

Cluster Interview Template

Person Being Interviewed: _____	OP Case # & DX				
Relationship to OP:	Partner <input type="checkbox"/>	Social <input type="checkbox"/>	Associate <input type="checkbox"/>	Type: _____	Worker <input type="checkbox"/>
				Interview Date ____/____/____	Lot No. _____

Medical Status/Hist. of Interviewee: _____

AKAs/internet info (Screen names, e-mail address, etc): _____

Cluster Interview Instructions:

P = Pursue
C = Covered

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Risk Factors

Optional for 900 negative sexual & social contacts, associates, or cohorts.

Within the last 12 months, has the client reported: Y-Yes/Yes-Anal or Vaginal Intercourse (with or without Oral Sex) O-Yes, Oral Sex Only U-Unspecified Type of Sex/Unknown N-No R-Refused to Answer D-Did Not Ask	<input type="checkbox"/> No risk identified.	<input type="checkbox"/> Sex without using a condom?	<input type="checkbox"/> Sex with male?
	<input type="checkbox"/> Sex with female?	<input type="checkbox"/> Engaged in injection drug use?	
	<input type="checkbox"/> Sex with transgender?	<input type="checkbox"/> Shared injection drug equipment?	
		<input type="checkbox"/> Other (Specify): _____	

900 PS Information

Complete on all 900 Partners, Social Contacts, & Associates regardless of testing status

Interviewed?: <input type="checkbox"/>	Sex at Birth <input type="checkbox"/> M <input type="checkbox"/> F	If additional Gender, Specify: _____
Notifiability: <input type="checkbox"/>	Notification Plan: <input type="checkbox"/>	Actual Notification Method Used: <input type="checkbox"/>
Self-Reported 900 Test Result: <input type="checkbox"/>	Confirmed Client's Serostatus: <input type="checkbox"/>	____/____/____ Date of Last 900 Test
Referred to Testing: <input type="checkbox"/>	Referral Date: ____/____/____	Testing Performed: <input type="checkbox"/>
		Referral Test Result: <input type="checkbox"/>
		900 Result Provided: <input type="checkbox"/>

Interview Notes
