The Comprehensive Interview Record

Released 2009

Loading

Directions

Prior to beginning this program it is highly recommended that you have printed copies of the ***Comprehensive Interview Record***, the ***Instructions*** and the ***Codes List*** available for review as you go through this training.

Skip **Directions** and go to **Menu**

Menu

Directions

- Advance through this training program by using your mouse to click the navigation buttons in the upper right-hand corner. Do NOT use the keyboard to advance through this training as it will cause links to work improperly.
- Click on any yellow shaded fields to see the Interview Record Codes.

Menu

Directions

- Click on grey boxes like the one below to uncover field information

Menu

Directions

- To return to your previous screen, click on the back-button in the lower right-hand corner.
- On the Codes Page, use the up and down arrows to move the page.
- Click on this symbol to see what impact this section might have on the interview.

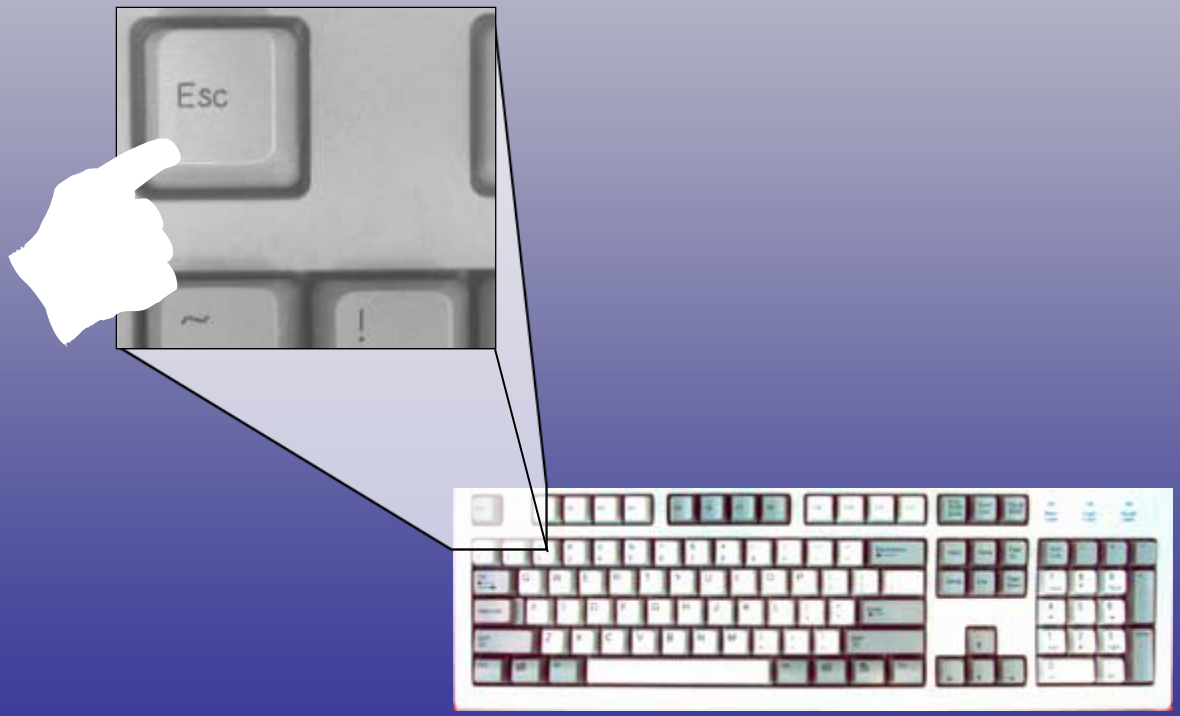
- Watch for important “Special Note” boxes throughout the program.

Special Note: ….

Menu

Directions

- To close this program press the ESCAPE or ESC key on your keyboard.



Goals for the pilot:

- To assess the user acceptance of the Comprehensive Interview Record, Comprehensive Field Record and the Cluster Interview Templates for Partner Services activities conducted in the field.
- To determine barriers to and facilitators for using the Comprehensive Field Record and Cluster Interview Templates.
- To determine whether the Comprehensive Field Record or the Cluster Interview Template works better to collect information from HIV-negative partners in the field.

MENU

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- Page 2
- Page 3
- Page 4
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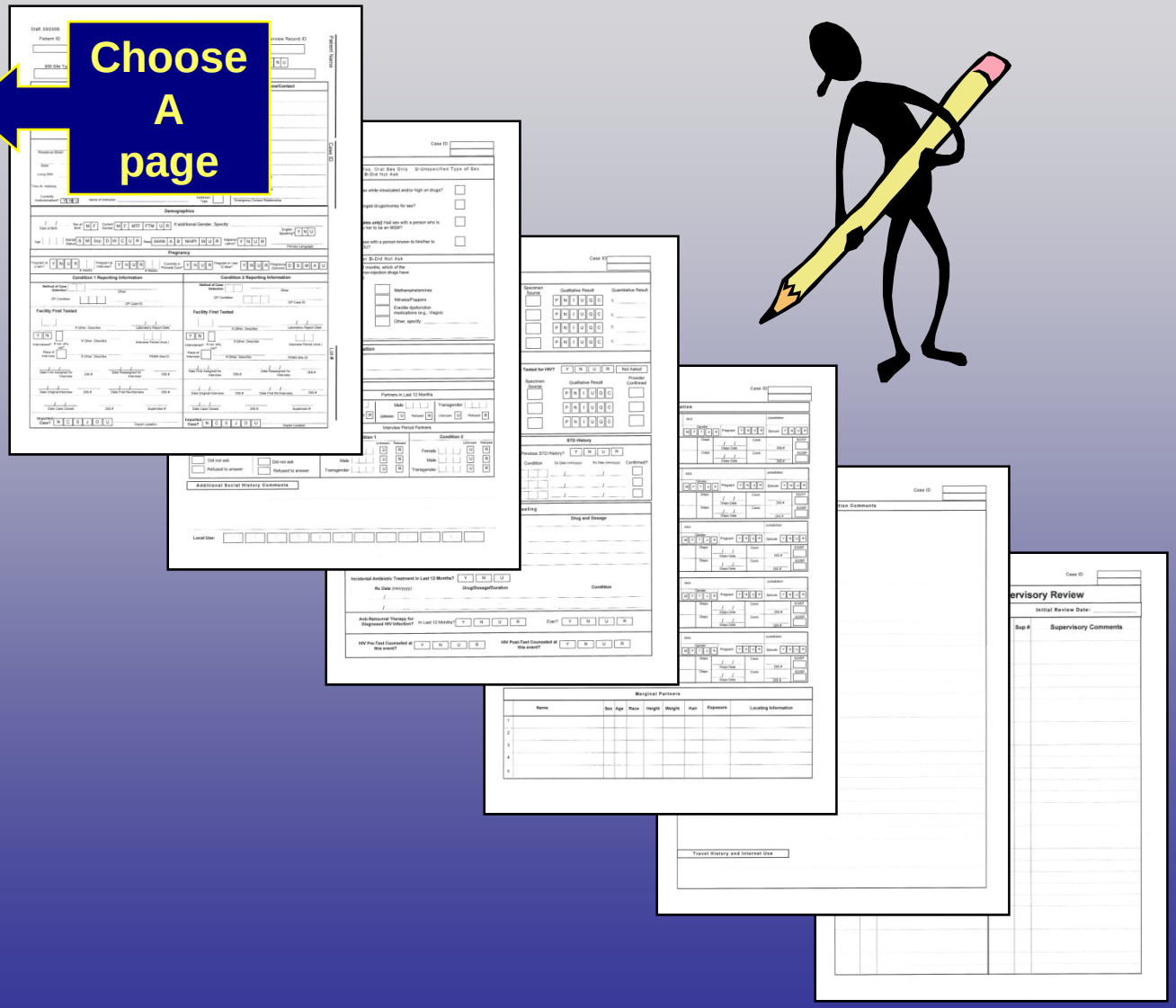
- Page 6
- F A Q s

