

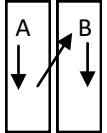
General Instructions for Completing the Partner Services Template

This data collection template is provided to assist grantees who collect National HIV Prevention Program Monitoring and Evaluation (NHME) Partner Services data. *This template corresponds to the data entry screens of Partner Services Web 2018.* This template is not mandated for use in the field, and it may be customized so that agencies may make any changes to the template that best fit their needs. For an editable Microsoft Publisher version of this template, contact the NHME Service Center at 1-855-374-7310 or NHMEservice@cdc.gov.

- **Part One** - Enter information about the agency and index patient here. *All questions are required unless explicitly labeled as optional.*
- **Part Two** - Enter information here about the named partners. A case may require entries for multiple partners.
- **Part Three** - Enter information here about each partner HIV test and referral to medical care. A case may require entries for multiple partners.

The Partner Services template is designed to assist you with collecting NHME required data: the template flows from the upper part of column A to the bottom, then to the upper part of column B to bottom.

Detailed Instructions for Completing the Partner Services Template



- The fields on this form reflect data requirements as described in the 2018 NHME Data Variable Set. (DVS)
- Data fields highlighted in blue are new requirements for PS18-1802.
- Data fields highlighted in yellow have changed as part of the new data requirements for PS18-1802.
- Data requirements with a red * are mandatory for direct data entry on Partner Services Web.
- There are three response formats that you will use to record data: (1) text boxes, (2) check boxes, and (3) fill-in ovals. Text boxes are used to write in information (words, codes, and dates). Check boxes are used to select all options that apply. Fill-in ovals are used to select only one response.

For Assistance with Data Reporting and Submissions

- To add new sites or for general technical assistance, contact the Luther Consulting Help Desk at: help@lutherconsulting.com or 1-866-517-6570 option 1.
- For questions about NHME data elements, contact the NHME Service Center at: NHMEservice@cdc.gov or 1-855-374-7310.

CDC Assurance of Confidentiality

The CDC Assurance of Confidentiality statement assures clients and agency staff that data collected and recorded on templates will be handled securely and confidentially. All CDC grantees are encouraged to include the CDC Assurance of Confidentiality statement on all HIV prevention program data collection templates.

PART 1: INDEX PATIENT DEMOGRAPHICS

Date of Session H06*	M	M	D	D	Y	Y	Y	Y
Local Client ID G103 *	#	#	#	#	#	#	#	#
Client Year of Birth G112 <i>If year of birth unknown enter 1800 *</i>					Y	Y	Y	Y
Case Open Date PCR103*	M	M	D	D	Y	Y	Y	Y
Partner Services Case Number PCR101 *	#	#	#	#	#	#	#	#
eHARS State Number H04c	#	#	#	#	#	#	#	#
eHARS City/County Number H04d	#	#	#	#	#	#	#	#
Client Ethnicity G114	<input type="radio"/> Hispanic or Latino <input type="radio"/> Don't Know <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Declined to Answer							
Current Gender Identity G124	<input type="radio"/> Male <input type="radio"/> Transgender—Unspecified <input type="radio"/> Female <input type="radio"/> Another Gender <input type="radio"/> Transgender—Male to Female <input type="radio"/> Declined to Answer <input type="radio"/> Transgender—Female to Male							
Assigned Sex at Birth G123	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Declined to Answer							
Race G116 (select all that apply)	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Don't Know <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Not Specified <input type="checkbox"/> Black or African American <input type="checkbox"/> Declined to Answer							
Date Demographics Collected G101 *	M	M	D	D	Y	Y	Y	Y

MEDICAL HISTORY : INDEX PATIENT HIV TEST

Indicate the Form ID and funding source under which this patient's HIV test was reported

Index Patient's HIV Test Form ID **H04a**

#####

Program Announcement **X137 (select only one) (Optional)**

<input type="checkbox"/> PS18-1802	<input type="checkbox"/> PS15-1502 Category A
<input type="checkbox"/> PS18-1802 Demonstration Projects	<input type="checkbox"/> PS15-1502 Category B
<input type="checkbox"/> Other- CDC Funding	<input type="checkbox"/> PS15-1509 THRIVE
<input type="checkbox"/> Other- Non CDC Funding	<input type="checkbox"/> PS17-1704 Category A
<input type="checkbox"/> PS15-1506 PRIDE	<input type="checkbox"/> PS17-1704 Category B
<input type="checkbox"/> PS17-1711	<input type="checkbox"/> PS19-1901 CDC STD

