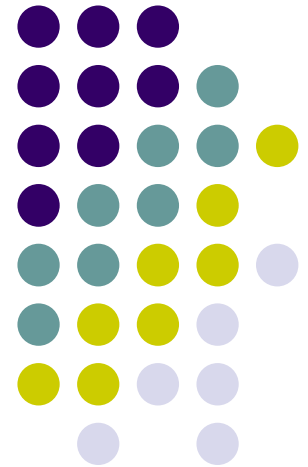


Comprehensive Field Record



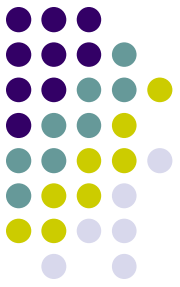
Introduction to the Training



- The slides will first show a picture of the section of the template that will be discussed (e.g., Demographic and Locating Information)
- Each section will then be broken into subsections and discussed in detail in the following slides

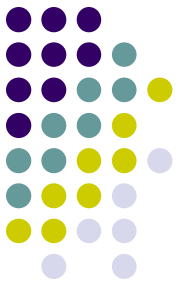


How to Use the Comprehensive Field Record



- The first two pages of the Comprehensive Field Record (CFR) should be printed double-sided
- Fold the CFR in half to allow for it to fit in your pouch
- This allows you to document notes on the back of the CFR
- The third page may be laminated and kept at the office or in the field pouch

A Guide to the Comprehensive Field Record

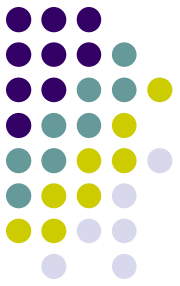


The rest of this training will focus on the five sections of the CFR

- Demographic & Locating Information
- Epidemiological/Medical Information
- Investigational Outcomes
- Partner/Social Contact Information
- Documentation and Field Notes



Demographic & Locating Information



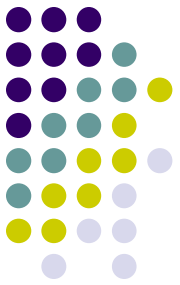
Last Name		First (& Nickname)					
Address (Street)				(Apt. #)			
City			State		Telephone Number		
Age/D.O.B.		Race				Hispanic	
/ /		AI/AN A B		NH/PI W U R		Y N U R	
Current Gender				Marital Status			
M F MTF FTM U R				S M W D SP U			
Internet Alias/E-mail Address				Internet Site/System			
Height		Size/Build		Hair		Complexion	
Place of Employment/Hours/Phone							
Other Identifying, Locating, or Medical Information							

Updates

- Ethnicity - Hispanic
- Current Gender – includes Transgender categories
- Internet Alias
- Internet Site/System
- Updates are identified in the slides with italicized font



Demographic & Locating Information

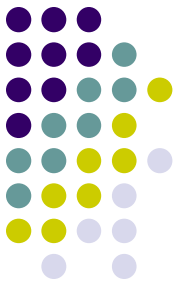


Last Name		First (& Nickname)	
Address (Street)		(Apt. #)	
City	State	Telephone Number	

- Document Name and Any Aliases, Current Address and Primary Phone Number



Demographic & Locating Information



Age/D.O.B.			Race						Hispanic				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender						Marital Status							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Document Age, DOB
- Document Race separately from Ethnicity
- *Document Current Gender, which may be different from Sex at Birth*
- Document Marital Status



Demographic & Locating Information

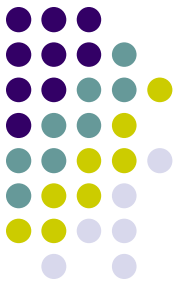


Internet Alias/E-mail Address		Internet Site/System	
Height	Size/Build	Hair	Complexion

- *Document the partner's primary E-mail Address and Internet Alias*
- *Document any Internet Sites/Systems that correspond to the Email Address or Internet Aliases listed above*
- Document the physical characteristics of the partner