Choose A page



Page 1

Menu

Draft: 03/23/09

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:

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 | English Speaking? Y N U | Primary Language

Pregnancy

Pregnant at Exam? Y N U R | Pregnant at Interview? Y N U R # Weeks | Currently in Prenatal Care? Y N U R # Weeks | 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

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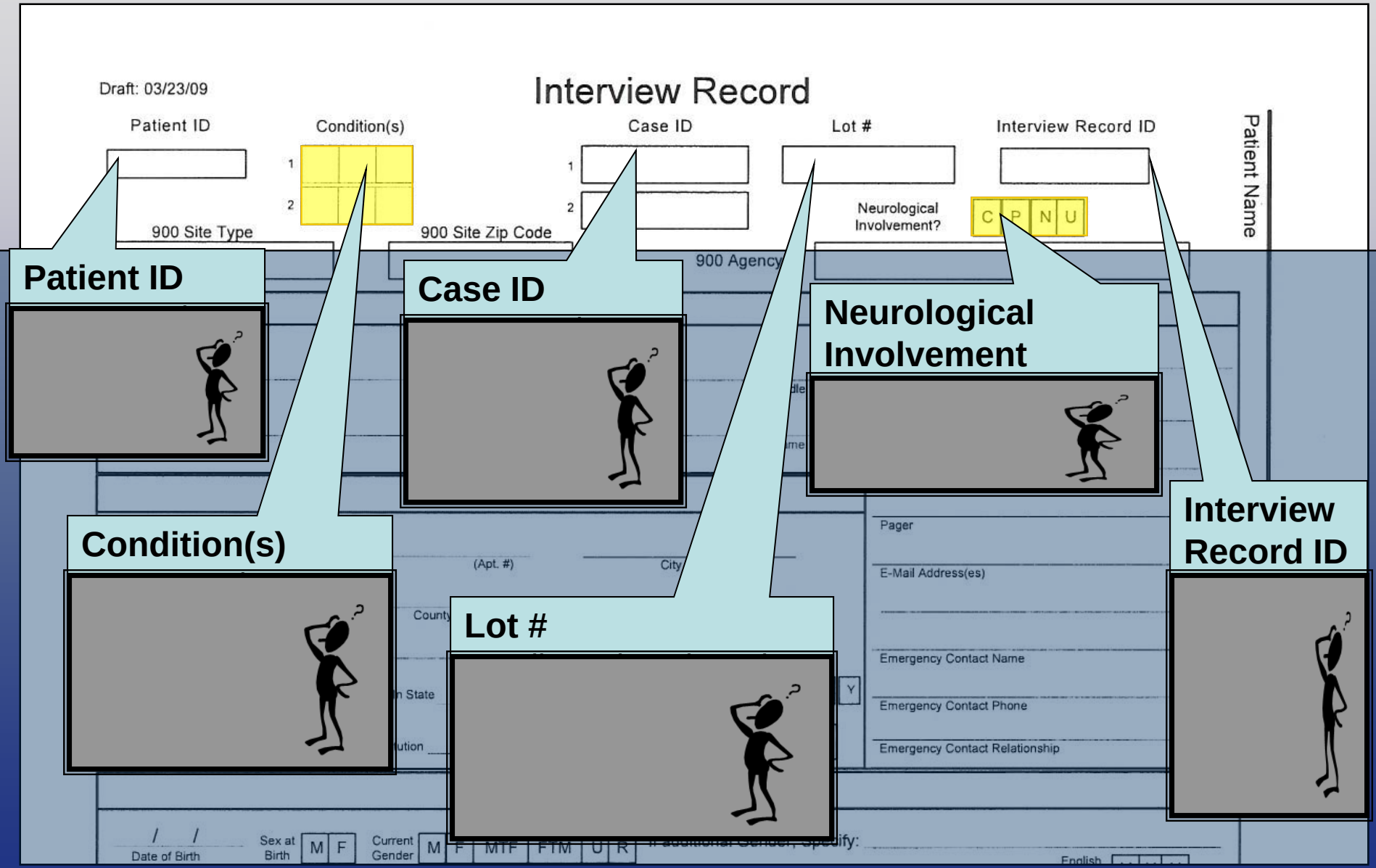
Draft: 03/23/09
Interview Record
Patient ID
Condition(s)
Case ID
Lot #
Interview Record ID
Patient Name
900 Site Type
900 Site Zip Code
900 Agency
Neurological Involvement?
C P N U
Patient ID
Case ID
Neurological Involvement
Condition(s)
Lot #
Interview Record ID
Pager
E-Mail Address(es)
Emergency Contact Name
Emergency Contact Phone
Emergency Contact Relationship
Date of Birth
Sex at Birth
Current Gender
English

Page 1

Menu

900 Site Type

900 Site Zip Code

900 Agency ID

Name

First Name

Middle Name

Living With

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

(Apt. #)

