



# *Social Networks Testing*

*A Community-Based Strategy  
for Identifying Persons with  
Undiagnosed HIV Infection*

*Data Collection Forms*



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## **SECTION ONE: OVERVIEW**

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### *Purpose of this document*

This document provides instructions for using each of the social networks testing data collection forms. Descriptions of fields are provided, along with examples. Blank forms that can be modified to fit your program are provided in the last section.

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## **SECTION TWO: RECRUITER ENLISTMENT/ORIENTATION LOG**

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### Purpose

The Recruiter Enlistment/Orientation Log is designed to document information about the individuals who are invited to be recruiters in the social networks testing program.

### Description

This log will track:

- Individuals who have been screened for recruiter eligibility
- Individuals who have previously been a network associate
- When people were invited to be recruiters and when they enlisted in program
- Reasons why invitations were declined by potential recruiters
- Which recruiters continued past orientation and which did not
- Reasons why specific recruiters did not continue past orientation

### When to enter data on the form

This log should be used when identifying, screening, and contacting potential recruiters. It should be used to document which recruiters were enlisted and which recruiters did not enlist (and why). The log should also be used to record which recruiters continued past orientation (and reasons why certain recruiters did not continue).

### How to use the data in the log

Data collected with the log can be used to compute performance measures related to recruiter participation (performance measures are described in the Monitoring and Evaluation Plan). The log is also useful for keeping a record of the general recruiter enlistment process.

## ***Field descriptions***

### **Participant ID #**

- ⇒ Unique ID # assigned to each program participant
- ⇒ May be entered for each potential recruiter that is already involved in program as a network associate (and thus already has an ID #)
- ⇒ If person is a network associate already, ID # can be retrieved from the associate's Participant Data Form

### **Name of potential recruiter**

- ⇒ Potential recruiter's name

### **Met criteria?**

- ⇒ Does individual meet the criteria for being a recruiter (i.e., meets requirements for participation as a recruiter)?
- ⇒ Circle Yes (*Y*) or No (*N*).

### **Date invited**

- ⇒ Date the individual was invited to be a recruiter

### **Enlisted?**

- ⇒ Is the individual enlisted as a recruiter (i.e., the person agrees to be a recruiter)?
- ⇒ Circle Yes (*Y*) or No (*N*).

### **Date enlisted**

- ⇒ Date the individual is enlisted as a recruiter (i.e., the date that he/she accepted the invitation)

### **Previously an associate?**

- ⇒ Was the individual previously a network associate in the program? Search your database or other documentation to determine if this person is already registered as a network associate in the program.
- ⇒ Circle Yes (*Y*) or No (*N*).

### **Reason for not enlisting**

- ⇒ If the individual does not want to enlist, what is the reason?

**Cont'd past orientation?**

- ⇒ Did the recruiter continue with the program after recruiter orientation? Complete this item for each recruiter as soon as he/she successfully completes orientation or when he/she drops out of orientation for some reason.
- ⇒ Circle Yes (*Y*) or No (*N*).

**If did not continue past orientation, why not?**

- ⇒ If the individual did not continue past orientation, what is the reason?

**Comments**

- ⇒ Provider comments about this person (e.g., enlistment or orientation issues that arose, reasons why he/she did not meet recruiter criteria, issues arising during orientation that might have caused him/her to drop out, plans for following-up with person if he/she is not currently interested in recruiting but may be interested in the future)

**Example**

Participant ID #	Name of potential recruiter	Met criteria?	Date invited	Enlisted?	Date enlisted	Prev. an assoc.?	Reason for not enlisting	Cont'd past orient.?	If did not continue past orientation, why not?
	Last: Brown	Y N	1/10/07	Y N	1/10/07	Y N		Y N	
	First: John								
	Nicknames/aliases:								
<i>Comments:</i> He has large network of IDUs (Provider # 312)									
	Last: Smith	Y N		Y N		Y N		Y N	
	First: James								
	Nicknames/aliases: Jimmy, JJ								
<i>Comments:</i> Violent history, including past aggressive behavior toward outreach workers and people at the local homeless shelter. He should not be invited to enlist in this program- lives in Homestead Apartments on 8 <sup>th</sup> St. (Provider #21)									
1-15	Last: Gordon	Y N	1/10/07	Y N	1/10/07	Y N		Y N	Did not complete orientation sessions, said she is too busy
	First: Ramona								
	Nicknames/aliases:								
<i>Comments:</i> Used to be an associate. 1/30/07- She did not show up for the last orientation session. Have been unsuccessful in contacting her, I will keep trying to call her (Provider #312); 3/1/07- Don't think she will be a reliable recruiter, she keeps missing scheduled orientation (Provider # 312)									
1-19	Last: Rivera	Y N	3/10/07	Y N		Y N	Not comfortable talking about HIV with friends (afraid they might learn her status)	Y N	
	First: Geraldine								
	Nicknames/aliases:								
<i>Comments:</i> 3/10/07- She said it was okay to follow-up with her in 3 months (06/10/07) to see if her feelings have changed about being a recruiter. (Provider #315)									

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## **SECTION THREE: PARTICIPANT REGISTRATION FORM**

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### Purpose

The purpose of the Participant Registration Form is to register all participants in the social networks testing program (recruiters, network associates). This form is designed for use with all participants.

### Description

This form is useful for helping program managers:

- Document identifying information about each participant
- Document locating and contact information for each participant
- Link each participant to a unique participant identifier

### When to enter data on the form

- For recruiters- Complete this form when the recruiter begins orientation, or alternatively, when the recruiter is enlisted in the program
- For network associates- Complete this form as soon as possible after initial contact with the individual

### How to use the data in this form

Registration data collected can be used to document identifying information about each person involved in the social networks testing program. Staff members may also look up locating and contact information when it is necessary to follow-up with participants.

## ***Field descriptions***

### **Participant ID #**

⇒ Unique ID # assigned to each program participant

### **Date form completed**

⇒ Date the participant was registered in the program

### **Provider ID # (Intake performed by)**

⇒ ID # of the staff member who registers the participant.

### **Last name, first name, nicknames/aliases**

⇒ Participant's name

### **Gender**

⇒ Gender (*Male, Female, Transgender, or Unknown*)

### **Ethnicity**

⇒ Ethnicity (*Hispanic or Latino, Not Hispanic or Latino, or Unknown*).

