Cluster Interview Template

Person Being Interviewed: _____

OP Case # & DX _____ | □ | □ | □

Relationship to OP:

Partner □ Social □ Associate □ Type: _____ Worker [| |] 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

P	C		P	C	
1 □	□	_____	7 □	□	_____
2 □	□	_____	8 □	□	_____
3 □	□	_____	9 □	□	_____
4 □	□	_____	10 □	□	_____
5 □	□	_____	11 □	□	_____
6 □	□	_____	12 □	□	_____

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

Risk Factors

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

□ No risk identified.
□ Sex with male?
□ Sex with female?
□ Sex with transgender?

□ Sex without using a condom?
□ Engaged in injection drug use?
□ Shared injection drug equipment?
□ Other (Specify): _____

900 PS Information

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

Interviewed?: [|]

Sex at Birth [M | F] If additional Gender, Specify: _____

Notifiability: [|] Notification Plan: [|] Actual Notification Method Used: [|]

Self-Reported 900 Test Result: [|] Confirmed Client's Serostatus: [|] ___/___/___ Date of Last 900 Test

Referred to Testing: □ ___/___/___ Referral Date Testing Performed: □ Referral Test Result: □ 900 Result Provided: □

Interview Notes

_____
_____
_____
_____
_____
_____
_____

Case ID

Partner/Social Contact/Associate Information

1

Last Name	First Name	AKA	Jurisdiction

First Exposure ___ / ___ / ___ Freq. Last Exposure ___ / ___ / ___ Gender: M F T U R Pregnant: Y N U R Spouse: Y N U R

Condition 1: Ix Date ___ / ___ / ___ | Init. Date ___ / ___ / ___ | Ix DIS # | Ix Type | Referral | FR# | Dispo | Dispo Date ___ / ___ / ___ | Cond. | DIS # | SO/SP

Condition 2: Ix Date ___ / ___ / ___ | Init. Date ___ / ___ / ___ | Ix DIS # | Ix Type | Referral | FR# | Dispo | Dispo Date ___ / ___ / ___ | Cond. | DIS # | SO/SP

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Last Name	First Name	AKA	Jurisdiction

First Exposure ___ / ___ / ___ Freq. Last Exposure ___ / ___ / ___ Gender: M F T U R Pregnant: Y N U R Spouse: Y N U R

Condition 1: Ix Date ___ / ___ / ___ | Init. Date ___ / ___ / ___ | Ix DIS # | Ix Type | Referral | FR# | Dispo | Dispo Date ___ / ___ / ___ | Cond. | DIS # | SO/SP

Condition 2: Ix Date ___ / ___ / ___ | Init. Date ___ / ___ / ___ | Ix DIS # | Ix Type | Referral | FR# | Dispo | Dispo Date ___ / ___ / ___ | Cond. | DIS # | SO/SP

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Last Name	First Name	AKA	Jurisdiction

First Exposure ___ / ___ / ___ Freq. Last Exposure ___ / ___ / ___ Gender: M F T U R Pregnant: Y N U R Spouse: Y N U R

Condition 1: Ix Date ___ / ___ / ___ | Init. Date ___ / ___ / ___ | Ix DIS # | Ix Type | Referral | FR# | Dispo | Dispo Date ___ / ___ / ___ | Cond. | DIS # | SO/SP

Condition 2: Ix Date ___ / ___ / ___ | Init. Date ___ / ___ / ___ | Ix DIS # | Ix Type | Referral | FR# | Dispo | Dispo Date ___ / ___ / ___ | Cond. | DIS # | SO/SP

Marginal Partners, Social Contacts, & Associates

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

Referral Basis

Referral Basis