Demographic & Locating Information

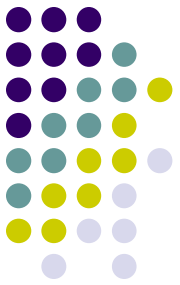


Place of Employment/Hours/Phone
Other Identifying, Locating, or Medical Information

- Document Employment status, hours worked, phone number and any other information that will assist in locating the partner



Epidemiological/Medical Information



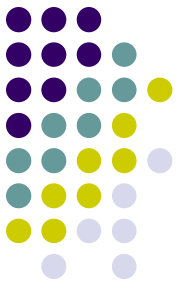
Interview Only FR: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Referral Basis:		Disease 1	Disease 2
<input type="checkbox"/> Partner _____			
<input type="checkbox"/> Cluster _____			
<input type="checkbox"/> Positive Lab Test			
<input type="checkbox"/> OOJ/ICCR _____			
Pregnant? W K s. <input type="checkbox"/> N <input type="checkbox"/> U		900 Case Status: <input type="text"/> <input type="text"/>	
Original Patient ID. Number:			
First		Freq.	Last
Exposure:			
Date	Test	Result	Provider
Date	Drugs	Dosage	Provider

Updates

- Interview Only field
- 900 Case Status field
- Updates are identified in the slides with italicized font



Epidemiological/Medical Information



Interview Only FR: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Referral Basis:	Disease 1	Disease 2
<input type="checkbox"/> Partner _____		
<input type="checkbox"/> Cluster _____		
<input type="checkbox"/> Positive Lab Test		
<input type="checkbox"/> OOJ/ICCR _____		

- *Document whether an interview is the purpose of this field investigation*
- Document whether the person is considered a partner, social contact or associate of the index patient
- Document the condition being investigated in columns Disease 1 and Disease 2.



Epidemiological/Medical Information

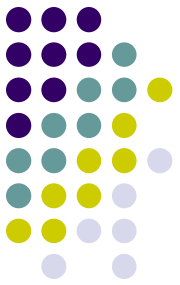


Pregnant?	
<input type="checkbox"/> Y	_____
W K s.	<input type="checkbox"/> N <input type="checkbox"/> U
900 Case Status: <input type="checkbox"/> <input type="checkbox"/>	

- Document the pregnancy status; if the person is pregnant, document the duration of the pregnancy in weeks
- *Document known HIV status, prior to the investigation*



Epidemiological/Medical Information

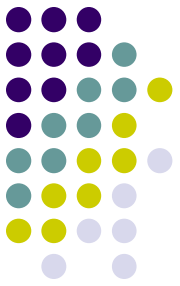


Original Patient ID. Number:			
Exposure:	First	Freq.	Last

- Document the index patient identification number, in order to link the field record to the interview record
- Document the dates and frequency of the exposure of the index patient to the partner



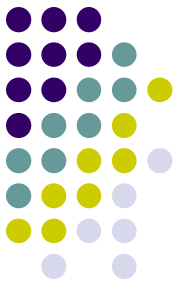
Epidemiological/Medical Information



Date	Test	Result	Provider

Date	Drugs	Dosage	Provider

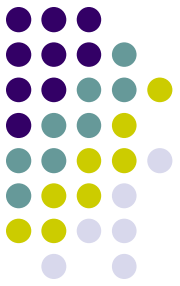
- Document the date, test type, result of test and test provider
- Document the date, type of treatment, dosage, and treatment provider



Investigation Outcomes

Disease 1	
Interviewer Number:	<input type="text"/>
Date Initiated:	/ /
Type Interview:	<input type="text"/>
Type Referral:	<input type="text"/>
Disposition:	<input type="text"/>
Dispo Date:	/ /
New Case #:	<input type="text"/>
Diagnosis:	<input type="text"/>
Worker Number:	<input type="text"/>