### **Race**

⇒ Race (*American Indian/Alaskan Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, White, or Other*)

⇒ If *Other*, specify other race

### **Date of birth**

⇒ Date of birth

⇒ Enter date of birth

### **Age (when participant was registered)**

⇒ Age of the participant when he/she is registered

### **Address 1, Address 2**

⇒ Street address, city, state, and zip code of the current residence of the participant. A second address may be entered, if desired.

**Phone 1, Phone 2, Phone 3**

- ⇒ Up to three different phone numbers for the participant. For each phone number, indicate phone type (*Home, Work, Cell, or Other*).
- ⇒ If *Other*, specify other type of phone

**Other contact persons**

- ⇒ Contact information for up to two people who may be able to help find the participant in the future (e.g., if he/she cannot be reached via phone) can be recorded here

**Example**

**Participant information:**

Participant ID # : 1-13		Date form completed:	6/10/2007
Provider ID # (Intake performed by): 4101			
Last name: Tennebaum		First name: Harold	Nicknames/aliases:
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown	Ethnicity: <input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> Other _____	Date of birth: 11/22/1970  Age (when participant registered): 36
<u>Address 1</u>			
Street address: 123 Broadway Ave., Unit 11			
City: Conway		State: Georgia	Zip code: 12345
<u>Address 2</u>			
Street address: _____			
City: _____		State: _____	Zip code: _____
<u>Phone Numbers</u>			
Phone 1: (555) 121 - 2323	Phone 2: (555) 532 - 8876	Phone 3: ( ) -	
<u>Home</u> Work Cell Other Neighbor's	Home Work <u>Cell</u> Other _____	Home Work Cell Other _____	

**Other contact persons:**

Name: Martha Rosslyn		Relationship to participant: Mother	
Street address: 1205 Rosewood Way			
City: Peachtree City		State: GA	Zip code: 23323
Phone: (555) 222 - 3232			
Name: _____		Relationship to participant: _____	
Street address: _____			
City: _____		State: _____	Zip code: _____
Phone: ( ) -			

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## **SECTION FOUR: PARTICIPANT DATA FORM**

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### Purpose

The purpose of the Participant Data Form is to collect all non-identifying data on social networks testing participants. This form is designed for use with all participants.

### Description

This form will be used to collect demographic, HIV testing history, and risk data for every participant. For recruiters, the form will also be used to document all interviews and general recruiter issues. For network associates who get tested, the form will also be used to collect CTR data. CTR data for active recruiters in the program should also be documented here (e.g., if a recruiter wants to get tested while involved in the social networks testing program).

### When to enter data in the form

See “Field descriptions” for each individual section.

### How to use the data in this form

Participant data collected can be used to address performance measures related to orientation/interviewing/coaching of recruiters, recruitment of network associates, and CTR activities (performance measures are described in the Monitoring and Evaluation Plan). Data can also be used for program evaluation comparisons and analyses.

## ***General Information Page (All Participants)***

### When to enter data on this page

- This page should be completed for all participants
- For recruiters- Complete this page when the recruiter begins orientation, or alternatively, when the recruiter is enlisted in the program.
- For network associates- Complete this page as soon as possible after initial contact with the individual

### ***Field descriptions***

#### **Participant ID #**

⇒ Unique ID # assigned to each program participant

#### **Date**

⇒ Date this page was completed

#### **Provider ID # (Intake performed by)**

⇒ ID # of the staff member who performed intake for the participant

#### **Participant type**

- ⇒ Type of participant (*Recruiter, Direct Network Associate, Indirect Network Associate*) (described below)
- *Recruiter*- Person who will be providing names of network associates who are at risk for HIV and recruiting network associates for CTR

*1<sup>st</sup> Enlisted date*- This date should be the original date that the recruiter was enlisted into the program. Copy this information directly from the Recruiter Enlistment/Orientation Log.

*1<sup>st</sup> End date*- Date when recruiter stops being involved in program (whether temporary or permanent). Entering an end date allows program managers to determine exactly how long a recruiter was involved in the program.

Up to 3 periods of service may be recorded for a recruiter. (A recruiter may decide to “end” service and “re-enlist” later for various reasons.)

- *Direct network associate*- Person who has been directly identified by a recruiter  
Date of first encounter is the date the associate was first contacted about HIV testing by a recruiter

- *Indirect network associate*- Person who has been identified by a network associate (and thus is considered to be indirectly linked to the recruiter)  
Date of first encounter is the date the associate first discussed getting tested with a direct network associate

- ⇒ If a recruiter, indicate if he/she continued (*Yes*) or did not continue (*No*) with the program after orientation. Enter appropriate enlistment/end dates.
- ⇒ If a network associate, enter date of 1<sup>st</sup> encounter

**DO NOT...**

- ...select *Direct Network Associate* or *Indirect Network Associate* AFTER a person has already been enlisted in the program as a recruiter. Recruiters cannot “become” network associates after they are already actively recruiting for the program.
- ...select a different type of network associate after a participant has already entered the program as the other type of network associate. For example, consider a person who is an indirect network associate referred to the program by a direct network associate. It is okay if a recruiter later identifies this person as one of his direct network associates, but the person’s participant type should not change because he was initially “reached” through the social networks strategy by talking with a direct network associate.

**Gender**

- ⇒ Gender (*Male, Female, Transgender, or Unknown*)

**Ethnicity**

- ⇒ Ethnicity (*Hispanic or Latino, Not Hispanic or Latino, or Unknown*).

**Race**

- ⇒ Race (*American Indian/Alaskan Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, White, or Other*)
- ⇒ If *Other*, specify other race

**Date of birth**

- ⇒ Date of birth

**Age (when section was completed)**

- ⇒ Age of the participant when the General Information Page was completed

**Zip code**

- ⇒ Optional
- ⇒ Zip code of participant's primary address; this information is optional but could be useful for programs interested in examining geographic differences

**Risk group**

- ⇒ Primary risk group for this participant (*MSM, IDU, MSM/IDU, High-risk heterosexual, Unknown, and/or Other risk group*)
- ⇒ If *Other risk group*, specify other risk group

**Marital status**

- ⇒ Participant's marital status (*Single, Partnered, Married, Separated, Divorced, Declined, Other status, or Unknown*)
- ⇒ If *Other status*, specify other risk group.

