

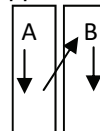
# PARTNER SERVICES 2017 TEMPLATE

## 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 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](mailto:NHMEservice@cdc.gov).

- **Part One** (Sections A-E) - Enter information about the agency and index patient here. All questions are required unless explicitly labeled as optional.
- **Part Two** (Section F) - Enter information here about the index client's elicited partners.
- **Part Three** (Sections G-K) - Enter information here about each partner; a case may require entries for multiple partners.
- **Part Four** (Section L) - Enter referrals for each partner; 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 2012 NHME Data Variable Set. (DVS)
- 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](mailto: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](mailto: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.

This data collection template is consistent with the OMB-approved information collection request #0920-0696 (expiration date: 02/28/2019).

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# PARTNER SERVICES 2017 TEMPLATE

## PART ONE—AGENCY AND INDEX PATIENT INFORMATION

SECTION A. AGENCY INFORMATION	SECTION D. INDEX PATIENT DEMOGRAPHICS																																
Agency ID A01a	Date Demographics Collected G101 <span style="float: right;">M M D D Y Y Y Y</span>																																
Jurisdiction Name A02 (write in)	Local Index Patient ID G103																																
Intervention ID H01	Year of Birth G112 <span style="float: right;">Y Y Y Y</span>																																
Date of Session H06 <span style="float: right;">M M D D Y Y Y Y</span>	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 <input type="radio"/> Not Asked																																
Site ID S01	Race G116 (select all that apply) <input type="checkbox"/> Am. Indian/AK Native <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> Don't Know <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Not Asked																																
Site Type S04 (enter type code from page 4)      F .	State/Territory of Residence G120 (enter FIPS code)																																
Site ZIP Code S10	Assigned Sex at Birth G123 <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Not Asked <input type="radio"/> Declined to Answer																																
SECTION B. CASE ENROLLMENT																																	
Partner Services Case Number PCR101	Current Gender Identity G124 <input type="radio"/> Male <input type="radio"/> Transgender—Male to Female <input type="radio"/> Not Asked <input type="radio"/> Female <input type="radio"/> Transgender—Female to Male <input type="radio"/> Declined to Answer <input type="radio"/> Transgender—Unspecified <input type="radio"/> Additional (specify) _____																																
Date Case Opened PCR103 <span style="float: right;">M M D D Y Y Y Y</span>	SECTION E. INDEX PATIENT RISK																																
Date Case Closed PCR104 <span style="float: right;">M M D D Y Y Y Y</span>																																	
Was the index case reported to surveillance? PCR109 <input type="radio"/> No <input type="radio"/> Yes → <span style="border: 1px solid black; padding: 2px;">Date of Report PCR108 <span style="float: right;">M M D D Y Y Y Y</span></span> <input type="radio"/> Don't Know	Choose status of collection of behavioral risk profile G200_1 <input type="radio"/> Index Patient Completed a Behavioral Risk Profile <input type="radio"/> Index Patient Was Not Asked about Behavioral Risk Factors <input type="radio"/> Index Patient Was Asked, but No Behavioral Risks Were Identified <input type="radio"/> Index Patient Declined to Discuss Behavioral Risk Factors																																
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Result of attempt to locate index patient X302 <input type="radio"/> Unable to Locate → <span style="border: 1px solid black; padding: 2px;">Why was the attempt to locate the index patient unsuccessful? X303  <input type="radio"/> Deceased  <input type="radio"/> Out of Jurisdiction  <input type="radio"/> Other (specify) _____</span> <input type="radio"/> Located	Date Risk Profile Collected G200 (if applicable) <span style="float: right;">M M D D Y Y Y Y</span>																																
If the index patient was located, did he/she accept or decline enrollment into partner services? X306 <input type="radio"/> Accepted <input type="radio"/> Declined	For index patients completing a risk profile, did the index patient report the following behaviors in the past 12 months?																																
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# PARTNER SERVICES 2017 TEMPLATE