Emergency Contact Name

Emergency Contact Phone

Emergency Contact Relationship

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

Page 1

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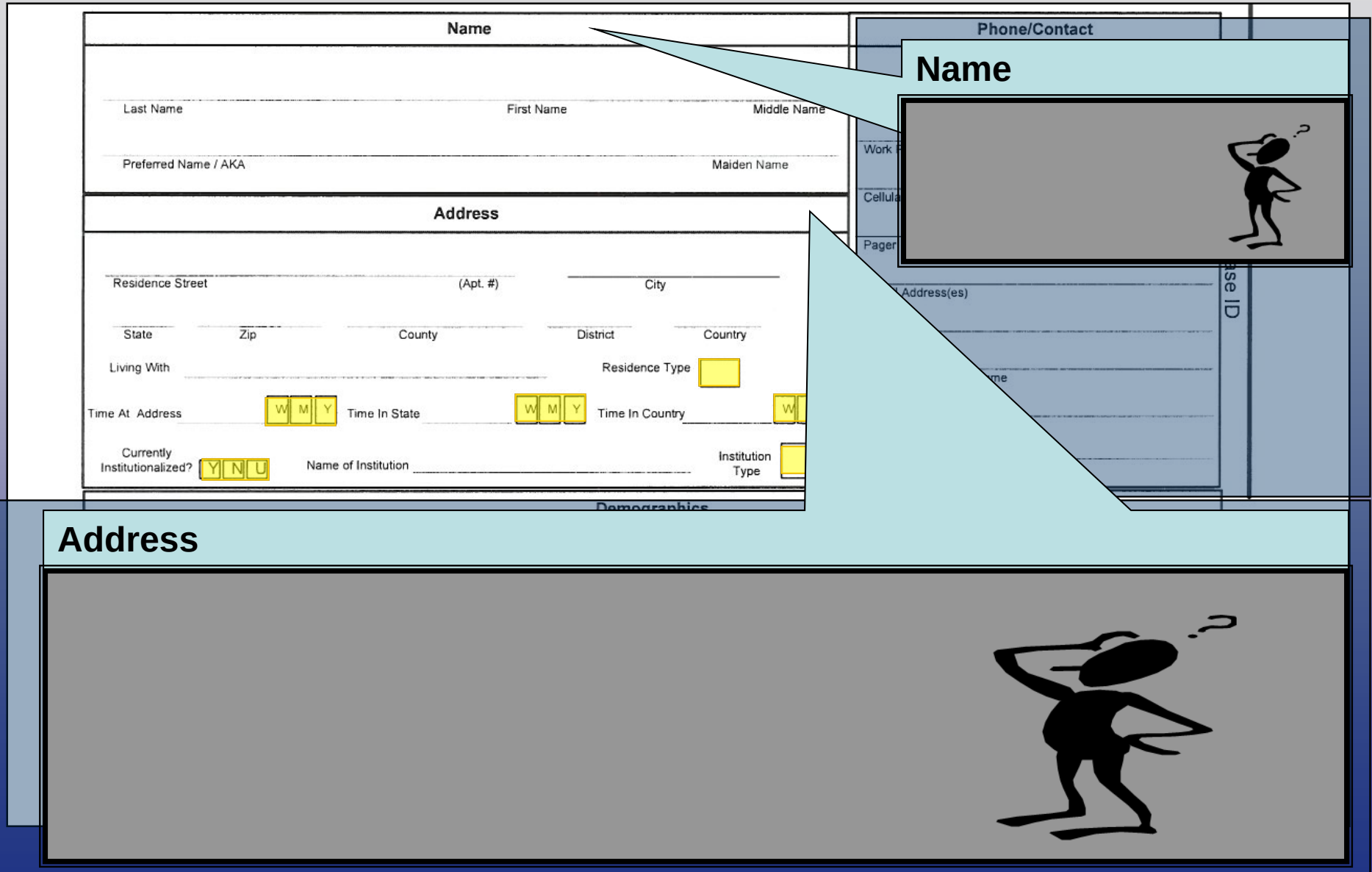
Name

