



SPNS Program:

Project sub-site:

HRSA number (unique ID number):

Date: (MM/DD/YY)

 /  / 

Staff Person:

first letter of the first name  
third letter of the first name  
first letter of the last name  
third letter of the last name  
month of birth (2 digits)  
day of birth (2 digits)  
year of birth (2 digits)  
gender code: 1=male, 2=female, 3=transgender, 6=client refused, 9=unknown

Contact location:

(30 characters maximum)

Contact:  new  
 renewed

Gender:  male  
 female

Perceived/Inferred reason  
for being at-risk:

- MSM  other drugs  
 IDU  multiplepartners  
 sexual partner IDU  incarceration  
 sex work  homeless  
 mental health  other   
 alcohol

Result of contact:

- accepted to talk  
 outright refusal  
 no time at moment  
 situational refusal

Action taken:

Tested:  yes  
 no

Date (MM/DD/YY)

 /  / 

Appointment made for testing:

yes  no

Appointment place:

Comments:

(100 characters maximum)