

## 2009 CAREWARE CLIENT-LEVEL DATA COLLECTION SHEET FOR RSR

### DEMOGRAPHICS TAB

<b>Name:</b> (Last) _____ (First) _____ (Middle) _____	(RSR 4) <b>Birth Date:</b> ___/___/____
<b>Address:</b> _____  <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____ (RSR 11) <i>(Only the first 3 digits of Zip Code are used in RSR)</i>  <b>Phone Number:</b> _____	<b>Current Gender</b> (check one): (RSR 7 & 8) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Trans M>F <input type="checkbox"/> Trans F>M <input type="checkbox"/> Refuse to Report <input type="checkbox"/> Unknown
<b>HIV Status</b> (check one): (RSR 12) <input type="checkbox"/> HIV+ not AIDS <input type="checkbox"/> HIV+, AIDS status unknown <input type="checkbox"/> CDC-defined AIDS <input type="checkbox"/> HIV negative (Affected) <input type="checkbox"/> Unknown/unreported <input type="checkbox"/> HIV Indeterminate (Infants under 3)  <i>HIV and AIDS Dates can effect how CAREWare reports HIV Status in the RSR.</i>	<b>HIV+ Date:</b> ___/___/____  <b>AIDS Date:</b> ___/___/____ (RSR 13)
<b>Risk Factors for HIV Infection</b> (check all that apply): (RSR 14) <input type="checkbox"/> Males who have sex with males (MSM) <input type="checkbox"/> Injection drug use (IDU) <input type="checkbox"/> Heterosexual contact <input type="checkbox"/> Hemophilia/coagulation disorder	<input type="checkbox"/> Receipt of blood, transfusion, components or tissue <input type="checkbox"/> Mother w/at risk for HIV infection (perinatal transmission) <input type="checkbox"/> Other <input type="checkbox"/> Unknown  <i>RSR requires risk for all clients regardless of HIV status.</i>
<b>SERVICES TAB</b>	
<b>Enrollment Date:</b> ___/___/____ (mm/dd/YYYY) (RSR 1) (First service ever at agency)	<b>Current Enrollment Status:</b> (RSR 2) <input type="checkbox"/> Active <input type="checkbox"/> Inactive/Case Closed (mapped to unknown in RSR) (Use "REFERRED" instead of INACTIVE/CASE CLOSED if client was discharged as self sufficient) <input type="checkbox"/> Unknown (Use only if "lost to care") <input type="checkbox"/> Referred or Discharged <input type="checkbox"/> Removed (due to violation of rules) <input type="checkbox"/> Incarcerated <input type="checkbox"/> Relocated
<b>Vital Status</b> (check one): (RSR 2) <input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown/unreported  <i>CAREWare uses both Vital Status and Current Enrollment Status to answer RSR 2 question (Client's vital/enrollment status at the end of the reporting period).</i>	If Referred/discharged, Removed, Incarcerated, or Relocated:  <b>Date Closed:</b> ___/___/____ (mm/dd/YYYY)
If Deceased, (RSR 3)  <b>Date of death:</b> ___/___/____ (mm/dd/YYYY)	(RSR 4) <b>Hispanic Ethnicity ?</b> (check one) (RSR 5) <input type="checkbox"/> Yes <input type="checkbox"/> No (not Hispanic) <input type="checkbox"/> Unknown
<b>Race (check all that apply):</b> (RSR 6) <input type="checkbox"/> White ○ Arab/Chaldean (MI Custom) <input type="checkbox"/> Black or African-American ○ African National (MI Custom) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unknown	

**What type and how many services were delivered to the client?** (RSR 16-25, 26-45, 47-48).  
*All services, core and support, are recorded in the CAREWare services tab with date of service, service type, units of service, and cost of service (if applicable). These records are then used to summarize service utilization in the RDR (for the agency) and to populate the client-level service questions in the RSR client services report. RSR services must be at least partially funded by Ryan White resources.*

**ANNUAL REVIEW TAB**

**Primary Medical Insurance (check one): (RSR 15)**

- Private
- Medicare
- Medicaid
- Other Public (VA, CHAMPUS)
- No insurance
- Other
- Unknown/unreported