Address



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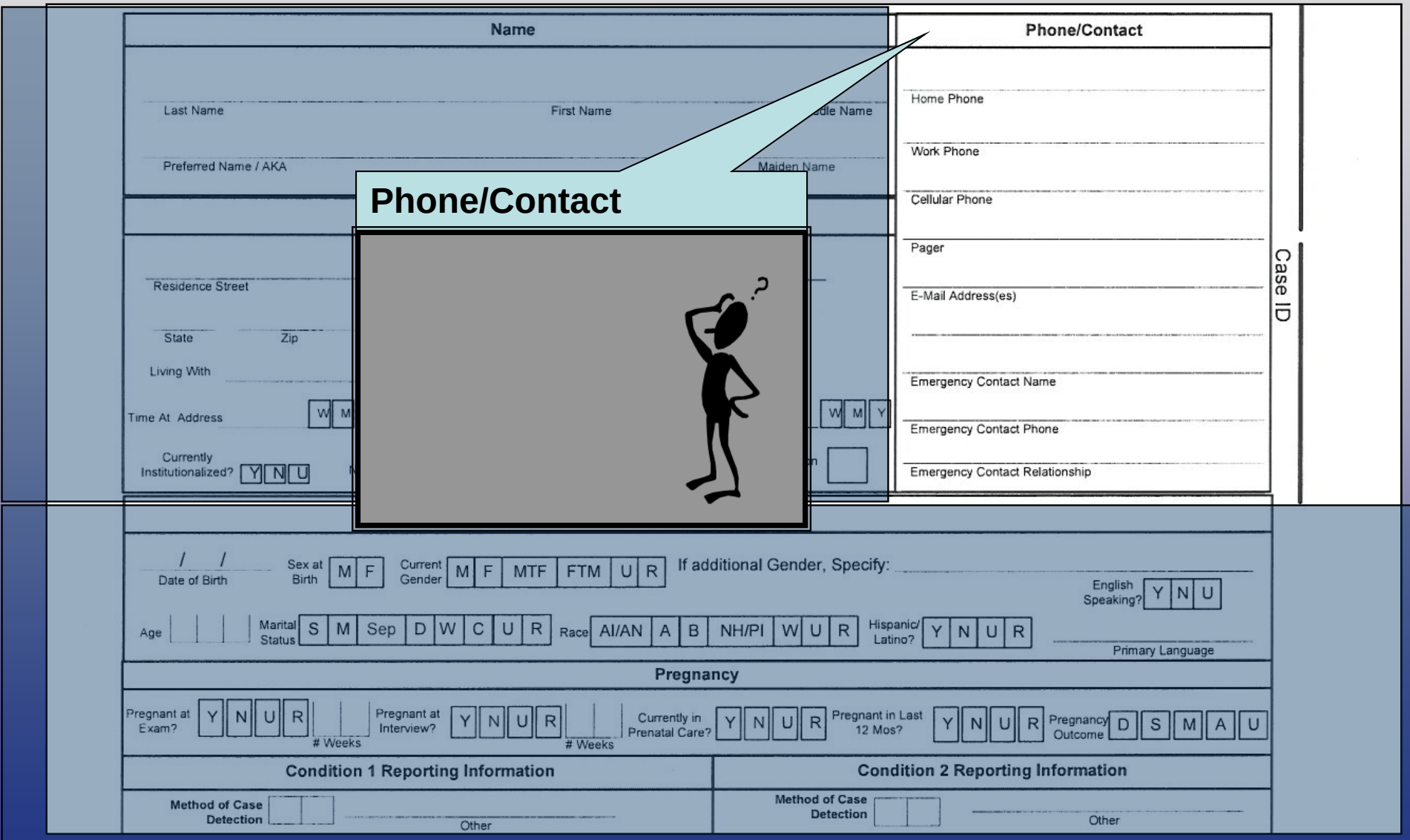
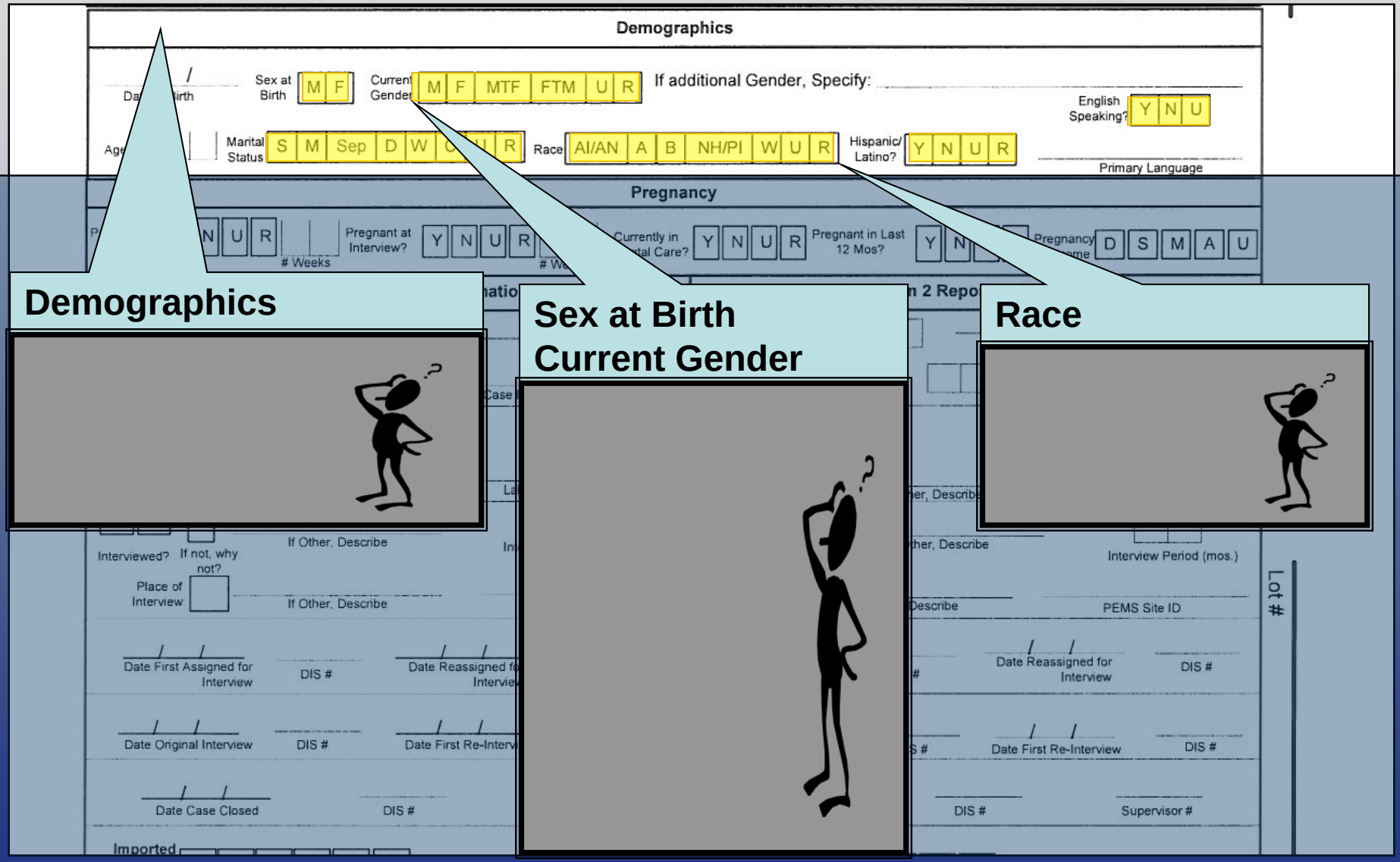
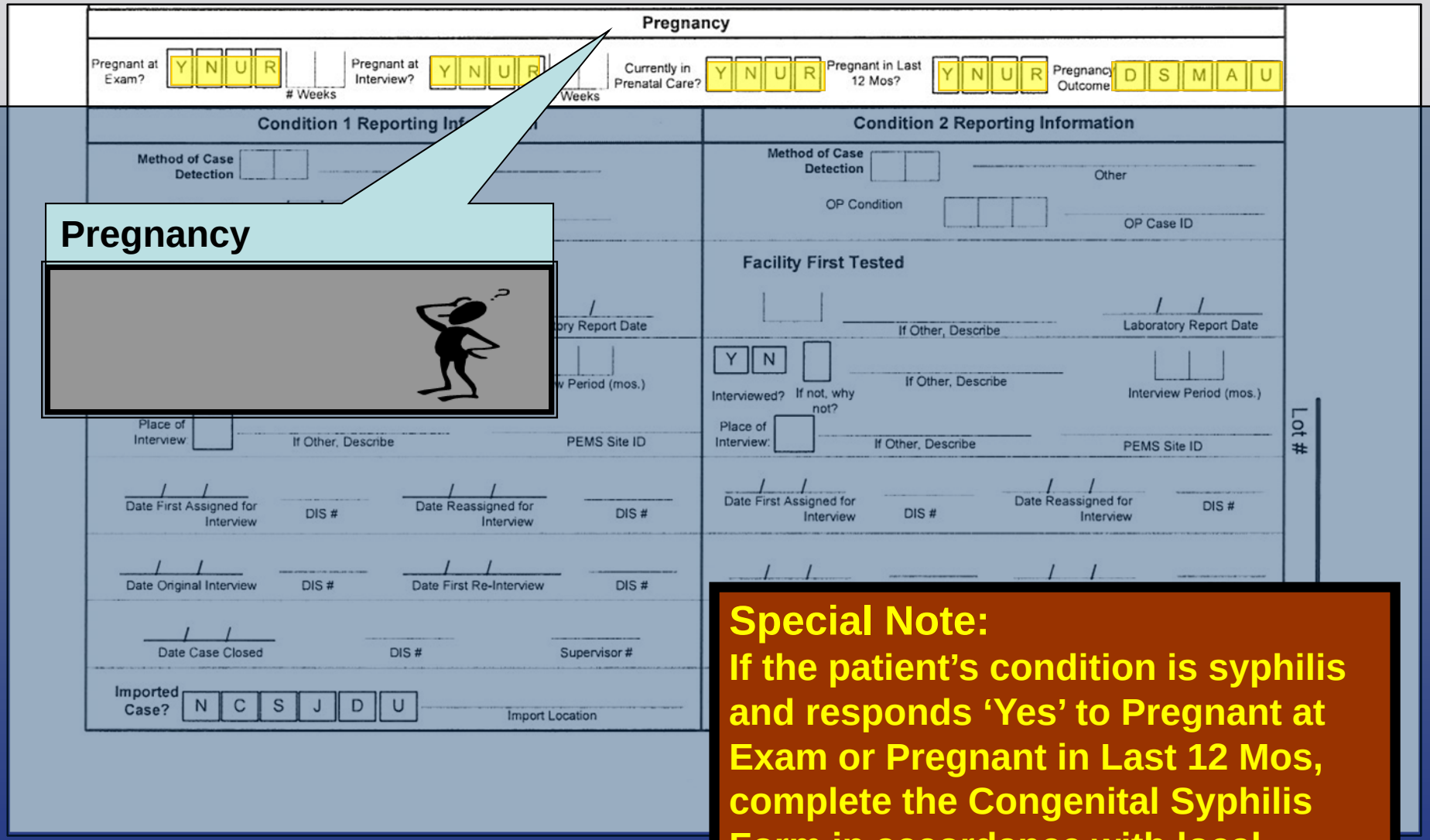

