know
 Declined

1		3	
2		4	

(see codes from right hand column)

Date ARV began:							
	M	M	D	D	Y	Y	Y

Date of most recent ARV use:							
	M	M	D	D	Y	Y	Y

STD/HIV Test Form-Part 2

- 22 Agenerase (amprenavir)
- 30 Aptivus (tipranavir, TPV)
- 32 Atripla (efavirenz/emtricitabine/tenofovir DF)
- 24 Combivir (lamivudine/zidovudine,3TC/AZT)
- 38 Complera (emtricitabine,rilpivirine/tenofovir DF, FTC/RPV/TDF)
- 06 Crixivan (indinavir, IDV)
- 37 Edurant (rilpivirine, RPV)
- 11 Emtriva (emtricitabine, FTC)
- 03 Epivir (lamivudine, 3TC)
- 28 Epzicom (abacavir/lamivudine, ABC/3TC)
- 25 Fortovase (saquinavir, SQV)
- 10 Fuzeon (enfuvirtide, T20)
- 19 Hepsera (adefovir)
- 02 Hivid (zalcitabine, ddC)
- 23 Hydroxyurea
- 18 Invirase (saquinavir,SQV)
- 34 Intelence (etravirine)
- 36 Isentress (raltegravir)
- 16 Kaletra (lopinavir, ritonavir)
- 31 Lexiva (fosamprenavir, 908)
- 07 Norvir (ritonavir, RTV)
- 33 Prezista (darunavir,DRV)
- 09 Rescriptor (delavirdine, DLV)
- 26 Retrovir (zidovudine, ZDV,AZT)
- 15 Reyataz (atazanavir, ATV)
- 08 Saquinavir (Fortavase,Invirase)
- 35 Selzentry (maraviroc)
- 21 Sustiva (efavirenz, EFV)
- 13 Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC, AZT)
- 27 Truvada (tenofovir DF/emtricitabine, TDF/FTC)
- 01 Videx (didanosine, ddl)
- 14 Videx EC (didanosine, ddl)
- 17 Viracept (nelfinavir, NFV)
- 05 Viramune (nevirapine, NVP)
- 12 Viread (tenofovir DF, TDF)
- 04 Zerit (stavudine, d4T)
- 20 Ziagen (abacavir, ABC)
- 89 Other
- 99 Unspecified

