Interview Record

Patient ID | Condition(s) 1 2 | Case ID 1 2 | Lot # | Interview Record ID

Neurological Involvement? C P N U

900 Site Type | 900 Site Zip Code | 900 Agency ID

Patient Name | Case ID | Lot #

Name

Last Name | First Name | Middle Name

Preferred Name / AKA | Maiden Name

Phone/Contact

Home Phone

Work Phone

Cellular Phone

Pager

E-Mail Address(es)

Emergency Contact Name

Emergency Contact Phone

Emergency Contact Relationship

Address

Residence Street | (Apt. #) | City

State | Zip | County | District | Country

Living With | Residence Type

Time At Address W M Y | Time In State W M Y | Time In Country W M Y

Currently Institutionalized? Y N U | Name of Institution | Institution Type

Demographics

/ / Date of Birth | Sex at Birth M F | Current Gender M F MTF FTM U R | If additional Gender, Specify:

English Speaking? Y N U

Age | Marital Status S M Sep D W C U R | Race AI/AN A B NH/PI W U R | Hispanic/ Latino? Y N U R | Primary Language

Pregnancy

Pregnant at Exam? Y N U R # Weeks | Pregnant at Interview? Y N U R # Weeks | Currently in Prenatal Care? Y N U R | Pregnant in Last 12 Mos? Y N U R | Pregnancy Outcome D S M A U

Condition 1 Reporting Information

Method of Case Detection | Other

OP Condition | OP Case ID

Facility First Tested

If Other, Describe | / / Laboratory Report Date

Y N Interviewed? | If not, why not? | If Other, Describe | Interview Period (mos.)

Place of Interview: | If Other, Describe | PEMS Site ID

/ / Date First Assigned for Interview | DIS # | / / Date Reassigned for Interview | DIS #

/ / Date Original Interview | DIS # | / / Date First Re-Interview | DIS #

/ / Date Case Closed | DIS # | Supervisor #

Imported Case? N C S J D U | Import Location

Condition 2 Reporting Information

Method of Case Detection | Other

OP Condition | OP Case ID

Facility First Tested

If Other, Describe | / / Laboratory Report Date

Y N Interviewed? | If not, why not? | If Other, Describe | Interview Period (mos.)

Place of Interview: | If Other, Describe | PEMS Site ID

/ / Date First Assigned for Interview | DIS # | / / Date Reassigned for Interview | DIS #

/ / Date Original Interview | DIS # | / / Date First Re-Interview | DIS #

/ / Date Case Closed | DIS # | Supervisor #

Imported Case? N C S J D U | Import Location

Case ID

RISK FACTORS

Y-Yes, Anal or Vaginal Intercourse (with or without Oral Sex) **O**-Yes, Oral Sex Only **U**-Unspecified Type of Sex
N-No **R**-Refused to Answer **D**-Did Not Ask

Within the past 12 months has the patient:

1. Had sex with a male? ☐
2. Had sex with a female? ☐
3. Had sex with a transgender person? ☐
4. Had sex with an anonymous partner? ☐
5. Had sex without using a condom? ☐
6. Had sex while intoxicated and/or high on drugs? ☐
7. Exchanged drugs/money for sex? ☐
8. **[Females only]** Had sex with a person who is known to her to be an MSM? ☐
9. Had sex with a person known to him/her to be an IDU? ☐

Y- Yes **N**-No **R**-Refused to Answer **D-**Did Not Ask

Within the past 12 months has the patient: Y/N/R/D

10. Been incarcerated? ☐
11. Engaged in injection drug use? ☐
12. Shared injection drug equipment? ☐

13. During the past 12 months, which of the following injection or non-injection drugs have been used? (Y/N/R/D)

☐	None	☐	Methamphetamines
☐	Crack	☐	Nitrates/Poppers
☐	Cocaine	☐	Erectile dysfunction medications (e.g., Viagra)
☐	Heroin	☐	Other, specify: ____________

14. Other Risk, Specify: ____________________

Social History

Places Met Partners		Places Had Sex	
Type	Name	Type	Name
☐	________	☐	________
☐	________	☐	________
☐	________	☐	________
☐	________	☐	________
☐	________	☐	________
☐	Did not ask	☐	Did not ask
☐	Refused to answer	☐	Refused to answer