Name
Last Name
First Name
Preferred Name / AKA
Maiden Name
Residence Street
State
Zip
Living With
Time At Address
Currently Institutionalized? Y N U
Phone/Contact
Home Phone
Work Phone
Cellular Phone
Pager
E-Mail Address(es)
Emergency Contact Name
Emergency Contact Phone
Emergency Contact Relationship
Case ID
Phone/Contact
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
Condition 2 Reporting Information
Method of Case Detection
Other

Page 1

Menu


Demographics
Sex at Birth
Current Gender
If additional Gender, Specify:
English Speaking?
Marital Status
Race
Hispanic/ Latino?
Primary Language
Pregnancy
Pregnant at Interview?
Currently in Prenatal Care?
Pregnant in Last 12 Mos?
Pregnancy
Weeks
Interviewed?
If not, why not?
If Other, Describe
Place of Interview
Interview Period (mos.)
PEMS Site ID
Date First Assigned for Interview
DIS #
Date Reassigned for Interview
Date Original Interview
Date First Re-Interview
Date Case Closed
Supervisor #
Imported
Lot #
Demographics
Sex at Birth
Current Gender
Race

Page 1



Pregnancy

Special Note:
If the patient's condition is syphilis and responds 'Yes' to Pregnant at Exam or Pregnant in Last 12 Mos, complete the Congenital Syphilis Form in accordance with local practices/procedures.

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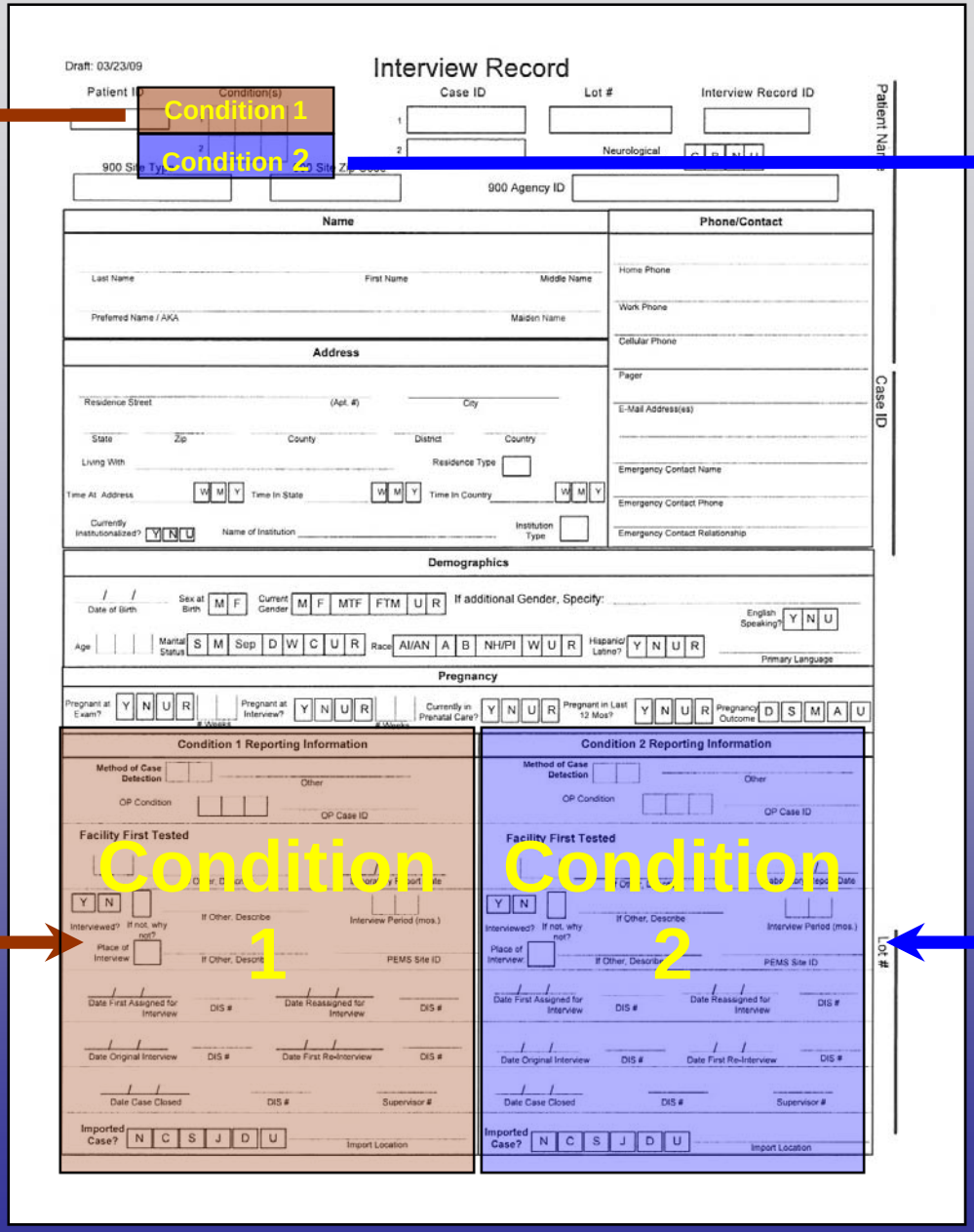

Special Note:

For patients with two conditions, space is provided to document key information about each condition. All fields for both conditions are identical.

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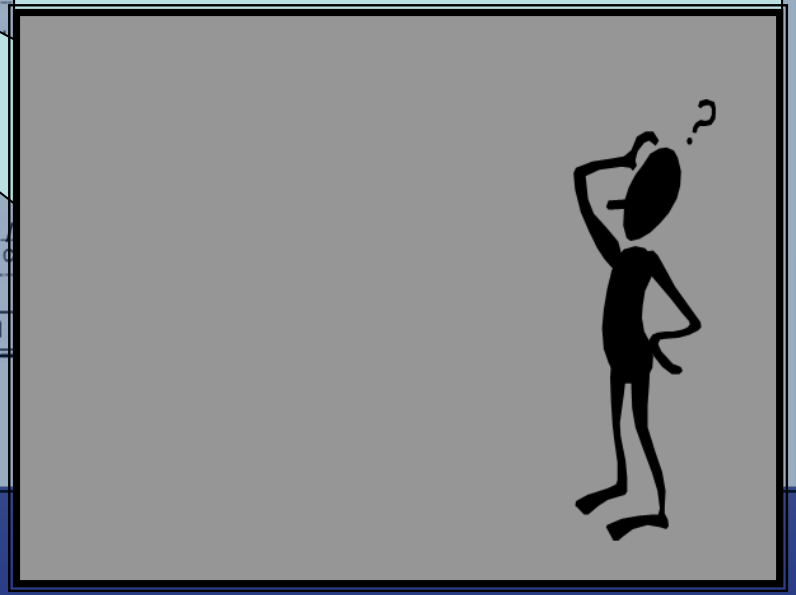
Menu

Method of Case Detection

OP Condition



Condition 1 Reporting Information

Method of Case Detection

Other

OP Condition

OP Case ID

Facility First Tested

If Other, Describe

Laboratory Report Date

Interviewed? If not, why not?