*Example*

Participant ID #: 1-13

Date: 6/10/2007

Provider ID # (Intake performed by): 4101

**Section I. General Information (All Participants)**

1. Participant type:

Recruiter

Direct network associate

Continued past orientation?  Yes

Date of 1<sup>st</sup> encounter: 4/13/2007

No

1<sup>st</sup> Enlisted date: 8/1/2004

1<sup>st</sup> End date: \_\_/\_\_/\_\_\_\_

Indirect network associate

Date of 1<sup>st</sup> encounter: \_\_/\_\_/\_\_\_\_

2<sup>nd</sup> Enlisted date: \_\_/\_\_/\_\_\_\_

2<sup>nd</sup> End date: \_\_/\_\_/\_\_\_\_

3<sup>rd</sup> Enlisted date: \_\_/\_\_/\_\_\_\_

3<sup>rd</sup> End date: \_\_/\_\_/\_\_\_\_

2. Demographics:

Gender:

Male

Female

Transgender

Unknown

Ethnicity:

Hispanic or Latino

Not Hispanic or

Latino

Unknown

Race:

American Indian/Alaskan

Native

Asian

Black/African American

Native Hawaiian/Pacific

Islander

White

Other: \_\_\_\_\_

Date of birth:

11/22/1970

Age (when section was completed): 36

Zip code: 12345

3. Risk group:

MSM

IDU

MSM/IDU

High-risk heterosexual (Heterosexual who engages in at least one risk behavior listed in Risks section)

Unknown

Other risk group: \_\_\_\_\_

4. Marital status:

Single

Married

Divorced

Other status: \_\_\_\_\_

Partnered

Separated

Declined

Unknown

## ***Testing History Page (All Participants)***

### When to enter data on this page

- This page should be completed for all participants
- Testing history for people PRIOR to joining in the social networks program should be entered on the top half of the page
- If a person gets tested somewhere else AFTER they are in the social networks program, enter that information on the bottom half of the page (e.g., if a recruiter gets tested at a different agency while he is actively recruiting for your social networks program)
- For recruiters- Complete this page when the recruiter begins orientation, or alternatively, when the recruiter is enlisted in the program.
- For network associates- Complete this page as soon as possible after initial contact with the individual

### ***Field descriptions***

#### **Participant ID #**

⇒ Unique ID # assigned to each program participant

#### **At entry into Social Networks Testing program:**

#### **Provider ID #**

⇒ ID # of staff member who completed this section

#### **Date**

⇒ Date this section was completed

#### **Has participant previously been tested?**

⇒ Has person been given an HIV test in the past, before entering the social networks program?

⇒ Select Yes (*Y*), No (*N*), or Unknown (*Unknown*).

#### **If Yes, approximate date of most recent test (if known)**

⇒ Most recent test date before entry into program

⇒ If only a partial date is known (e.g., month and year), enter the partial date

⇒ Select *Unknown* if test date is not known

#### **Result of most recent test**

⇒ Most recent test result (before entry into Social Networks Testing program)  
(*Preliminary positive or Positive, Negative, Invalid or Indeterminate, or Unknown*)

**If tested elsewhere after entry into Social Networks Testing program:**

**Provider ID #**

⇒ ID # of staff member who completed this section

**Date**

⇒ Date this section was completed

**Approximate date of test**

- ⇒ If applicable- approximate date of test outside of social networks program but while actively participating in social networks program (e.g., a recruiter gets tested at a different agency while being a recruiter for the social networks program)
- ⇒ If only a partial date is known (e.g., month and year), enter the partial date
- ⇒ Select Unknown if test date is not known

**Test result**

⇒ Test result of test taken outside of social networks program, after entering the SNDP program (*Preliminary positive or Positive, Negative, Invalid or Indeterminate, Unknown*)

*Example*

Participant ID #: 1-13

**Section II. Testing History (All Participants)**

**At entry into Social Networks Testing program:**

Provider ID #: 4101

Date: 6/10/2007

1. Has participant previously been tested?  Yes  
 No  
 Unknown

2. If Yes, approximate date of most recent test (if known):  
7/?/2003  Unknown

3. Result of most recent test:

<u>Rapid</u>	<u>Standard or Confirmatory</u>
<input type="checkbox"/> Preliminary positive	<input type="checkbox"/> Positive
<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Negative
<input type="checkbox"/> Invalid	<input type="checkbox"/> Indeterminate
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown

*(Note: Preliminary positives/positives should be verified.)*

**If tested elsewhere after entry into Social Networks Testing program:**

Provider ID #: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

1. Approximate date of test:  
\_\_\_/\_\_\_/\_\_\_\_\_  Unknown

2. Test result:

<u>Rapid</u>	<u>Standard or Confirmatory</u>
<input type="checkbox"/> Preliminary positive	<input type="checkbox"/> Positive
<input type="checkbox"/> Negative	<input type="checkbox"/> Negative
<input type="checkbox"/> Invalid	<input type="checkbox"/> Indeterminate
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown

*(Note: Preliminary positives/positives should be verified.)*

## ***Interview Page (Recruiters Only)***

### When to enter data on this page

- This page should be completed for recruiters only
- Information about individual network associates in a recruiter's network should be added to this page every time a recruiter is interviewed. Some of the information will be gathered during an actual interview but some information may be collected later (e.g., after a recruiter reports that he/she has contacted a particular network associate).

## ***Interview Page (Network Associates)***

### ***Field descriptions***

#### **Participant ID # (Recruiter)**

⇒ Unique ID # assigned to each program participant

\*\*\*\*\****Record the information below during the recruiter interview***\*\*\*\*\*

#### **Interview record #**

- ⇒ Unique # assigned to each network associate entry (for a particular recruiter)
- ⇒ ID# consists of the recruiter's ID # plus a unique identifier starting with 1. The record #'s should be incremented by 1 with every new network associate entry added to a particular recruiter's record. For example, interview record # 2-34-23 would refer to the 23rd network associate elicited from recruiter # 2-34.

#### **Provider ID # (Interviewer)**

⇒ ID # of the staff member who interviewed the recruiter

#### **Date elicited**

⇒ Date the network associate was elicited from (identified by) the recruiter

#### **Name type**

⇒ Type of name given for the network associate: full name (F), partial name (P), or anonymous (A)

#### **Name**

⇒ Network associate's name. Enter as much as you can.

#### **Description**

⇒ Descriptive information (*Age, Sex, Race, Height, Weight, Hair*) about the network associate

\*\*\*\*\**Complete the items below during follow-up with recruiter*\*\*\*\*\*

**Previously recruited?**

- ⇒ Has network associate been previously recruited? Search your database or client records as soon as possible after interviewing the recruiter to determine if the associate has been previously recruited (or designated for recruitment) by a different recruiter
- ⇒ Circle Yes (*Y*) or No (*N*)
- ⇒ If this person is enlisted in the program as a recruiter only, leave this field blank and explain in the **Comments** field that this person is a recruiter.