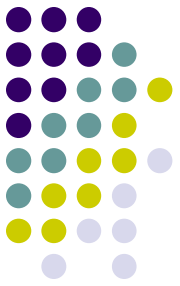
- Two Disease Investigation Outcomes Boxes are placed on the top right side of the Field Record
- Document the outcomes in each disease specific box as warranted
- Only one field has been updated: Internet Outcome
- Updates are identified in the slides with italicized font



Investigation Outcomes

Disease 1	
Interviewer Number:	<input type="text"/>
Date Initiated:	____ / ____ / ____
Type Interview:	<input type="text"/>
Type Referral:	<input type="text"/>

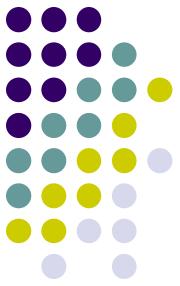
- Document number of the DIS initiating the interview
- Enter the date the interview was initiated
- Enter the type of interview conducted
- Document the type of referral method used



Investigation Outcomes

Disposition:	<input type="checkbox"/>
Dispo Date:	____ / ____ / ____
New Case #:	<input type="text"/>
Diagnosis:	<input type="text"/>
Worker Number:	<input type="text"/>

- Document the HIV or STD disposition code for each condition
- Enter the date the disposition code was determined
- If applicable, enter the new case number
- Enter the diagnosis of the index patient
- Enter the number of the DIS who performed the investigation



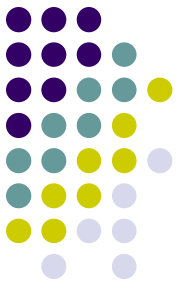
Investigation Outcomes

Internet Outcome:	<input type="text"/>	Post-test Counseled	<input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------	----------------------	------------------------	---

- *Document the outcome of the internet-based activities*
- If the disease is HIV, document whether post-test HIV counseled occurred



Other Investigation Information

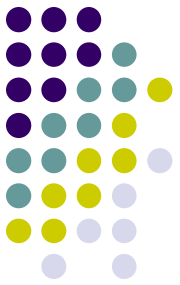


FR Number	OOJ No.	OOJ Area	Due Date	Initiating Agency	Invest. Agency	Clinic Code
			____ / ____ / ____			

- This section is at the bottom of the page and is used for the documentation of Out of Jurisdiction information
- Document the entire field record number(s) for the partner/cluster initiated. Document the new Field Record number if the CFR is sent to a new area and enter the name of the OOJ area



Other Investigation Information

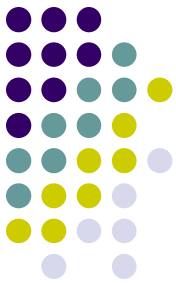


FR Number	OOJ No.	OOJ Area	Due Date	Initiating Agency	Invest. Agency	Clinic Code
			____/____/____			

- Enter the due date of the completed OOJ investigation
- Enter the FIPS county code of the initiating agency for this OOJ investigation
- If different from the initiating agency, enter the investigating agency for this OOJ investigation and, if applicable, enter the clinic code of the initiating clinic

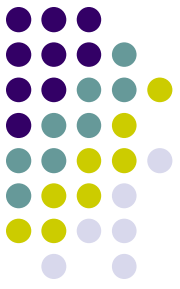


Partner/Social Contact Information



900 PS Information (Complete on all 900 Sexual & Social Contacts, Associates, & Cohorts)			
<input type="checkbox"/> <input type="checkbox"/>	____/____/____	Sex at Birth: <input type="checkbox"/> M <input type="checkbox"/> F	additional, Specify: _____
Interviewed?	900 PS Interview Date		
Notifiability: <input type="checkbox"/> <input type="checkbox"/>	Plan: <input type="checkbox"/> <input type="checkbox"/>	Actual Method: <input type="checkbox"/> <input type="checkbox"/>	
Self-Reported Results: <input type="checkbox"/> <input type="checkbox"/>	Results Confirmed: <input type="checkbox"/> <input type="checkbox"/>	____/____/____	Date of Last 900
Referral 1: <input type="checkbox"/>	____/____/____	Test: <input type="checkbox"/>	Result: <input type="checkbox"/>
	Referral Date		
Post: <input type="checkbox"/>	900+ Only:	Referral 2: <input type="checkbox"/>	First Appt.: <input type="checkbox"/> <input type="checkbox"/>
FACTORS			
	Y/O/U/N/R/D		Y/N/R/D
Male	<input type="checkbox"/>	IDU	<input type="checkbox"/>
Female	<input type="checkbox"/>	Share Equipment	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	NIR	<input type="checkbox"/>
Condom	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other (Specify): _____			