If Other, Describe

Interview Period (mos.)

Place of Interview

If Other, Describe

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

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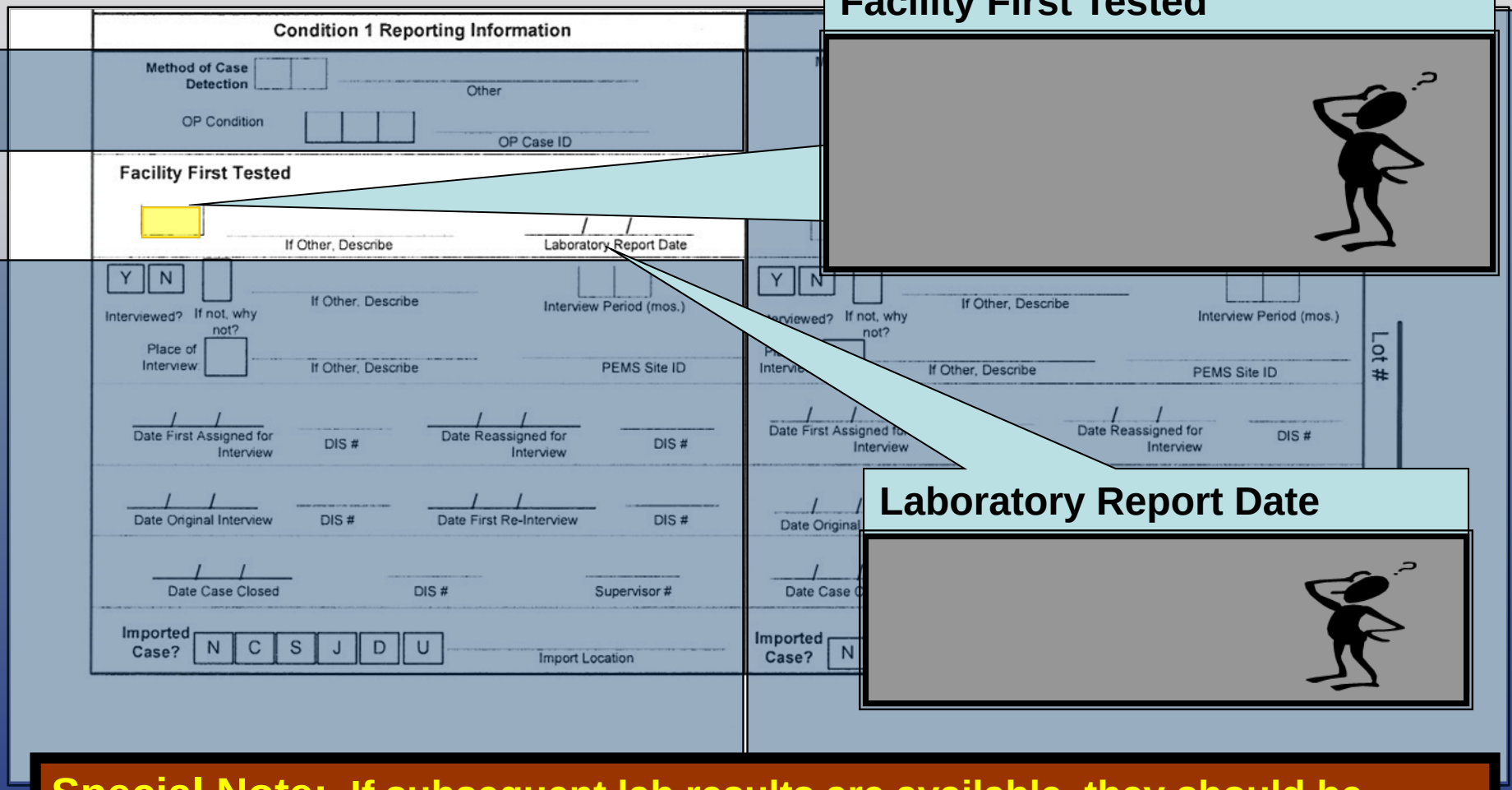


Facility First Tested

Laboratory Report Date

Special Note: If subsequent lab results are available, they should be documented on page 3 in the STD Testing section.

Page 1

Menu

Interviewed? If not, why not

Interview Period (mos.)