**Date contacted**

- ⇒ Date on which the network associate was initially contacted by the recruiter
- ⇒ If the exact date of contact is unknown, get a close estimate
- ⇒ Leave blank if this person is a recruiter, or if the person is an associate who has been previously recruited or designated for recruitment by a different recruiter

**Recruiter/associate records linked?**

- ⇒ Have the records of the recruiter and this network associate been linked in the database or in client records?
- ⇒ These two people are considered linked if:
  1. The network associate's Participant ID # is recorded on this page in the Participant ID # (Associate) field

AND

  2. The recruiter's Participant ID # is recorded on the Recruitment Method page in the network associate's Participant Data Form
- ⇒ Select Yes (*Y*) or No (*N*).

**IMPORTANT!**

If the network associate has been enlisted as a recruiter, this should have no effect on this person's interview record in his recruiter's Interview page. The person is still considered to be a network associate of the first recruiter even after he becomes a recruiter himself.

**Status**

- ⇒ Status of this network associate entry (open or closed)
- ⇒ Select Open (*O*) or Closed (*C*)

### **IMPORTANT!**

- An interview record should be closed if the associate is already registered in the program (whether as an associate only or also as a recruiter)
- A record could also be closed after the associate has reported for CTR, or after some level of effort has been spent unsuccessfully trying to get the associate to get tested.

#### **Date closed**

⇒ Date on which this network associate's entry is closed, if it is closed

#### **Participant ID # (Associate)**

- ⇒ Participant ID # of the network associate
- ⇒ Search the database or client records after interviewing the recruiter to determine if this associate is already registered as a program participant (keep in mind it is possible this person could be a recruiter)
- ⇒ If he/she is already a participant, record his/her ID # here
- ⇒ If the network associate is not in the system, but enters the program later, record his/her ID # here as soon as possible.

#### **Locating information**

⇒ Locating information regarding how to find the network associate

#### **Comments**

⇒ Explanatory comments or other important information about the network associate (e.g., why an entry was closed, if an associate is already being recruited by another recruiter)

**Example**

Participant ID # (Recruiter): 1-13

**Section III. Interview (Recruiters Only)**

**A. Network Associates**

Interview record #	Provider ID # (Interviewer)	Date elicited	Name type*	Name			Description			Previously recruited?	Date contacted	Recruiter/ associate records linked?	Status+	Date closed	Participant ID # (Associate)
				Last:	Age	Sex	Race	First:	Ht.						
1-13-1	501	8/5/2007	F <sup>(P)</sup> A	Last: J	30s	M	Blk	Y <sup>(N)</sup>	8/12/2007	Y <sup>(Y)</sup> N	O <sup>(C)</sup>	8/20/2007	1-26		
				First: Harry	6.4	200	Blk								
				Nicknames/aliases:											
Locating information: Lives in Bankhead Subdivision- hangs out at The Vibe (123 Main St.) on weekends.															
<i>Comments:</i> Has tattoo on right arm of eagle- very tall															

In this example, a recruiter (ID# 1-13) gave the name of this network associate (Harry J.) to a provider (ID# 501) on Aug. 5, 2007. This was the first network associate that the recruiter had named at that point so the interview record # is 1-13-1 (Note: this ID # is the recruiter's ID # plus "1" to indicate this is the first associate named).

The recruiter contacted the network associate soon after the interview. The network associate went to the agency to get tested and was assigned Participant ID # 1-26. The network associate was asked by a staff member what caused him to want to get tested for HIV and he indicated that a friend had convinced him (the friend was the recruiter #1-13). The staff member was able to look up the ID # of this recruiter and then record this network associate's ID# (1-26) on the recruiter's Interview page. This is how the two individuals become linked.

## ***Interview Page (Recruiters Only)***

### When to enter data on this page

- This page should be completed for recruiters only
- Issues reported by the recruiter may be recorded at any time (e.g., during or after an interview, after a follow-up visit or phone call with a recruiter).

## ***Interview Page (General Recruiter Issues)***

### ***Field descriptions***

#### **Participant ID #**

⇒ Unique ID # assigned to each program participant

#### **Date**

⇒ Date on which the issue was reported by a recruiter

#### **Provider ID #**

⇒ ID # of the staff member who reported the recruiter issue

#### **Issues reported by recruiter**

⇒ Issue(s) reported by the recruiter (general issues experienced by the recruiter related to recruitment efforts, barriers that he/she experienced, or problems encountered)

#### **DO ...**

- ...document any important information self-reported by the recruiter about recruiting methods and techniques, barriers encountered, problems solved, etc.

#### **DO NOT...**

- ... document specific, detailed information about individual network associates on this page. Any information about a specific network associate should be documented on the Interview (Recruiters Only)-Network Associates page.
- ... document staff comments/opinions about this recruiter, or issues that a staff member feels need to be documented about the recruiter. That information should be documented on the Notes (All Participants) page.

## *Example*

Participant ID #: 1-13

### **Section III. Interview (Recruiters Only)**

#### **C. General Recruiter Issues**

Date	Provider ID #	Issues reported by recruiter
8/2/2007	4101	Recruiter called to report that he was having trouble bringing up the topic of HIV and unprotected sex with a couple of his network associates. He said he was worried about people finding out he was positive. Provider ID# 98 and I discussed strategies for approaching network associates with him.
8/10/2007	501	Recruiter stopped by to talk about one network associate who he had talked with several times (interview record # 1-13-10) but he felt like he was not making progress with him. After discussing different strategies, he and I agreed that he should attend HIV 101 orientation session again and review the class materials.
8/23/2007	501	Recruiter called to report that he had gotten in a dispute with one of his network associates (interview record # 1-13-8) and the man had threatened him with physical violence. We agreed that he should stay away from the man and not try to talk with him further.

## ***Recruitment Method Page (Associates Only)***

### When to enter data on this page

- This page should be completed for network associates only
- This page should be completed when the network associate reports for testing (the first HIV test)

### ***Field descriptions***

#### **Participant ID # (Associate)**

⇒ Unique ID # assigned to each program participant

#### **Date of CTR**

⇒ Date on which the CTR event was initiated (or when this page was completed)

#### **Provider ID # (CTR event initiated by)**

⇒ ID # of the staff member who completed this page

#### **How was network associate recruited? (select only one)**

⇒ Select the method by which the network associate was ultimately convinced to get tested for HIV

- *Directly through a recruiter (person is a direct network associate)*- Associate was recruited (identified) by a recruiter – he/she is therefore a direct network associate

*Enter Participant ID# of recruiter- Document ID# of recruiter*

- *Indirectly through another (direct) network associate (person is an indirect network associate)*- Associate was recruited by a direct network associate

*Enter Participant ID# of direct network associate-Document ID# of the direct network associate that recruited this person*

*Enter Participant ID# of recruiter who recruited the direct network associate- Document ID# of the recruiter who recruited the direct network associate above*

*Explain how the indirect network associate was identified (the circumstances)*- Provide details about how this person was identified and the circumstances surrounding how the person was found and tested. Be explicit so it will be clear which individuals should be linked.

