

## Testing and Treatment History (TTH) Form Instruction Guide

- A. Type of Testing and Treatment History Form (TTH)  
Circle the type of collection source for the TTH form. If the information contained in the TTH comes from an interview, self-report, or pre/post test interviews circle “interview”. If the information contained in the TTH comes from a medical chart or medical information obtained from any facility other than your own, then circle “medical chart review”.
- B. Health District  
Place the name of the health district for your agency. (**This is not patient information**)
- C. Worker #  
Worker number is the number provided to each health counselor, their supervisors, or a local community based organization (CBO). If you are a CBO and you do not have a worker number, place your site ID number. If you are a nurse at a local health department, please print your name.
- D. Today's Date  
If the client was interviewed, this will be the date the client reported the information. If the information was collected from a medical chart or form, this will be the date that the client gave the information to the doctor (not the date you collected the information). If none of these scenarios fit, place the date you fill out the TTH. Print the date in the following numerical format. i.e. mm/dd/yy or mm/dd/yyyy.
- E. Patient Name  
Print the full legal name available for the client. At a minimum, a first and last name **must** be present. **Do not include nicknames.**
- F. Date of Birth  
Print the date of birth in numerical format. i.e. mm/dd/yy or mm/dd/yyyy.
- G. Any Previous Positive Test History  
No - If the client states that he/she has not tested positive for HIV prior to the current test, then this should be circled “No”.  
Yes - If the client states that he/she has had a positive HIV test prior to the current positive test, this should be circled “Yes”. This will still be “Yes” even if it is the client’s self report only. You do not need evidence of a positive test such as a laboratory report. If the client states past HIV positivity during an interview or it is documented by a health care provider in a medical chart, then “Yes” should be circled.  
Don’t know - This should be used only if the client was interviewed and states that they do not know if they have a prior positive test. Additionally, it can only be used if the client was previously tested but never received their results.  
Refused - This should only be used if the client refuses to be interviewed or if a medical provider refuses permission to interview the client.
- H. First Positive Date  
If the client states a previous positive HIV test, print the month and year provided. (Year only is acceptable) If the client states that they have never tested for HIV prior to the current positive test, use the current positive test date in month / year format.
- I. Negative Test History  
*This component of the TTH is most important for clients who answer “No” to question #2.*  
No - If the client states that he/she has never tested negative for HIV prior to the current test, then this should be circled “No”.  
Yes - If the client states that he/she has had a negative HIV test, then this should be circled “Yes”. This will still be “Yes” even if it is the client’s self report only. You do not need evidence of a negative test such as a laboratory report. If the client states that he/she may have had a negative test but is unsure of when, use “Yes”. If you have any evidence of a negative test including medical documentation such as a lab results, use “Yes”.  
Don’t know - This should be used only if the client was interviewed and states that they do not know if they have a prior negative test. Additionally, it can only be used if the client was previously tested but never received their results.  
Unknown – This is for medical chart review only. This means that you looked and found no information to support a negative test history or the doctor documents that the history is unknown.  
Refused - This should only be used if the client refuses to be interviewed or if a medical provider refuses permission to interview the client.
- J. Client Has or Potentially Has a Negative History  
Provide the last negative history date in numerical month/year format. (Year only is acceptable)
- K. What type of facility and where the last negative test was done?  
Use the key at the bottom of the TTH to determine the type of facility in which the client was tested and write in the space provided. If the client knows the name of the facility or it is written in the medical chart reviewed, place the name in the space provided.
- L. Total number of negative tests 24 months prior to first positive?  
All negative tests done within 24 months prior to the first positive will be included in the total and will be “zero” if the client tested positive the very first time they were tested. Using a calendar can be helpful to the client in determining the number of negative tests prior to first positive. Example: If the client has never tested for HIV before the first positive test then the answer should read “0”.
- M. Medication History  
Use the antiviral chart to assist the client’s memory to determine which medications, if any medication, have ever been taken **If client was ever involved in any HIV vaccine trial, or received post-exposure prophylaxis (PEP) after exposure please indicate the dates of the trial or PEP and location under the “any additional pertinent information” section at the bottom of the form.**  
No - If the client states that he/she has never taken any of the medications listed, circle “No”.  
Yes - If the client states that he/she has taken any of the medications on the list, then circle “Yes”. Collect the name of the medication(s), date first taken, and the last date the medication was taken.  
Don’t know - This should be used only if the client was interviewed and states that they do not know if they have taken any of the medications listed.  
Unknown – This is for medical chart review only. This means that you looked and found no information to support any antiviral medication use history or the doctor documents that the history is unknown.  
Refused - This should only be used if the client refuses to be interviewed or if a medical provider refuses permission to interview the client.
- N. Additional Information  
Any information that the client provides that can assist in surveillance such as country of origin, state or country of first positivity, if the client was unable to locate, etc. Use the space provided at the bottom of the form for this information.
- O. Mail in Copy  
**Mail in the white copy of the TTH form to the address provided as soon as it is completed. The yellow copy is for your records. Please do not staple the TTH form to your interview and field records. You may place them in the same envelope to send to the Central Office Unit.**

Note: Please note that a TTH is to be completed on all HIV + clients unless you have confirmation from the Central Office that the client is previously known inside Virginia and has a state number. If you did not ask the patient the question or can not find the information leave blank.