Place of Interview

PEMS Site ID

Page 1

Menu

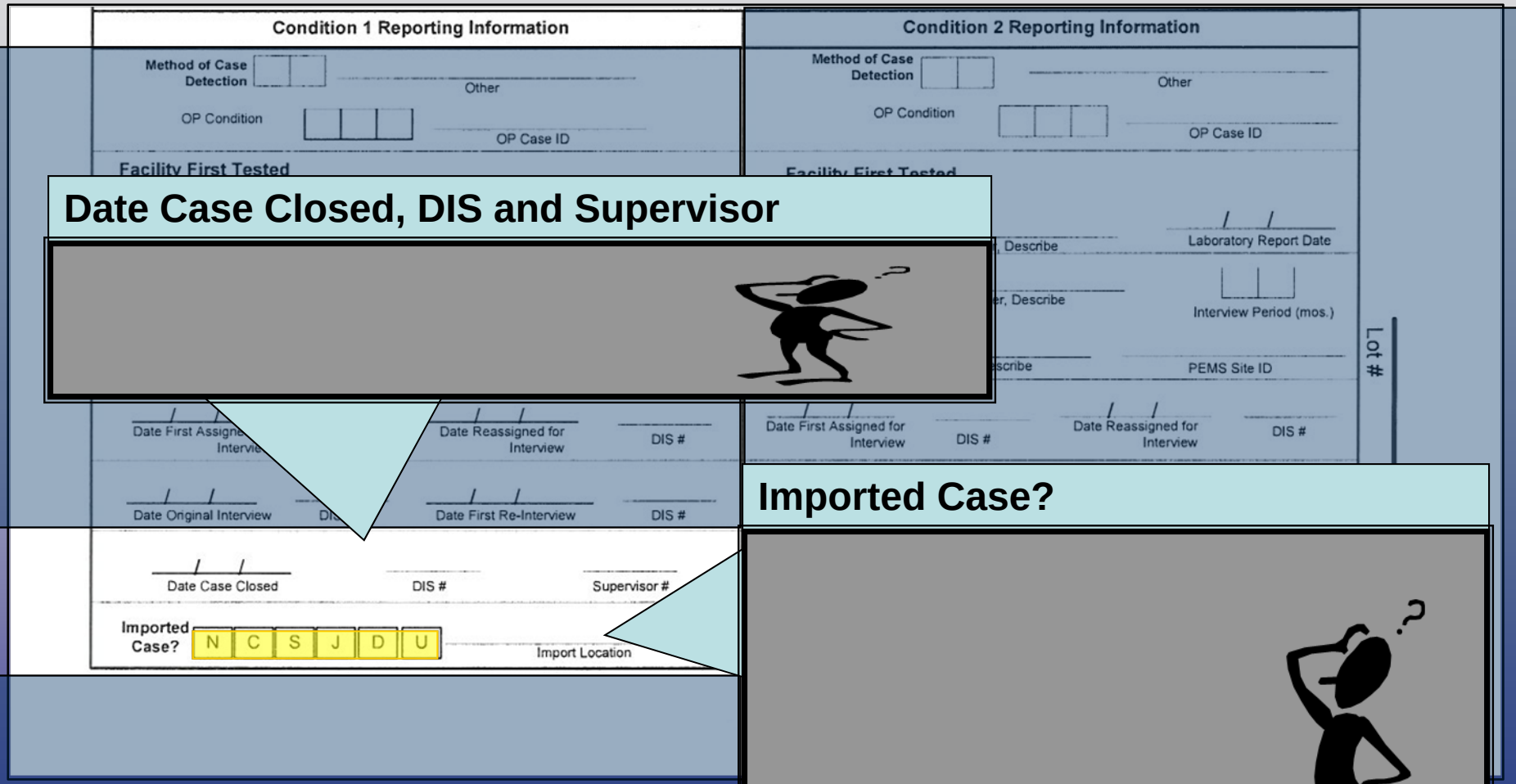
Date First Assigned for Interview

Date Reassigned for Interview

Date Original Interview

Date First Re-Interview

Page 1


Condition 1 Reporting Information
Method of Case Detection
Other
OP Condition
OP Case ID
Facility First Tested
Date First Assigned for Interview
Date Reassigned for Interview
DIS #
Date Original Interview
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
Laboratory Report Date
Interview Period (mos.)
PEMS Site ID
Date First Assigned for Interview
DIS #
Date Reassigned for Interview
DIS #
Lot #
Date Case Closed, DIS and Supervisor
Imported Case?

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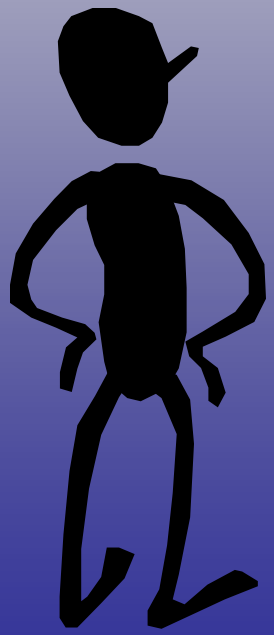

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Draft: 12/10/09

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

Additional Social History Comments

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

Page 2

Risk Factors

Menu

Page 2
Draft: 12/10/09

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? ☐

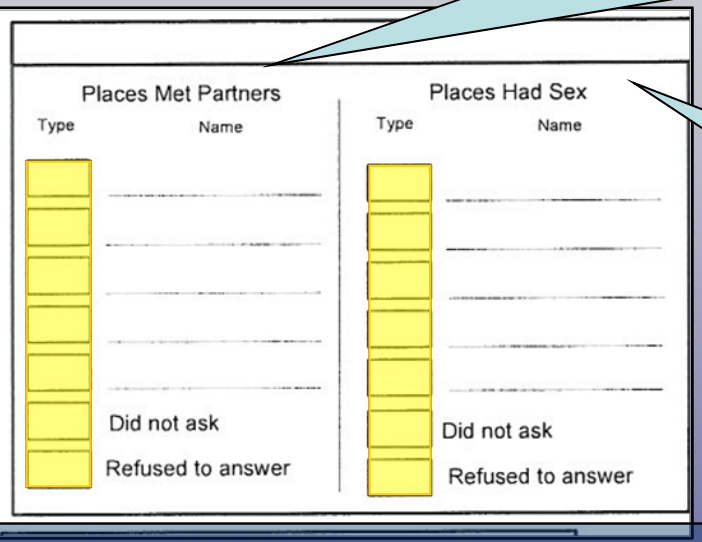
13. During the past 12 months, which of the following injection or non-injection drugs have been used? (Y/N/R/D)

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

14. Other Risk, Specify: _____

Page 2

Places Met Partners



Places Had Sex

Menu

Page 2

Partners in the Last 12 Months

cial History

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

Interview Period Partners

se: A B C D E

Page 2

Menu

Additional Social History Comments

Local Use

Refused to answer

Transgender

Transgender

Additional Social History Comments

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

Page 3

Menu

Page 3
Draft: 03/22/2010

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.:**

Page 3

Menu

STD Testing

Page 3

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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:

Page 3

Menu

Tested for HIV at this Event?

Previously Tested for HIV?

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 Resu	Provider Confirmed
___/___/___				P N I U	
___/___/___				P N I U	
				P N I U	

Self Reported HIV Test Result:

Confirmed Patient's Serostatus:

Page 3

Menu

HIV Test Results

HIV Testing

Not Asked | Previously Tested for HIV? | Y | N | U | R | Not Asked

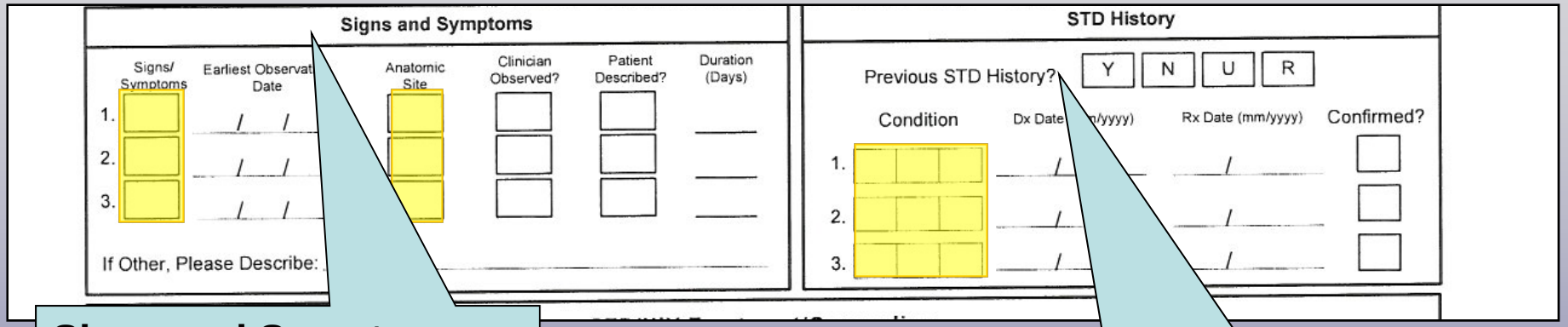
Self Reported HIV Result: | 01 | 02 | 03 | 04 | 66 | 77 | 99 |