*(Only Primary Insurance is required for RDR)*

**Questions for Part C RDR Data Collection (ONLY):**

**Referred outside of EIS?**

- No
- Yes
- N/A

**Experimental Referral within EIS?**

- No
- Yes
- N/A

**Other Medical Insurance (check all that apply) (RSR 15)**

- Private
- Medicare
- Medicaid
- Other Public (VA, CHAMPUS)
- No insurance
- Other
- Unknown/unreported

*(RSR 46: Required of Medical Providers only)*

**Was client counseled about HIV transmission risks?**

- No
- Yes

**Who counseled about transmission risk?**

- Primary Care Clinician
- Case Mgr/Social Worker
- Medicaid
- Other Public

**Source of Primary HIV/AIDS Medical Care (check one)**

- Public funded clinic-Health Department
- Private Practice
- Hospital Outpatient Center
- Emergency Room
- No Primary Source of Care
- Other
- Unknown

*(On Annual Tab but not required in either RSR or RDR)*

*(RSR 61: Required of Medical Providers only)*

**Was client screened for Substance Abuse?**

- Yes
- No
- Not, medically indicated
- Unknown

*(RSR 62: Required of Medical Providers only)*

**Was client screened for Mental Health?**

- Yes
- No
- Not, medically indicated
- Unknown

**Housing Status at end of reporting period: (RSR 10)**

- Permanently housed *(mapped to RSR Stable/permanent)*
- Non-permanently housed *(mapped to RSR Temporary)*
- Institution *(mapped to RSR Temporary)*
- Other *(mapped to RSR Unknown)*
- Unknown/unreported *(mapped to RSR Unknown)*
- Unstable *(see New RSR definition)*

**Percent of Federal Poverty Level Calculation Fields:**

**Annual Household Income:** \$ \_\_\_\_\_ , \_\_\_\_\_

**Household Size:** \_\_\_\_\_

*( RSR 9, Percent of Federal Poverty level is calculated from these two items in CAREWare)*

**CLINICAL ENCOUNTER/MEDICATIONS TAB**

**Was client prescribed any antiretroviral therapy (HAART) at any time during this reporting period? (RSR 52 & RDR)** By entering ART medications for the client in the Encounters/medication tab, the information to calculate the answer to this question will be available to CAREWare. This information is required for all clients receiving Outpatient/Ambulatory Medical Care.

For clients taking any antiretroviral therapy, enter all that were a part of the client's HIV treatment regimen at the end of this reporting period.

Name of ART Medication	Start Date	Units	Strength	Frequency

**CLINICAL ENCOUNTER MEDICATIONS TAB**

**If no ART medications are prescribed, indicate Pre-ART Reason on the Medication Tab: (RSR 52)**

- Treatment not medically indicated per guidelines
- client not ready (as determined by clinician)
- Client Refused therapy
- Other extenuating circumstance (e.g. inadequate Ins)

