

Attachment 2c. 2007 Non-Response Data Collection Form

NON-RESPONSE DATA COLLECTION FORM

[Completed by project staff]

VERSION 1.3

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
Atlanta, GA 30333



Country of Birth:

- 1 U.S.
- 2 U.S. Dependencies and Possessions (including Puerto Rico)
- 3 Other (*Specify*): _____
- 8 Unknown

Mode of HIV Exposure	Yes	No	Unknown
Sex with male.....	1	0	8
Sex with female.....	1	0	8
Injected nonprescription drugs	1	0	8
Heterosexual intravenous or injection drug user.....	1	0	8
Bisexual male	1	0	8
Person with hemophilia or coagulation disorder.....	1	0	8
Person with AIDS or documented HIV, risk not specified	1	0	8
Received transfusion from donor with documented HIV.....	1	0	8
Received transplant from donor with documented HIV..	1	0	8
Received clotting factor	1	0	8
Received transfusion of blood/blood components (other than clotting factor).....	1	0	8
Received transplant of tissue or organs or artificial insemination.....	1	0	8
Worked in a health-care or clinical laboratory setting.....	1	0	8

First CD4 Test:

Count: __, __ __ __

Date: __ __ / __ __ __ __
m m y y y y

Percent: __ __

	Positive	Negative	Indeterminate	Not tested	Test Date
HIV-IEIA	1	2	3	4	__ __ / __ __ __ __ <small>m m y y y y</small>
HIV-1/HIV-2 Combination EIA	1	2	3	4	__ __ / __ __ __ __ <small>m m y y y y</small>
HIV-1 WB/IFA	1	2	3	4	__ __ / __ __ __ __ <small>m m y y y y</small>
Other HIV antibody test	1	2	3	4	__ __ / __ __ __ __ <small>m m y y y y</small>