

(Circle one): Interview / Medical Chart Review      Health District \_\_\_\_\_      Worker # \_\_\_\_\_

*Please print clearly*

1. Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Patient Name \_\_\_\_\_      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Have you ever had a positive HIV test before this test? (Circle one)

- a) No      b) Yes      c) Don't Know (Interview only)      d) Unknown (Medical Chart Review only)      e) Refused

3. What is the date of your **FIRST** positive HIV test? (List when you got tested, not when you got your results)

\_\_\_\_/\_\_\_\_/\_\_\_\_ (month/year)

4. Have you ever had a **negative** HIV test? (Circle one)

- a) No      b) Yes      c) Don't Know (Interview only)      d) Unknown (Medical Chart Review only)      e) Refused

If yes, when was your last negative HIV test? \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/year)

\*Facility Type / Location (City / State): \_\_\_\_\_

5. How many **negative** HIV tests did you have in the 24 months prior to your **FIRST** positive test (refer to date in question 3)

(Exclude any indeterminate test)

**Medicine History**

6. Have you ever taken any antiretroviral medicines to treat or prevent HIV or Hepatitis? (Circle one)

- a) No      b) Yes      c) Don't know (Interview only)      d) Unknown (Medical Chart Review only)      e) Refused

**If NO, STOP. You are done with the questionnaire. If YES, please answer the following.**

Which ones? \_\_\_\_\_

What date did you first take them? \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

What date did you last take them? \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

Are you currently taking these medicines?      a) No      b) Yes      c) Don't Know (Circle one)

\*Facility Types:      STD      ATS      Jail/Prison      FP      GYN      Peds  
                                  Outreach      Field      Job Corp      Private MD      Hospital      Refugee  
                                  Immigration      Student HC      Drug Tx Ctr      OB/Prenatal      Teen Hlt Ctr      Blood donor  
                                  Other: \_\_\_\_\_

**Any Additional Pertinent Information (patient unable to locate, tested in another state, etc.):**