<p><b>Did client receive PCP prophylaxis at any time during the reporting period?</b> (check one) (RSR 51)</p> <p><input type="checkbox"/> Yes Start Date: ___/___/___ ; _____  <input type="checkbox"/> No (medication)  <input type="checkbox"/> Not medically indicated  <input type="checkbox"/> No Client refused  <input type="checkbox"/> Unknown</p>	<p><b>PCP CAREWare instructions:</b>  <i>In CAREWare on the medications tab record the PCP medication, the start date, indication of OI prophylaxis and that OI is PCP. CAREWare will assume the client is on PCP prophylaxis if no stop date has been recorded for the PCP medication.</i></p>
<b>CLINICAL ENCOUNTER LAB AND SCREENING DATA</b>	
<p><b>CD4 Cell Count</b> (RSR 49) Enter on Labs Tab  <b>Test Date:</b> ___/___/___</p> <p><b>CD4 Test Result:</b> _____  <i>(Enter all CD4 tests and lab values on CW Labs Tab)</i></p>	<p><b>Viral Load Count</b> (RSR 50) Enter on Labs Tab  <b>Test Date:</b> ___/___/___</p> <p><b>Viral Load Test Result:</b> _____  <i>(Enter all Viral Load tests and lab values on CW Labs Tab)</i></p>
<p><b>Was the client screened for TB skin test during this reporting period?</b> (check one) (RSR 53 and RDR)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not, medically indicated  <input type="checkbox"/> Unknown</p> <p><b>Date of TB skin test:</b> _____  <i>(Record TST, Quantiferon, or TB Radiograph in Screenings tab with date)</i></p>	<p><b>If NO TB test or “Not medically indicated”, has the client been screened for TB since HIV diagnosis?</b>(check one) (RSR 54)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not, medically indicated  <input type="checkbox"/> Unknown</p> <p><i>(If TB Screening record exists in CW outside of the reporting period time span, CAREWare will report yes as the answer to this question).</i></p>
<p><b>Was the client screened for syphilis during this reporting period?</b> (Exclude clients &lt;18 if not sexually active). (RSR 55)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not, medically indicated  <input type="checkbox"/> Unknown</p> <p><b>Date of syphilis test:</b> _____  <i>Record syphilis screening on CW Screening Labs tab.</i></p>	<p><b>Has the client been screened for hepatitis B during this reporting period?</b> (RSR 56)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not, medically indicated  <input type="checkbox"/> Unknown</p> <p><b>Date of hepatitis B screening:</b> _____  <i>Record Hepatitis B screening on CW Screening Labs tab. Any of these: HBsAb, HBsAg, HBeAb, HBeAg, HBV(DNA)</i></p>
<p><b>If “No” HBV test or “Not medically indicated”, has the client been screened for hepatitis B since HIV diagnosis?</b> (check one) (RSR 57)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not, medically indicated  <input type="checkbox"/> Unknown</p> <p><i>(If a Hepatitis B screening record exists in CW outside of the reporting period time span, CAREWare will report yes as the answer to this question).</i></p>	<p><b>Has the client completed the vaccine series for hepatitis B?</b> (RSR 58)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not, medically indicated  <input type="checkbox"/> Unknown</p> <p><i>(CAREWare will answer “yes” if either Hepatitis B third dose or HepA/HepB Twinrix 3<sup>rd</sup> dose vaccination records exist for the client in the Immunizations tab).</i></p>
<p><b>Was the client screened for Hepatitis C during this reporting period?</b> (RSR 59)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not, medically indicated  <input type="checkbox"/> Unknown</p> <p><b>Date of Hep C test:</b> _____  <i>Record hepatitis C screening in Screening Labs in CAREWare.(either Hep C antibody test or HCV RNA)</i></p>	<p><b>If “No” to Hep C screening or “Not medically indicated” has the client been screened for hepatitis C since HIV diagnosis?</b> (RSR 60)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not, medically indicated  <input type="checkbox"/> Unknown</p> <p><i>(If a Hepatitis C screening record exists in CW outside of the reporting period time span, CAREWare will report yes as the answer to this question).</i></p>

**For HIV+ Females**

**If HIV+ female, did the client receive a pelvic exam and Pap smear during this reporting year?** (check one)

- Yes, Pap enter date of exam \_\_\_\_\_ (RSR 63)
- Yes, Pelvic enter date of exam \_\_\_\_\_

*NOTE: Pelvic and Pap must both be recorded to appear on RDR. Only Pap required for RSR. Enter these tests on the CAREWare Screenings tab.*

**If HIV+ woman, was the client pregnant during this reporting period?** (RSR 64)

- Yes
- No
- Not applicable
- Unknown

**Estimated conception date:** \_\_\_\_\_

*Record the estimated conception date on the CAREWare pregnancy tab.*

**If woman was pregnant during the reporting period, when did the client enter prenatal care?** (RSR 65)

- First Trimester
- Second Trimester
- Third Trimester
- At time of delivery
- Not applicable
- Unknown

**Prenatal care start date:** \_\_\_\_\_

*Enter start date of prenatal care on Pregnancy tab.*

**If pregnant during the reporting period, was the client prescribed antiretroviral therapy to prevent maternal to child transmission?** (RSR 66)

- Yes
- No
- Not applicable
- Unknown

**Start date for ART:** \_\_\_\_\_

*Answer yes to ART taken on pregnancy tab in CAREWare and enter start date if known.*