SPNS Program Cooperative Agreement Evaluation
Module 10: HIV Testing History Form
National Evaluation by The Measurement Group

ID Letters	ID Numbers	Site	Sub-Provider	Date (Month / Day / Year)
				/ /

Staff Code | **Client Gender** ○ Male ○ Female

PART 1

Have you been tested for HIV...

A. Ever? ○ No ○ Yes ○ D/K ○ Ref.

If "No," "D/K," or "Ref.," skip to Part 3.

B. Year this happened for the first time 19

C. In the last 6 months? ○ No ○ Yes ○ D/K ○ Ref.

D. In the last 30 days? ○ No ○ Yes ○ D/K ○ Ref.

E. How many times have you been tested for HIV?

If tested 1 time, ask questions 1-6 below, then go to PART 2.
If tested more than 1 time, ask questions 1-12 below.

1. The first time you were tested for HIV, did you understand what was happening?	○ No	○ Yes	○ D/K	○ Ref.	
2. Did you get counseling before your first HIV test?	○ No	○ Yes	○ D/K	○ Ref.	
3 Did you get counseling after your first HIV test?	○ No	○ Yes	○ D/K	○ Ref.	
4. Were you in jail when you had your first HIV test?	○ No	○ Yes	○ D/K	○ Ref.	
5. Did you have a choice about getting your first HIV test?	○ No	○ Yes	○ D/K	○ Ref.	
6. Was your first HIV test given when you had a baby?	○ No	○ Yes	○ D/K	○ Ref.	○ N/A
7. The most recent time you were tested for HIV, did you understand what was happening?	○ No	○ Yes	○ D/K	○ Ref.	
8. Did you get counseling before your most recent HIV test?	○ No	○ Yes	○ D/K	○ Ref.	
9. Did you get counseling after your most recent HIV test?	○ No	○ Yes	○ D/K	○ Ref.	
10. Were you in jail when you had your most recent HIV test?	○ No	○ Yes	○ D/K	○ Ref.	
11. Did you have a choice about getting your most recent HIV test?	○ No	○ Yes	○ D/K	○ Ref.	
12. Was your most recent HIV test given when you had a baby?	○ No	○ Yes	○ D/K	○ Ref.	○ N/A

PART 2

Have you had a positive test for HIV...

A. Ever? ○ No ○ Yes ○ D/K ○ Ref.

If "No," "D/K," or "Ref.," skip to Part 3.

B. Year this happened for the first time 19

C. In the last 6 months? ○ No ○ Yes ○ D/K ○ Ref.

D. In the last 30 days? ○ No ○ Yes ○ D/K ○ Ref.

E. How many times have you tested positive for HIV?

If tested 1 time, ask questions 1-6 below, then go to PART 3.
If tested more than 1 time, ask questions 1-10 below.

1. After you tested positive for HIV the first time, did someone help you get services? ○ No ○ Yes ○ D/K ○ Ref.

If "No," "D/K," or "Ref.," skip to question 2 below.

1a. Was the person(s) who helped, a... (all that apply)
○ doctor ○ nurse ○ social worker ○ drug counselor ○ other ○ no one helped

1b. Did this person(s) say you should get:

a. Medical services	○ No	○ Yes	○ D/K	○ Ref.	c. Counseling	○ No	○ Yes	○ D/K	○ Ref.
b. Drug treatment	○ No	○ Yes	○ D/K	○ Ref.	d. Help with food, shelter, job training	○ No	○ Yes	○ D/K	○ Ref.

2. Did you try to get:					**3.** Did you get them?				
a. Medical services	○ No	○ Yes	○ D/K	○ Ref.		○ No	○ Yes	○ D/K	○ Ref.
b. Drug treatment	○ No	○ Yes	○ D/K	○ Ref.		○ No	○ Yes	○ D/K	○ Ref.
c. Counseling	○ No	○ Yes	○ D/K	○ Ref.		○ No	○ Yes	○ D/K	○ Ref.
d. Help with food, shelter, job training	○ No	○ Yes	○ D/K	○ Ref.		○ No	○ Yes	○ D/K	○ Ref.

4. After you tested positive for HIV the most recent time, did someone help you get services? ○ No ○ Yes ○ D/K ○ Ref.

If "No," "D/K," or "Ref.," skip to question 5 below.

4a. Was the person(s) who helped, a... (all that apply)
○ doctor ○ nurse ○ social worker ○ drug counselor ○ other ○ no one helped

4b. Did this person(s) say you should get:

a. Medical services	○ No	○ Yes	○ D/K	○ Ref.	c. Counseling	○ No	○ Yes	○ D/K	○ Ref.
b. Drug treatment	○ No	○ Yes	○ D/K	○ Ref.	d. Help with food, shelter, job training	○ No	○ Yes	○ D/K	○ Ref.

5. Did you try to get:					**6.** Did you get them?				
a. Medical services	○ No	○ Yes	○ D/K	○ Ref.		○ No	○ Yes	○ D/K	○ Ref.
b. Drug treatment	○ No	○ Yes	○ D/K	○ Ref.		○ No	○ Yes	○ D/K	○ Ref.
c. Counseling	○ No	○ Yes	○ D/K	○ Ref.		○ No	○ Yes	○ D/K	○ Ref.
d. Help with food, shelter, job training	○ No	○ Yes	○ D/K	○ Ref.		○ No	○ Yes	○ D/K	○ Ref.

PART 3

A. Do you think you have HIV or AIDS? ○ No ○ Yes ○ D/K ○ Ref.

B. Have you been told by a doctor or nurse that you had symptoms of HIV disease or AIDS...

Ever? ○ No ○ Yes ○ D/K ○ Ref.

If "No," "D/K," or "Ref.," STOP here.

C. Year this happened for the first time 19

D. In the last 6 months? ○ No ○ Yes ○ D/K ○ Ref.

E. In the last 30 days? ○ No ○ Yes ○ D/K ○ Ref.

F. How many different times have you been told you had symptoms of HIV disease or AIDS?

1. Who told you the first time you had symptoms of HIV disease or AIDS? (all that apply)
○ doctor ○ nurse ○ social worker ○ drug counselor ○ other

1a. Did this person(s) say you should get:

a. Medical services	○ No	○ Yes	○ D/K	○ Ref.
b. Drug treatment	○ No	○ Yes	○ D/K	○ Ref.
c. Counseling	○ No	○ Yes	○ D/K	○ Ref.
d. Help with food, shelter, job training	○ No	○ Yes	○ D/K	○ Ref.

2. Did you try to get:					**3.** Did you get them?				
a. Medical services	○ No	○ Yes	○ D/K	○ Ref.		○ No	○ Yes	○ D/K	○ Ref.
b. Drug treatment	○ No	○ Yes	○ D/K	○ Ref.		○ No	○ Yes	○ D/K	○ Ref.
c. Counseling	○ No	○ Yes	○ D/K	○ Ref.		○ No	○ Yes	○ D/K	○ Ref.
d. Help with food, shelter, job training	○ No	○ Yes	○ D/K	○ Ref.		○ No	○ Yes	○ D/K	○ Ref.

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