## PART TWO—INDEX PATIENT INFORMATION

Partner Services Case Number PCR101  SECTION F. ELICIT PARTNERS Period of time (in months) the index patient is asked to recall number of sex and/or needle sharing partners X502 Total number of sex or needle-sharing partners reported by index patient X503 Partners reported by index patient with enough information to locate Total number of named partners X511 Male partners X511a Female partners X511b Transgender partners X511c Method that will be used to inform the partner that he or she has been potentially exposed to HIV PCR209 <input type="radio"/> Client Notification <input type="radio"/> Provider Notification <input type="radio"/> Dual Notification <input type="radio"/> Contract <input type="radio"/> Third-Party Notification	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #d9ead3;"> <th colspan="2" style="text-align: left;">CODES FOR SITE TYPE S04</th> </tr> <tr style="background-color: #d9ead3;"> <th colspan="2" style="text-align: center;">CLINICAL</th> </tr> <tr> <td style="width: 10%;">F01.01</td> <td>Clinical - Inpatient hospital</td> </tr> <tr> <td>F02.12</td> <td>Clinical - TB clinic</td> </tr> <tr> <td>F02.19</td> <td>Clinical - Substance abuse treatment facility</td> </tr> <tr> <td>F02.51</td> <td>Clinical - Community health center</td> </tr> <tr> <td>F03</td> <td>Clinical - Emergency department</td> </tr> <tr> <td>F08</td> <td>Clinical - Primary care clinic (other than CHC)</td> </tr> <tr> <td>F09</td> <td>Clinical - Pharmacy or other retail-based clinic</td> </tr> <tr> <td>F10</td> <td>Clinical - STD clinic</td> </tr> <tr> <td>F11</td> <td>Clinical - Dental clinic</td> </tr> <tr> <td>F12</td> <td>Clinical - Correctional facility clinic</td> </tr> <tr> <td>F13</td> <td>Clinical - Other</td> </tr> <tr style="background-color: #d9ead3;"> <th colspan="2" style="text-align: center;">NON-CLINICAL</th> </tr> <tr> <td>F04.05</td> <td>Non-clinical - HIV testing site</td> </tr> <tr> <td>F06.02</td> <td>Non-clinical - Community setting - School/educational facility</td> </tr> <tr> <td>F06.03</td> <td>Non-clinical - Community setting - Church/mosque/synagogue/temple</td> </tr> <tr> <td>F06.04</td> <td>Non-clinical - Community setting - Shelter/transitional housing</td> </tr> <tr> <td>F06.05</td> <td>Non-clinical - Community setting - Commercial facility</td> </tr> <tr> <td>F06.07</td> <td>Non-clinical - Community setting - Bar/club/adult entertainment</td> </tr> <tr> <td>F06.08</td> <td>Non-clinical - Community setting - Public area</td> </tr> <tr> <td>F06.12</td> <td>Non-clinical - Community setting - Individual residence</td> </tr> <tr> <td>F06.88</td> <td>Non-clinical - Community setting - Other</td> </tr> <tr> <td>F07</td> <td>Non-clinical - Correctional facility - Non-healthcare</td> </tr> <tr> <td>F14</td> <td>Non-clinical - Health department - Field visit</td> </tr> <tr> <td>F15</td> <td>Non-clinical - Community setting - Syringe exchange program</td> </tr> <tr> <td>F88</td> <td>Non-clinical - Other</td> </tr> </table>	CODES FOR SITE TYPE S04		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	F88	Non-clinical - Other
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**PARTNER SERVICES 2017 TEMPLATE**  
**PART THREE—PARTNER INFORMATION (TO BE COLLECTED FOR EVERY PARTNER)**

