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

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

Interviewed? Y N | 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

Interviewed? Y N | 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
- Crack
- Cocaine
- Heroin
- Methamphetamines
- Nitrates/Poppers
- Erectile dysfunction medications (e.g., Viagra)
- Other, specify: _____

14. Other Risk, Specify: _____

Social History

Places Met Partners

Type | Name

- Did not ask
- Refused to answer

Places Had Sex

Type | Name

- Did not ask
- Refused to answer

Partners in Last 12 Months

Female | Unknown U | Refused R

Male | Unknown U | Refused R

Transgender | Unknown U | Refused R

Interview Period Partners

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

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	___/___/___	___/___/___						___/___/___			

3

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