New or Previous HIV-positive Diagnosis **x138**

New Diagnosis (Verified) Previous Diagnosis
 New Diagnosis (Not Verified) Unable to Determine

Stage of HIV Infection **X224**

HIV Unknown HIV Stage 1
 HIV Stage 0 HIV Stage 2
 HIV Stage 3

ATTEMPT TO LOCATE INDEX PATIENT

INDEX PATIENT DISPOSITION

Was the client located? **X302**

Located Did he/she accept or decline enrollment into partner services? **X306**
 Unable to Locate Why was the attempt to locate the index patient unsuccessful? **X303**

Accepted
 Declined
 Client not located

Deceased
 Out of Jurisdiction
 Other

INDEX PATIENT SESSION ACTIVITIES

Care Status at Interview **x725b**

In Care Don't Know
 Not in Care Declined to Answer
 Pending

Agency ID **A01a*** # # # # # # # # # #

Site ID **S01*** # # # # # # # # # #

Site Type **S04 *** F # # # #

INDEX PATIENT RISK

Date Risk Profile Collected **G200**
Enter 01/01/1800 if date is unknown

M M D D Y Y Y Y

Required for ALL Index Patients. Did the client report the following behaviors in the past 12 months?

	Yes	No	Not Asked	Declined to Answer
Vaginal or anal sex with a male G216a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal or anal sex with a female G216b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal or anal sex with a transgender person G216c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using injection drugs G211_01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal or anal sex without a condom G222	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PARTNER ELICITATION

Total number of CLAIMED Sex and/or Needle-sharing Partners within the last 12 months **x503** _____

Total number of NAMED Sex and/or Needle-sharing Partners within the last 12 months **x511** _____

INDEX PATIENT CASE OUTCOME

Care Status at Case Close **PCR104a**

In Care Don't Know
 Not in Care Declined to Answer
 Pending

Date Case Closed **PCR104***

M M D D Y Y Y Y

PART 2: PARTNER DEMOGRAPHICS

Date of Session **H06*** M M D D Y Y Y Y

Local Client ID **G103 *** # # # # # # # # # # # # # # # #

Client Year of Birth **G112**
If year of birth unknown enter 1800 * Y Y Y Y

Date Case Open **PCR103*** M M D D Y Y Y Y

Partner Services Case Number PCR101 *
#

eHARS State Number H04c
Complete if client is known to be previously positive or has been identified as newly infected partner
#

eHARS City/County Number H04d
#

Client Ethnicity G114 *
 Hispanic or Latino Don't Know
 Not Hispanic or Latino Declined to Answer

Current Gender Identity G124 **Assigned Sex at Birth G123**
 Male Male
 Female Female
 Transgender—Male to Female Declined to Answer
 Transgender—Female to Male
 Transgender—Unspecified
 Another Gender
 Declined to Answer

Race G116 (select all that apply)
 American Indian/Alaskan Native Native Hawaiian/Pacific Islander Don't Know
 Asian White Not Specified
 Black or African American Declined to Answer

Date Demographics Collected **G101 *** M M D D Y Y Y Y

MEDICAL HISTORY: PARTNER HIV TEST

Has the partner had a previous HIV test? G204
 Yes → **Previous HIV Test Result G205a**
 No
 Don't Know

Record Found—Positive
 Record Found—Negative
 Record Found—Preliminary positive
 Record Found—Indeterminate
 No Record Found—Self Report Negative
 No Record Found—Self Report Positive
 No Record Found—No Self Report

PARTNER HIV MEDICAL REFERRALS

PARTNER DISPOSITION
Was the client located? X302
 Located Did he/she accept or decline enrollment into partner services? **X306**
 Accepted
 Declined
 Client not located
 Unable to Locate Why was the attempt to locate the partner unsuccessful? **X303**
 Deceased
 Out of Jurisdiction
 Other

PARTNER NOTIFICATION (SESSION ACTIVITES)

Partner Care Status at Interview x725b
 If known to be previously positive
 In Care Don't Know
 Not in Care Declined to answer
 Pending
Agency ID A01a # # # # # # # # # #
Site ID S01 # # # # # # # # # #
Site Type S04 F # # # #

PARTNER RISK (Required for HIV Positive Partners)

Date Risk Profile Collected **G200**
 Enter 01/01/1800 if date is unknown M M D D Y Y Y Y