Partners in Last 12 Months

Female			Male			Transgender		
☐☐☐	Unknown U	Refused R	☐☐☐	Unknown U	Refused R	☐☐☐	Unknown U	Refused R

Interview Period Partners

	Condition 1			Condition 2		
		Unknown	Refused		Unknown	Refused
Female	☐☐☐	U	R	☐☐☐	U	R
Male	☐☐☐	U	R	☐☐☐	U	R
Transgender	☐☐☐	U	R	☐☐☐	U	R

Additional Social History Comments

____

Local Use: A B C D E F G H I J K L

Case ID

STD Testing

Date Collected	Provider	Test	Specimen Source	Qualitative Result	Quantitative Result
/ /				P N I U Q C	1:
/ /				P N I U Q C	1:
/ /				P N I U Q C	1:
/ /				P N I U Q C	1:

HIV Testing

Tested for HIV at this event? Y N U R Not Asked **Previously Tested for HIV?** Y N U R Not Asked

Self Reported HIV Test Result: 01 02 03 04 66 77 99 **Date of Self Reported Test** / / **Confirmation of Self Reported HIV Result:** 01 02 03 04 05 06

Date Collected	Provider	Test	Specimen Source	Qualitative Result	Provider Confirmed
/ /				P N I U Q C	
/ /				P N I U Q C	
/ /				P N I U Q C	

Signs and Symptoms

	Signs/ Symptoms	Earliest Observation Date	Anatomic Site	Clinician Observed?	Patient Described?	Duration (Days)
1.		/ /				
2.		/ /				
3.		/ /				

If Other, Please Describe:

STD History

Previous STD History? Y N U R

	Condition	Dx Date (mm/yyyy)	Rx Date (mm/yyyy)	Confirmed?
1.		/	/	
2.		/	/	
3.		/	/	

STD/HIV Treatment/Counseling

Treatment Date	Provider	Drug and Dosage
/ /		
/ /		
/ /		

Treatment Comments:

Incidental Antibiotic Treatment in Last 12 Months? Y N U

Rx Date (mm/yyyy)	**Drug/Dosage/Duration**	**Condition**
/		
/		

Anti-Retroviral Therapy for Diagnosed HIV Infection? In Last 12 Months? Y N U R Ever? Y N U R

Results Provided: Y N

900+ Only:

Referred to Medical Care: Y N

If Yes, did Client Attend First Appt.:

Case ID

Partner, Social Contact, & Associate Information

1

Last Name	First Name	AKA	Jurisdiction
Referral Basis / First Exposure __/__/__	Freq. / Last Exposure __/__/__	Gender M F T U R / Pregnant Y N U R	Spouse Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Type Ref.	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	/ /	/ /						/ /			
Condition 2	/ /	/ /						/ /			

2

Last Name	First Name	AKA	Jurisdiction
Referral Basis / First Exposure __/__/__	Freq. / Last Exposure __/__/__	Gender M F T U R / Pregnant Y N U R	Spouse Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Type Ref.	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	/ /	/ /						/ /			
Condition 2	/ /	/ /						/ /			

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Last Name	First Name	AKA	Jurisdiction
Referral Basis / First Exposure __/__/__	Freq. / Last Exposure __/__/__	Gender M F T U R / Pregnant Y N U R	Spouse Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Type Ref.	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	/ /	/ /						/ /			
Condition 2	/ /	/ /						/ /			

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Last Name	First Name	AKA	Jurisdiction
Referral Basis / First Exposure __/__/__	Freq. / Last Exposure __/__/__	Gender M F T U R / Pregnant Y N U R	Spouse Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Type Ref.	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	/ /	/ /						/ /			
Condition 2	/ /	/ /						/ /			

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Last Name	First Name	AKA	Jurisdiction
Referral Basis / First Exposure __/__/__	Freq. / Last Exposure __/__/__	Gender M F T U R / Pregnant Y N U R	Spouse Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Type Ref.	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	/ /	/ /						/ /			
Condition 2	/ /	/ /						/ /			

Marginal Partners, Social Contacts, & Associates

	Name	Sex	Age	Race	Height	Weight	Hair	Exposure	Locating Information
1									
2									
3									
4									
5									

Case ID

Interview / Investigation Comments

Travel History and Internet Use

Case ID

Investigation Plans & Supervisory Review

Date Submitted: ______________ **Initial Review Date:** ______________

Date	DIS #	DIS Investigation Plans	Date	Sup #	Supervisory Comments