### **Method for obtaining CTR**

⇒ Method by which associate received CTR

- *Escort* = Associate was escorted by a recruiter to the test site
- *Field test* = Associate was tested in the field
- *Referral to CTR site* = Associate was initially given information about testing and he/she later went to the testing site without being escorted)

**Example #1**

Participant ID # (Associate): 1-26

Date of CTR: 8/15/2007

Provider ID # (CTR event initiated by): 501

**Section IV. Recruitment Method (Associates Only)**

**[\*Complete this section for 1<sup>st</sup> HIV test only]**

1. How was network associate recruited? (select only one)

- Directly through a recruiter (person is a direct network associate)

Enter Participant ID # of recruiter: 1-13

- Indirectly through another (direct) network associate (person is an indirect network associate)

Enter Participant ID # of direct network associate: \_\_\_\_\_

Enter Participant ID # of recruiter who recruited the direct network associate: \_\_\_\_\_

Explain how the indirect network associate was identified (the circumstances):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Method for obtaining CTR:

- Escort  
 Field test  
 Referral to CTR site

**Example #2**

Participant ID # (Associate): 1-42

Date of CTR: 9/25/2007

Provider ID # (CTR event initiated by): 501

**Section IV. Recruitment Method (Associates Only)**

**[\*Complete this section for 1<sup>st</sup> HIV test only]**

1. How was network associate recruited? (select only one)

- Directly through a recruiter (person is a direct network associate)

Enter Participant ID # of recruiter:

- Indirectly through another (direct) network associate (person is an indirect network associate)

Enter Participant ID # of direct network associate: 1-38

Enter Participant ID # of recruiter who recruited the direct network associate: 1-13

Explain how the indirect network associate was identified (the circumstances):

1-42 was a friend of 1-38. After 1-38 got tested in August, he talked with some of his friends about HIV and several of them decided to get tested also. 1-42 was one of these people.

2. Method for obtaining CTR:

- Escort  
 Field test  
 Referral to CTR site

## ***CTR Information Page (For Any Participant Tested)***

### When to enter data on this page

- This section should be completed for any participant tested
- A new section should be completed for each CTR event

### ***Field descriptions***

#### **Participant ID #**

⇒ Unique ID # assigned to each program participant

#### **Date CTR event initiated**

⇒ Date on which the CTR event was initiated

#### **Provider ID # (CTR event initiated by)**

⇒ ID # of the staff member who reported the recruiter issue

### **Reason for test:**

#### **What was the reason for the test?**

- ⇒ Reason why test was given (*First test for Social Networks, Follow-up test, or Other reason*)
- ⇒ Optional- If *First test for Social Networks* is selected, a reason for testing may be specified
- ⇒ If *Follow-up test* is selected, select one of the following reasons:
  - Exposure within 3 months of previous test*
  - High-risk behaviors within 12 months of previous test*
  - STD within 12 months of previous test*
  - Previous test result indeterminate (standard)*
  - Previous test result invalid (rapid)*
- ⇒ If *Other reason* is selected, specify the reason

### **Risks:**

#### **Behaviors within last year (select all that apply)**

- ⇒ Risk behaviors reported by participant in the past 3 months (*Within last 3 months*) and in the past year (*Within last 12 months*)
- ⇒ Select all risk behaviors that apply. If the participant does not identify or acknowledge any risks, select *No identified/acknowledged risk*.

⇒ If *Other risk* is selected, specify other risk (this field should only be used for risks not captured by other fields).

**STD diagnosis in past 12 months?**

⇒ Has participant had an STD diagnosis in past 12 months?  
⇒ Select Yes (*Yes*), No (*No*), or Unknown (*Unknown*).

**IMPORTANT!**

A person is considered “high-risk” if he/she has engaged in one or more of any of the risk behaviors OR has been diagnosed with an STD in the past 12 months.

**Test selection:**

**Did client agree to test?**

⇒ Did participant agree to test?  
⇒ Select Yes (*Yes*) or No (*No*)  
⇒ If *No*, go to Referrals page.

**Test setting**

⇒ Type of test setting (*Confidential* or *Anonymous*)

**Test type**

⇒ Test type (Rapid or Standard)  
⇒ If *Standard*, go to Standard Testing page  
⇒ If *Rapid*, go to Rapid Testing page.

**Rapid testing:**

**Rapid test done?**

⇒ Was a rapid HIV test given?  
⇒ Select Yes (*Yes*) or No (*No*)

**Rapid test date**

⇒ Date the test was given

**Rapid test location**

- ⇒ Location where test was given: at your agency or another testing site (*CTR site*) or the test was given individually to the participant in the field (*Individual test in field*)
- ⇒ If *CTR site*, provide Site name and Site ID #

**Rapid test result**

- ⇒ Test result (*Preliminary positive, Negative, Invalid, or Unknown*)

**IMPORTANT!**

- All preliminary positive test results should be reported to the Health Dept. per state and local regulations.
- If the result is negative, and there is either known/possible exposure within last 3 months OR high-risk behavior or STD within last 12 months, schedule a follow-up test.