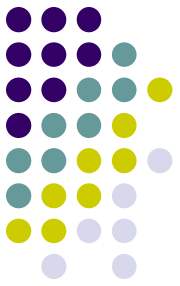
Partner/Social Contact Information



- This entire section is new
- The variables meet the new data requirements for the National HIV Monitoring & Evaluation (NHM&E) activities
- The risk questions mirror those collected on the Comprehensive Interview Record
- The NHM&E variable names are provided in the notes sections of these slides for each field



Partner/Social Contact Information

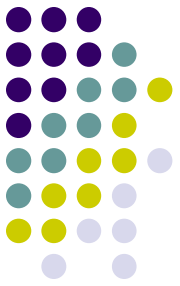


<table border="1"><tr><td></td><td></td></tr></table>			/ /
Interviewed?	900 PS Interview Date		

- *Document enrollment into Partner Services (i.e., acceptance of the interview) and the date that the interview took place*



Partner/Social Contact Information

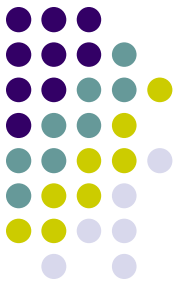


Sex at Birth:	<input type="checkbox"/> M	<input type="checkbox"/> F	_____ additional, Specify:
---------------	----------------------------	----------------------------	----------------------------

- *Indicate the partner's assigned sex at birth*
- *If the partner indicates an additional gender that is not listed on the top half of the CFR, list the partner's reported gender here*



Partner/Social Contact Information

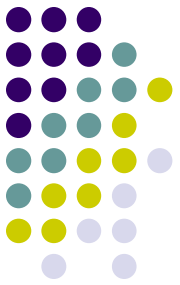


Notifiability:	<input type="checkbox"/>	<input type="checkbox"/>	Plan:	<input type="checkbox"/>	<input type="checkbox"/>	Actual Method:	<input type="checkbox"/>	<input type="checkbox"/>
----------------	--------------------------	--------------------------	-------	--------------------------	--------------------------	----------------	--------------------------	--------------------------

- *Document whether or not a named partner is eligible for notification of exposure*
- *Document the agreed upon method for notification of exposure*
- *Document the actual method used to notify each eligible partner of their exposure – this method may differ from the notification plan*



Partner/Social Contact Information

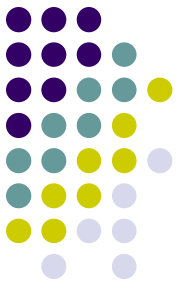


Self-Reported Results: <input type="checkbox"/> <input type="checkbox"/>	Results Confirmed: <input type="checkbox"/> <input type="checkbox"/>	____/____/____ Date of Last 900
---	---	------------------------------------

- *Document the partner's most recent self-reported HIV-test result at the time of the notification. Ensure that this is the test result and not the HIV status.*
- *Document the partner's previous HIV test with confirmed test results*
- *Enter the date of the partner's last HIV test*



Partner/Social Contact Information

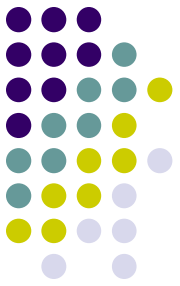


Referral 1: <input type="checkbox"/>	<u> / / </u> Referral Date	Test: <input type="checkbox"/>	Result: <input type="checkbox"/>
--------------------------------------	--	--------------------------------	----------------------------------