Did the partner report the following behaviors in the past 12 months?	Yes	No	Not Asked	Declined to Answer
Vaginal or anal sex with a male G216a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal or anal sex with a female G216b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal or anal sex with a transgender person G216c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using injection drugs G211_01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal or anal sex without a condom G222	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CASE ENROLLMENT

Partner Type PCR207
 Sex Partner Needle-Sharing Partner Both Sex and Needle-Sharing Partner

Was the partner eligible for notification of his or her exposure to HIV? X600
 Yes — Partner Is Notifiable
 Yes — Partner Is Notifiable and known to be previously positive
 No—Partner Is Deceased
 No—Other
 No—Partner Is Out of Jurisdiction
 No—Partner Has a Risk of Domestic Violence
 No—Partner Is Known to Be Previously Positive

Actual Notification Method X601
 Client Notification
 Provider Notification
 Dual Notification
 Third-Party Notification
 Refused Notification
 Partner Not Notified

PART 3: PARTNER TEST & REFERRAL TO CARE

CODES FOR SITE TYPE S04

Partner Services Case Number **PCR101**

#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#
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Was an HIV Test Performed? **x712**

- No
- No; Client is known to be HIV-positive

Yes Test Date **X105**

Test Form ID **H04a**

#	#	#	#	#	#	#	#	#	#	#	#	#	#	#
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HIV Test Result (Check One Basis for Determination) **x125**

- CLIA - waived Point -of-care Rapid Test
- Laboratory– based Test

- ↓
- Negative
 - Preliminary Positive
 - Positive
 - Discordant
 - Invalid

- ↓
- HIV–1 Positive
 - HIV–1 Positive; Possible Acute
 - HIV-2 Positive
 - HIV Positive, undifferentiated
 - HIV-1 Negative, HIV-2 Inconclusive
 - HIV-1 Negative
 - HIV Negative
 - Inconclusive; further testing needed

Was the result provided to the client? **X111**

- Yes
- Yes, client obtained the result from another agency
- No

Was a test for Syphilis done in conjunction with this HIV Test Event? **x712a**

- Yes Syphilis Test Result **x712b**
- No
 - Not Infected
 - Newly Identified Infection
 - Not Known

What is the client’s current HIV medical care status? **x706c (select one)**

- No Appointment necessary–Negative Test Result →
- No Appointment necessary–Partner Previously Positive and Engaged in Medical Care
- Appointment Pending
- Confirmed –Partner Accessed Service Within 14 Days of Positive Test
- Confirmed–Partner Accessed Service Within 30 Days of Positive Test
- Confirmed–Partner Accessed Service After 30 Days of Positive Test
- Confirmed–Partner Did Not Access Service
- Partner Lost to Follow Up

1st Appointment Date (if confirmed) **X706d**

M	M	D	D	Y	Y	Y	Y
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CLINICAL	
F01.01	Clinical - Inpatient hospital
F02.12	Clinical - TB clinic
F02.19	Clinical - Substance abuse treatment facility
F02.51	Clinical - Community health center
F03	Clinical - Emergency department
F08	Clinical - Primary care clinic (other than CHC)
F09	Clinical - Pharmacy or other retail-based clinic
F10	Clinical - STD clinic
F11	Clinical - Dental clinic
F12	Clinical - Correctional facility clinic
F13	Clinical - Other

NON-CLINICAL	
F04.05	Non-clinical - HIV testing site
F06.02	Non-clinical - Community setting - School/ educational facility
F06.03	Non-clinical - Community setting - Church/ mosque/synagogue/temple
F06.04	Non-clinical - Community setting - Shelter/ transitional housing
F06.05	Non-clinical - Community setting - Commercial facility
F06.07	Non-clinical - Community setting - Bar/club/ adult entertainment
F06.08	Non-clinical - Community setting - Public area
F06.12	Non-clinical - Community setting - Individual residence
F06.88	Non-clinical - Community setting - Other
F07	Non-clinical - Correctional facility - Non-healthcare
F14	Non-clinical - Health department - Field visit
F15	Non-clinical - Community setting - Syringe exchange program
F40	Non-clinical–Mobile Van/Unit
F88	Non-clinical - Other

Pre-Exposure Prophylaxis (PrEP)

Is the client currently on PrEP? **X731**

- Yes
- No
 - Has the client been referred to PrEP Provider? **X731a**
 - Yes
 - No
 - Partner on PrEP
 - Partner Declined