**Rapid test results provided to client?**

- ⇒ Were the test results provided to the client?
- ⇒ Select Yes (*Yes*) or No (*No*)
- ⇒ If *Yes*, specify the date provided
- ⇒ If *No*, specify reason why results were not provided

**Confirmatory testing:****Confirmatory test done?**

- ⇒ Was a confirmatory HIV test given?
- ⇒ Select Yes (*Yes*), No (*No*), or Unknown (*Unknown*)
- ⇒ If *No*, specify reason

**Confirmatory test date**

- ⇒ Date the test was given

**Confirmatory test location**

- ⇒ Location where test was given: at your agency or another testing site (*CTR site*) or the test was given individually to the participant in the field (*Individual test in field*)
- ⇒ If *CTR site*, provide Site name and Site ID #

**Confirmatory test result**

- ⇒ Test result (*Positive, Negative, Indeterminate, or Unknown*)

**Confirmatory test results provided to client?**

- ⇒ Were the test results provided to the client?
- ⇒ Select Yes (*Yes*) or No (*No*)
- ⇒ If *Yes*, specify the date provided
- ⇒ If *No*, specify reason why results were not provided

**Standard testing:**

**Standard test done?**

- ⇒ Was a standard HIV test given?
- ⇒ Select Yes (*Yes*) or No (*No*)
- ⇒ If *No*, specify reason

**Standard test date**

- ⇒ Date the test was given

**Standard test location**

- ⇒ Location where test was given: at your agency or another testing site (*CTR site*) or the test was given individually to the participant in the field (*Individual test in field*)
- ⇒ If *CTR site*, provide Site name and Site ID #

**Standard test result**

- ⇒ Test result (*Positive, Negative, Indeterminate, or Unknown*)

**Standard test results provided to client?**

- ⇒ Were the test results provided to the client?
- ⇒ Select Yes (*Yes*) or No (*No*)
- ⇒ If *Yes*, specify the date provided
- ⇒ If *No*, specify reason why results were not provided

**IMPORTANT!**

- All preliminary positive and positive test results should be reported to the Health Dept. per state and local regulations.
- If the result for either test is negative, and there is either known/possible exposure within last 3 months OR high-risk behavior or STD within last 12 months, schedule a follow-up test.
- If first indeterminate test, schedule a follow-up test.

## **Referrals:**

### **Referrals made?**

- ⇒ Were referrals made to participant (i.e., were referrals offered to the participant)?
- ⇒ Select Yes (*Yes*) or No (*No*)

### **If referrals were made, indicate the specific referrals made (select all that apply) and the status of each referral**

- ⇒ Specific referrals that were made to the participant and the status of each referral
  - *Not completed*- referral not yet completed
  - *Completed and confirmed*- referral completed and confirmed by provider (not just self reported)
  - *Unknown*- status of referral is unknown
  - *Declined*- specific referral was made to the participant but he/she declined to accept it

## **Scheduling of follow-up testing:**

### **Follow-up test scheduled?**

- ⇒ Was a follow-up test scheduled?
- ⇒ Select Yes (*Yes*), No (*No*), or Unknown (*Unknown*)
- ⇒ If *Yes*, specify the date of the follow-up test
- ⇒ If *No*, specify the reason why a follow-up test was not scheduled.

### **If Yes, what was the reason?**

- ⇒ If a follow-up test was scheduled, the reason it was scheduled
  - *Exposure within 3 months of current test*
  - *High-risk behaviors within 12 months of current test*
  - *STD within 12 months of current test*
  - *Current test indeterminate (standard)*
  - *Current test invalid (rapid)*
  - *Other reason*

- ⇒ If Other reason, specify reason

### **If follow-up test was scheduled, what is the status of the test?**

- ⇒ Follow-up test status (*Follow-up test done*, *Follow-up test not yet done*, or *Unknown*)

⇒ Update this item as the status changes

**Recruiter eligibility:**

**Did you screen the recruiter to be a recruiter?**

- ⇒ Was this person screened by staff to determine if he/she could be a recruiter (i.e., screened to determine if the person meets the necessary criteria that would allow him/her to be invited to be a recruiter)?
- ⇒ Select Yes (*Yes*), No (*No*), or Unknown (*Unknown*)
- ⇒ If *No* or *Unknown*, specify reason

**Did the associate meet the criteria?**

- ⇒ Did the person meet your site's requirements for being a recruiter? These criteria could be based on gender, race/ethnicity, risk group, etc.
- ⇒ Select Yes (*Yes*) or No (*No*)
- ⇒ If *No*, specify reason.

**If the associate met the criteria, was he/she invited to be a recruiter? (All associates invited to be a recruiter should be entered in the Recruiter Enlistment/Orientation Log.)**

- ⇒ If the person met your site's recruiter criteria, was he/she invited to be a recruiter?
- ⇒ Select Yes (*Yes*) or No (*No*)
- ⇒ If *No*, specify reason.

**Example**

Participant ID # : 1-13

Date CTR event initiated: 6/10/2007

Provider ID # (CTR event initiated by): 4101

**Section V. CTR Information (For Any Participant Tested)**

**A. Reason for Test**

1. What was the reason for the test?  First test for Social Networks  
Reason: Recently had sex with person who is possibly IDU  
Follow-up test
- Exposure within 3 months of previous test
  - High-risk behaviors within 12 months of previous test
  - STD within 12 months of previous test
  - Previous test result indeterminate (standard)
  - Previous test result invalid (rapid)
- Other reason: \_\_\_\_\_

**B. Risks**

1. Behaviors within last year (select all that apply):
- |  | <u>Within last<br/>3 months</u>     | <u>Within last<br/>12 months</u>    |
|--|-------------------------------------|-------------------------------------|
| Unprotected sex (oral, vaginal, anal) with:  |                                     |                                     |
| Person with HIV or AIDS  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Person of unknown HIV status, with known risk                                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Person of unknown HIV status, without known risk                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Shared drug injection equipment (needle, syringe,<br>cotton, cooker, water) after: |                                     |                                     |
| Person with HIV or AIDS  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Person with unknown HIV status, with known risk                                    | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Person with unknown HIV status, without known risk                                 | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Sex in exchange for money or drugs   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other risks: _____   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b><u>No</u></b> identified/acknowledged risk                                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
2. STD diagnosis in past 12 months?  Yes  
 No  
 Unknown

**C. Test Selection**

1. Did client agree to test?  Yes  
 No **(If No, go to Referrals Section)**
2. Test setting:  Confidential  
 Anonymous
3. Test type:  Rapid **(If Rapid, go to Rapid Testing Section)**  
 Standard **(If Standard, go to Standard Testing Section)**

Participant ID # : 1-13

Date CTR event initiated: 6/10/2007

Provider ID # (CTR Event initiated by): 4101

**Section V. CTR Information (For Any Participant Tested)**

**D. Rapid Testing**

1. Rapid test done?  Yes  
 No
  
2. Rapid test date: 6/10/2007
  
3. Rapid test location:  CTR site  
(Site name: Buckhead Site ID #: 3467 )  
 Individual test in field
  
4. Rapid test result:  Preliminary positive (*Report to Health Dept. per state/local regulations*)  
 Negative (*Schedule follow-up test if either known/possible exposure within last 3 months OR high-risk behavior or STD within last 12 months*)  
 Invalid  
 Unknown
  