Partner Services Case Number PCR101		<b>SECTION J. PARTNER DEMOGRAPHICS</b>																																											
		Date Info Collected about Partner PCR200    M M D D Y Y Y Y																																											
<b>SECTION G. CASE ENROLLMENT</b>		Local PS ID PCR202a																																											
Date Case Opened PCR103    M M D D Y Y Y Y		Year of Birth G112    Y Y Y Y																																											
Date Case Closed PCR104    M M D D Y Y Y Y		Ethnicity G114 <input type="radio"/> Hispanic or Latino <input type="radio"/> Don't Know <input type="radio"/> Not Asked <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Declined to Answer																																											
Was the partner eligible for notification of his or her exposure to HIV? X600 <input type="radio"/> No—Partner Is Deceased <input type="radio"/> No—Partner Is Out of Jurisdiction <input type="radio"/> No—Partner Has a Risk of Domestic Violence <input type="radio"/> No—Partner Is Known to Be Previously Positive <input type="radio"/> Yes—Partner Is Notifiable → <input type="radio"/> No—Partner Is Known to Be Previously Positive <input type="radio"/> No—Other		Actual Notification Method X601 <input type="radio"/> Client Notification <input type="radio"/> Provider Notification <input type="radio"/> Dual Notification <input type="radio"/> Third-Party Notification <input type="radio"/> Refused Notification																																											
Has the partner had a previous HIV test? X602 <input type="radio"/> No <input type="radio"/> Yes → <input type="radio"/> Not Asked <input type="radio"/> Declined to Answer <input type="radio"/> Don't Know		State/Territory of Residence G120 (enter FIPS code)																																											
Date of Most Recent Test X604    M M D D Y Y Y Y		Assigned Sex at Birth G123 <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Not Asked <input type="radio"/> Declined to Answer																																											
Partner's Self-Reported HIV Test Result X603 <input type="radio"/> Positive <input type="radio"/> Not Asked <input type="radio"/> Negative <input type="radio"/> Declined to Answer <input type="radio"/> Preliminary Positive <input type="radio"/> Don't Know <input type="radio"/> Indeterminate		Current Gender Identity G124 <input type="radio"/> Male <input type="radio"/> Transgender—Male to Female <input type="radio"/> Not Asked <input type="radio"/> Female <input type="radio"/> Transgender—Female to Male <input type="radio"/> Declined to Answer <input type="radio"/> Transgender—Unspecified <input type="radio"/> Additional (specify) _____																																											
<b>SECTION H. PARTNER TYPE</b>		<b>SECTION K. PARTNER RISK</b>																																											
Partner Type PCR207 <input type="radio"/> Sex Partner <input type="radio"/> Needle-Sharing Partner <input type="radio"/> Both Sex and Needle-Sharing Partner		Choose status of collection of behavioral risk profile G200_1 <input type="radio"/> Partner Completed a Behavioral Risk Profile (Required for HIV+ clients) <input type="radio"/> Partner Was Not Asked about Behavioral Risk Factors <input type="radio"/> Partner Was Asked, but No Behavioral Risks Were Identified <input type="radio"/> Partner Declined to Discuss Behavioral Risk Factors																																											
<b>SECTION I. ATTEMPT TO LOCATE PARTNER</b>		Date Risk Profile Collected G200 (if applicable)    M M D D Y Y Y Y																																											
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**PARTNER SERVICES 2017 TEMPLATE**  
**PART FOUR—PARTNER INFORMATION (TO BE COLLECTED FOR EVERY PARTNER)**

Partner Services Case Number PCR101

**SECTION L. PARTNER REFERRALS**

<p>Was the partner referred to HIV testing? X703_01</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes →</p> <p><input type="radio"/> Don't Know</p>	<p><b>Referral Date X702</b></p> <table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y		
	<p>Did the partner receive an HIV test as a result of a referral from partner services? X712</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes →</p>	<p><b>Test Result X713</b></p> <table border="0"><tr><td><input type="radio"/> Positive/Reactive. If selected a Risk Profile must be completed.</td><td><input type="radio"/> Invalid</td></tr><tr><td><input type="radio"/> Negative</td><td><input type="radio"/> No Result</td></tr><tr><td><input type="radio"/> Indeterminate</td><td></td></tr></table> <p><b>Results Provided? X714a</b></p> <p><input type="radio"/> No <span style="float:right"><input type="radio"/> Yes</span></p>	<input type="radio"/> Positive/Reactive. If selected a Risk Profile must be completed.	<input type="radio"/> Invalid	<input type="radio"/> Negative	<input type="radio"/> No Result	<input type="radio"/> Indeterminate		
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<input type="radio"/> Negative	<input type="radio"/> No Result								
<input type="radio"/> Indeterminate									

<p>Was the partner referred to HIV medical care? X703_10</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes →</p> <p><input type="radio"/> Don't Know</p>	<p><b>Referral Date X702</b></p> <table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	D	D	Y	Y	Y	Y	<p><b>What was the outcome of the referral? X706</b></p> <table border="0"><tr><td><input type="radio"/> Pending</td><td><input type="radio"/> Lost to Follow-Up</td></tr><tr><td><input type="radio"/> Confirmed—Accessed Service</td><td><input type="radio"/> No Follow-Up</td></tr><tr><td><input type="radio"/> Confirmed—Did Not Access Service</td><td><input type="radio"/> Don't Know</td></tr></table>	<input type="radio"/> Pending	<input type="radio"/> Lost to Follow-Up	<input type="radio"/> Confirmed—Accessed Service	<input type="radio"/> No Follow-Up	<input type="radio"/> Confirmed—Did Not Access Service	<input type="radio"/> Don't Know
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