- *Document whether the partner was referred to HIV testing*
- *Enter the date on which the partner was referred to HIV testing*
- *Indicate whether the test for which the partner was referred was performed and indicate the referred test result*



Partner/Social Contact Information

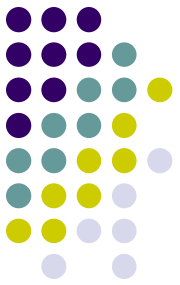


Post:

- *Indicate whether the partner was informed of their test results*



Partner/Social Contact Information



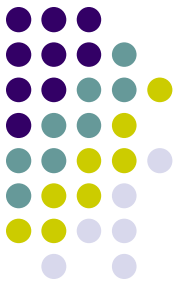
Referred to
Medical Care:

If Yes, did Client
Attend First Appt.:

- *Document whether the partner was referred to medical care and, if so, indicate whether the partner attended their first medical care appointment*



Partner/Social Contact Information

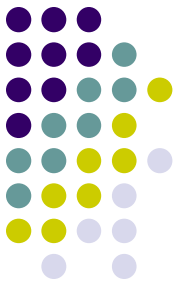


Collecting Partner Risk Information

- *Risks are not listed per se on the CFR to protect confidentiality, but are provided on the code sheet*
- *Each risk factor should be addressed for the last 12 months prior to the date of the interview*
- *Risk factors are not required on 900 negative sexual contacts, social contacts, or associates.*



Partner/Social Contact Information



- Documenting Partner Risk Information

FACTORS		Optional for 900 negative sexual & social contacts, associates, or cohorts.	
	Y/O/U/N/R/D		Y/N/R/D
Male	<input type="checkbox"/>	IDU	<input type="checkbox"/>
Female	<input type="checkbox"/>	Share Equipment	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	NIR	<input type="checkbox"/>
Condom	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other (Specify): _____			

Partner/Social Contact Information



What are the risk factors?

Sexual Risk

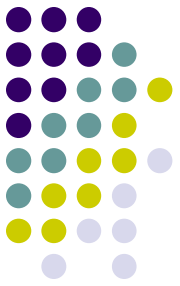
- Sex with a male
- Sex with a female
- Sex with transgender person
- Sex without using a condom

Other Risk

- Injection drug use
- Shared injection drug equipment
- No risk identified
- Other

These risk factors are reported for the past 12 months

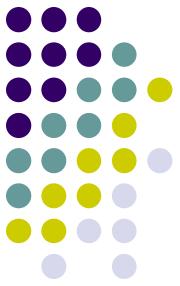
Partner/Social Contact Information



For the first 4 risk factors (i.e., sexual risk) partners should be asked what type of sexual exposure occurred using the responses listed below

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

Partner/Social Contact Information



The next 4 risk factors require the response options listed below to indicate other risks

NOTE: For each risk 5 – 8, document the appropriate response, one response per risk factor.

Y - Yes

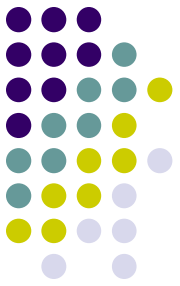
N - No

R - Refused to Answer

D - Did not ask



Documentation and Field Notes



Standardized Documentation Abbreviations

Bic - Bicillin

C/B - Call back/Called back

CLIX - Cluster Interview

CX - Contact

CL - Cluster

CSW - Commercial Sex Worker

FB - Field Blood

FR - Field Record

FV - Field Visit

HX - History

IM - Intramuscular

IP - Index Patient

IX - Interview

LX - Lesion

MSM - Men who have Sex with Men

FR - Field Record

OI - Original Interview

OP - Original Patient

P/C - Phone Call

Pt - Patient

RI - Reinterview

RS - Record Search

SX - Symptoms

TX - Treatment

PTC - Post-test counsel

W/ - With

WBI - Will be in

W/O - Without