5. Rapid test results provided to client?  Yes (Date: 6/10/2007)  
 No (Reason: \_\_\_\_\_)
  
6. Confirmatory test done?  Yes  
 No (Reason: \_\_\_\_\_)  
 Unknown
  
7. Confirmatory test date: 6/10/2007
  
8. Confirmatory test location:  CTR site  
(Site name: Buckhead Site ID #: 3467 )  
 Individual test in field
  
9. Confirmatory test result:  Positive (*Report to Health Dept. per state/local regulations*)  
 Negative (*Schedule follow-up test if either known/possible exposure within last 3 months OR high-risk behavior or STD within last 12 months*)  
 Indeterminate (*If first indeterminate test, schedule follow-up test*)  
 Unknown
  
10. Confirmatory test results provided to client?  Yes (Date: 6/17/2007 )  
 No (Reason: \_\_\_\_\_)





Participant ID # : 1-13

Date CTR event initiated: 6/10/2007

Provider ID # (CTR Event initiated by): 4101

**Section V. CTR Information (For Any Participant Tested)**

**G. Scheduling of Follow-up Testing**

1. Follow-up test scheduled?  Yes (Date: \_\_\_\_\_)  
 No (Reason: Person is positive)  
 Unknown
  
2. If Yes, what was the reason?  
 Exposure within 3 months of current test  
 High-risk behavior within 12 months of current test  
 STD within 12 months of current test  
 Current test indeterminate (standard)  
 Current test invalid (rapid)  
 Other reason: \_\_\_\_\_  
\_\_\_\_\_
  
3. If follow-up test was scheduled, what is the status of the test?  
 Follow-up test done  
 Follow-up test not yet done  
 Unknown

**H. Recruiter Eligibility**

1. Did you screen the associate to be a recruiter?  
 Yes  
 No (Reason: \_\_\_\_\_)  
\_\_\_\_\_ )  
 Unknown (Reason: \_\_\_\_\_)  
\_\_\_\_\_ )
  
2. Did the associate meet the criteria?  
 Yes  
 No (Reason: \_\_\_\_\_)  
\_\_\_\_\_ )
  
3. If the associate met the criteria, was he/she invited to be a recruiter? (All associates invited to be a recruiter must be entered in the Recruiter Enlistment/Orientation Log.)  
 Yes  
 No (Reason: \_\_\_\_\_)  
\_\_\_\_\_ )

## ***Notes Page (All Participants)***

### When to enter data on this page

- This section should be completed, as needed, for all participants
- Any general issues observed or experienced by the provider should be documented here (i.e., any issues or comments that a provider wants to document about a participant).

### ***Field descriptions***

#### **Participant ID #**

⇒ Unique ID # assigned to each program participant

#### **Date**

⇒ Date on which the issue was documented

#### **Provider ID #**

⇒ ID # of the staff member who documented the issue

#### **Notes (Issues reported by provider about this participant)**

⇒ General information a staff member wishes to document about a particular participant

#### **IMPORTANT!**

- Record anything that seems important for understanding this person's role in the program.
- Record anything related to how this person's participant data should be interpreted.
- All information reported here should be from the provider's perspective (as opposed to using this page to document issues that are self-reported by the recruiter).
- Any information self-reported by the recruiter about his personal experiences with general recruiting, methods and techniques, barriers encountered, problems solved, etc., should not be reported here. That information should be reported on the Interview (Recruiters Only)-General Recruiter Issues page.

*Example*

Participant ID #: 1-13

**Section VI. Notes (All Participants)**

Date	Provider ID #	Notes (Issues reported by provider about this participant)
6/12/2007	4101	This person might make a good recruiter given the apparent size of his social network. When we follow up with him about referrals in mid-June, we will approach the idea with him.
6/19/2007	4101	Before referral follow-up, I discussed timing of inviting this person to be a recruiter with other staff members; we decided to wait a month, given his mental state and current physical health.

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## **SECTION FIVE: BLANK DATA COLLECTION FORMS**

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Blank data collection forms are provided in this section. The forms may be modified to fit your program as needed.

SAMPLE  
**Social Networks Testing - Participant Data Form**

Participant ID #: _____	Date: ___/___/_____
Provider ID # (Intake performed by): _____	

**Section I. General Information (All Participants)**

5. Participant type:	
<input type="checkbox"/> Recruiter	<input type="checkbox"/> Direct network associate
Continued past orientation? <input type="checkbox"/> Yes	Date of 1 <sup>st</sup> encounter: ___/___/_____
<input type="checkbox"/> No	<input type="checkbox"/> Indirect network associate
1 <sup>st</sup> Enlisted date: ___/___/_____ 1 <sup>st</sup> End date: ___/___/_____	Date of 1 <sup>st</sup> encounter: ___/___/_____
2 <sup>nd</sup> Enlisted date: ___/___/_____ 2 <sup>nd</sup> End date: ___/___/_____	
3 <sup>rd</sup> Enlisted date: ___/___/_____ 3 <sup>rd</sup> End date: ___/___/_____	

6. Demographics:			
Gender:	Ethnicity:	Race:	Date of birth:
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan	___/___/_____
<input type="checkbox"/> Female	<input type="checkbox"/> Not Hispanic or	Native	
<input type="checkbox"/> Transgender	Latino	<input type="checkbox"/> Asian	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Black/African American	Age (when section was
		<input type="checkbox"/> Native Hawaiian/Pacific	completed): _____
		Islander	
		<input type="checkbox"/> White	Zip code: _____
		<input type="checkbox"/> Other: _____	

7. Risk group:	<input type="checkbox"/> MSM
	<input type="checkbox"/> IDU
	<input type="checkbox"/> MSM/IDU
	<input type="checkbox"/> High-risk heterosexual (Heterosexual who engages in at least one risk behavior listed in Risks Section)
	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Other risk group _____

8. Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Other status: _____
	<input type="checkbox"/> Partnered	<input type="checkbox"/> Separated	<input type="checkbox"/> Declined	<input type="checkbox"/> Unknown



Participant ID # (Recruiter): \_\_\_\_\_

**Section III. Interview (Recruiters Only)**

**A. Network Associates**

Interview record #	Provider ID # (Interviewer)	Date elicited	Name type*	Name	Description			Previously recruited?	Date contacted	Recruiter/associate records linked?	Status+	Date closed	Participant ID # (Associate)
					Age	Sex	Race						
			F P A	Last:	Ht.	Wt.	Hair	Y N		Y N	O C		
		First:											
		Nicknames/aliases:											

Locating information:

*Comments:*

Interview record #	Provider ID # (Interviewer)	Date elicited	Name type*	Name	Description			Previously recruited?	Date contacted	Recruiter/associate records linked?	Status+	Date closed	Participant ID # (Associate)
					Age	Sex	Race						
			F P A	Last:	Ht.	Wt.	Hair	Y N		Y N	O C		
		First:											
		Nicknames/aliases:											

Locating information:

*Comments:*

\* Name type: F=Full name is given, P=Partial name only is given, A = Person is Anonymous (i.e., recruiter does not give name)

+ Status: O = Open, C = Closed



Participant ID # (Associate): \_\_\_\_\_

Date of CTR: \_\_\_/\_\_\_/\_\_\_

Provider ID # (CTR event initiated by): \_\_\_\_\_

**Section IV. Recruitment Method (Associates Only)**

**[\*Complete this section for 1<sup>st</sup> HIV test only]**

1. How was network associate recruited? (select only one)

- Directly through a recruiter (person is a direct network associate)

Enter Participant ID # of recruiter: \_\_\_\_\_

- Indirectly through another (direct) network associate (person is an indirect network associate)

Enter Participant ID # of direct network associate: \_\_\_\_\_

Enter Participant ID # of recruiter who recruited the direct network associate: \_\_\_\_\_

Explain how the indirect network associate was identified (the circumstances):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Method for obtaining CTR:

- Escort  
 Field test  
 Referral to CTR site

Participant ID # : \_\_\_\_\_

Date CTR event initiated: \_\_\_/\_\_\_/\_\_\_\_\_

Provider ID # (CTR event initiated by): \_\_\_\_\_

**Section V. CTR Information (For Any Participant Tested)**

**A. Reason for Test**

4. What was the reason for the test?  First test for Social Networks  
Reason: \_\_\_\_\_  
Follow-up test  
 Exposure within 3 months of previous test  
 High-risk behaviors within 12 months of previous test  
 STD within 12 months of previous test  
 Previous test result indeterminate (standard)  
 Previous test result invalid (rapid)  
 Other reason: \_\_\_\_\_

**B. Risks**

3. Behaviors within last year (select all that apply):
- |  | <u>Within last<br/>3 months</u> | <u>Within last<br/>12 months</u> |
|--|---------------------------------|----------------------------------|
| Unprotected sex (oral, vaginal, anal) with:  |                                 |                                  |
| Person with HIV or AIDS  | <input type="checkbox"/>        | <input type="checkbox"/>         |
| Person of unknown HIV status, with known risk                                      | <input type="checkbox"/>        | <input type="checkbox"/>         |
| Person of unknown HIV status, without known risk                                   | <input type="checkbox"/>        | <input type="checkbox"/>         |
| Shared drug injection equipment (needle, syringe,<br>cotton, cooker, water) after: |                                 |                                  |
| Person with HIV or AIDS  | <input type="checkbox"/>        | <input type="checkbox"/>         |
| Person with unknown HIV status, with known risk                                    | <input type="checkbox"/>        | <input type="checkbox"/>         |
| Person with unknown HIV status, without known risk                                 | <input type="checkbox"/>        | <input type="checkbox"/>         |
| Sex in exchange for money or drugs   | <input type="checkbox"/>        | <input type="checkbox"/>         |
| Other risks: _____   | <input type="checkbox"/>        | <input type="checkbox"/>         |
| <b><u>No</u></b> identified/acknowledged risk                                      | <input type="checkbox"/>        | <input type="checkbox"/>         |
4. STD diagnosis in past 12 months?  Yes  
 No  
 Unknown

**C. Test Selection**

4. Did client agree to test?  Yes  
 No **(If No, go to Referrals Section)**
5. Test setting:  Confidential  
 Anonymous
6. Test type:  Rapid **(If Rapid, go to Rapid Testing Section)**  
 Standard **(If Standard, go to Standard Testing Section)**

Participant ID # : \_\_\_\_\_

Date CTR event initiated: \_\_\_/\_\_\_/\_\_\_\_\_



Participant ID # : \_\_\_\_\_

Date CTR event initiated: \_\_/\_\_/\_\_\_\_

Provider ID # (CTR event initiated by): \_\_\_\_\_

**Section V. CTR Information (For Any Participant Tested)**

**E. Standard Testing**

6. Standard test done?  Yes  
 No

7. Standard test date: \_\_/\_\_/\_\_\_\_

8. Standard test location:  CTR site  
(Site name: \_\_\_\_\_ Site ID #: \_\_\_\_\_)  
 Individual test in field

9. Standard test result:  Positive (*Report to Health Dept. per state/local regulations*)  
 Negative (*Schedule follow-up test if either known/possible exposure within last 3 months OR high-risk behavior or STD within last 12 months*)  
 Indeterminate (*If first indeterminate test, schedule follow-up test*)  
 Unknown

10. Standard test results provided to client?  Yes (Date: \_\_/\_\_/\_\_\_\_)  
 No (Reason: \_\_\_\_\_)



Participant ID # : \_\_\_\_\_

Date CTR event initiated: \_\_\_/\_\_\_/\_\_\_\_\_

Provider ID # (CTR event initiated by): \_\_\_\_\_

**Section V. CTR Information (For Any Participant Tested)**

**G. Scheduling of Follow-up Testing**

1. Follow-up test scheduled?  Yes (Date: \_\_\_/\_\_\_/\_\_\_\_\_)  No (Reason: \_\_\_\_\_)  Unknown
5. If Yes, what was the reason?  Exposure within 3 months of current test  High-risk behavior within 12 months of current test  STD within 12 months of current test  Current test indeterminate (standard)  Current test invalid (rapid)  Other reason: \_\_\_\_\_
6. If follow-up test was scheduled, what is the status of the test?  Follow-up test done  Follow-up test not yet done  Unknown

**H. Recruiter Eligibility**

4. Did you screen the associate to be a recruiter?  Yes  No (Reason: \_\_\_\_\_)  Unknown (Reason: \_\_\_\_\_)
5. Did the associate meet the criteria?  Yes  No (Reason: \_\_\_\_\_)
6. If the associate met the criteria, was he/she invited to be a recruiter? (All associates invited to be a recruiter must be entered in the Recruiter Enlistment/Orientation Log.)  Yes  No (Reason: \_\_\_\_\_)

Participant ID #: \_\_\_\_\_

**Section VI. Notes (All Participants)**

Date	Provider ID #	Notes (Issues reported <u>by provider</u> about this participant)