Date of self Reported Test ___/___/___

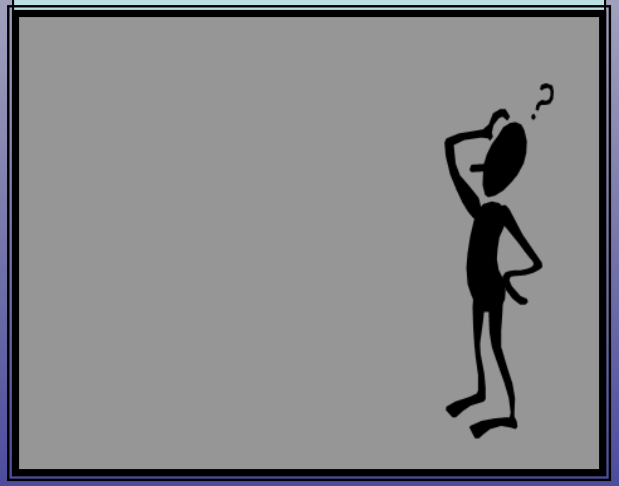
Confirmation of Self Reported HIV Result: | 01 | 02 | 03 | 04 | 05 | 06 |

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	

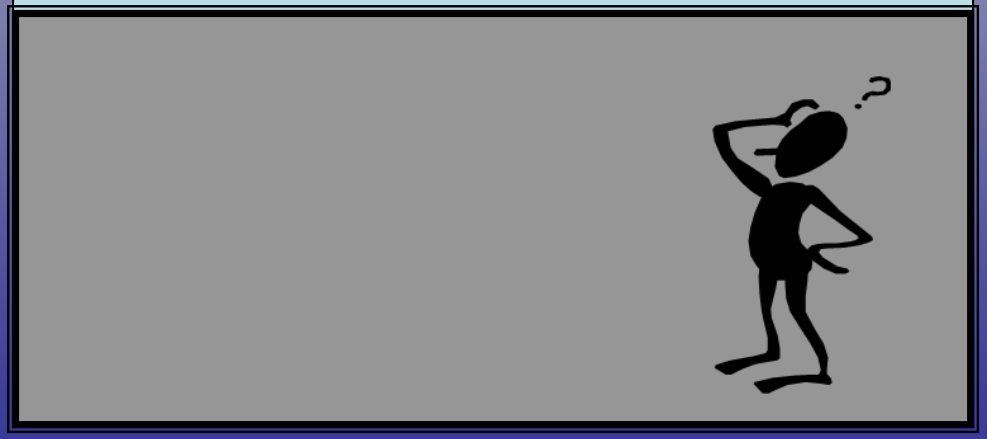
Page 3



Signs and Symptoms



STD History



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Menu

STD/HIV Treatment/Counseling

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
/		

Incidental Antibiotic Treatment in Last 12 Months?

Page 3

Anti-Retoviral 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.:		

Referred to Medical Care:

Results Provided:

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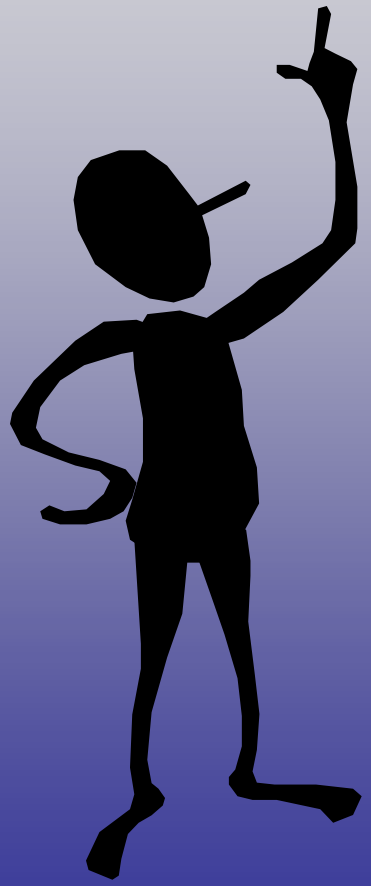

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Draft: 03/23/09

Case ID

Partner/Cluster Information

	Last Name	First Name	AKA	Jurisdiction
1	P/CL / 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 1 2 3 / FR#	Dispo / / Dispo Date	Cond.	DIS #	SO/SP
	Condition 2 / / Ix Date	/ / Init. Date	Ix DIS #	Ix Type / Referral 1 2 3 / FR#	Dispo / / Dispo Date	Cond.	DIS #	SO/SP
2	Last Name	First Name	AKA	Jurisdiction
	P/CL / 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 1 2 3 / FR#	Dispo / / Dispo Date	Cond.	DIS #	SO/SP
	Condition 2 / / Ix Date	/ / Init. Date	Ix DIS #	Ix Type / Referral 1 2 3 / FR#	Dispo / / Dispo Date	Cond.	DIS #	SO/SP
3	Last Name	First Name	AKA	Jurisdiction
	P/CL / 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 1 2 3 / FR#	Dispo / / Dispo Date	Cond.	DIS #	SO/SP
	Condition 2 / / Ix Date	/ / Init. Date	Ix DIS #	Ix Type / Referral 1 2 3 / FR#	Dispo / / Dispo Date	Cond.	DIS #	SO/SP
4	Last Name	First Name	AKA	Jurisdiction
	P/CL / 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 1 2 3 / FR#	Dispo / / Dispo Date	Cond.	DIS #	SO/SP
	Condition 2 / / Ix Date	/ / Init. Date	Ix DIS #	Ix Type / Referral 1 2 3 / FR#	Dispo / / Dispo Date	Cond.	DIS #	SO/SP
5	Last Name	First Name	AKA	Jurisdiction
	P/CL / 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 1 2 3 / FR#	Dispo / / Dispo Date	Cond.	DIS #	SO/SP
	Condition 2 / / Ix Date	/ / Init. Date	Ix DIS #	Ix Type / Referral 1 2 3 / FR#	Dispo / / Dispo Date	Cond.	DIS #	SO/SP

Marginal Partners

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

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Partner/Cluster Information

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Case ID

Partner/Cluster Information

1

Last Name | First Name | AKA | Jurisdiction

P/CL | 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	Referral 1 2 3	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	___/___/___	___/___/___						___/___/___			
Condition 2	___/___/___	___/___/___						___/___/___			

2

Last Name | First Name | AKA | Jurisdiction

P/CL | 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	Referral 1 2 3	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	___/___/___	___/___/___						___/___/___			
Condition 2	___/___/___	___/___/___						___/___/___			

3

Last Name | First Name | AKA | Jurisdiction

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

Condition	___/___/___	___/___/___						___/___/___			

Special Note: If more than 5 partners, suspects or associates are initiated, another copy of Page 4 should be used.

4

Last Name | First Name | AKA

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

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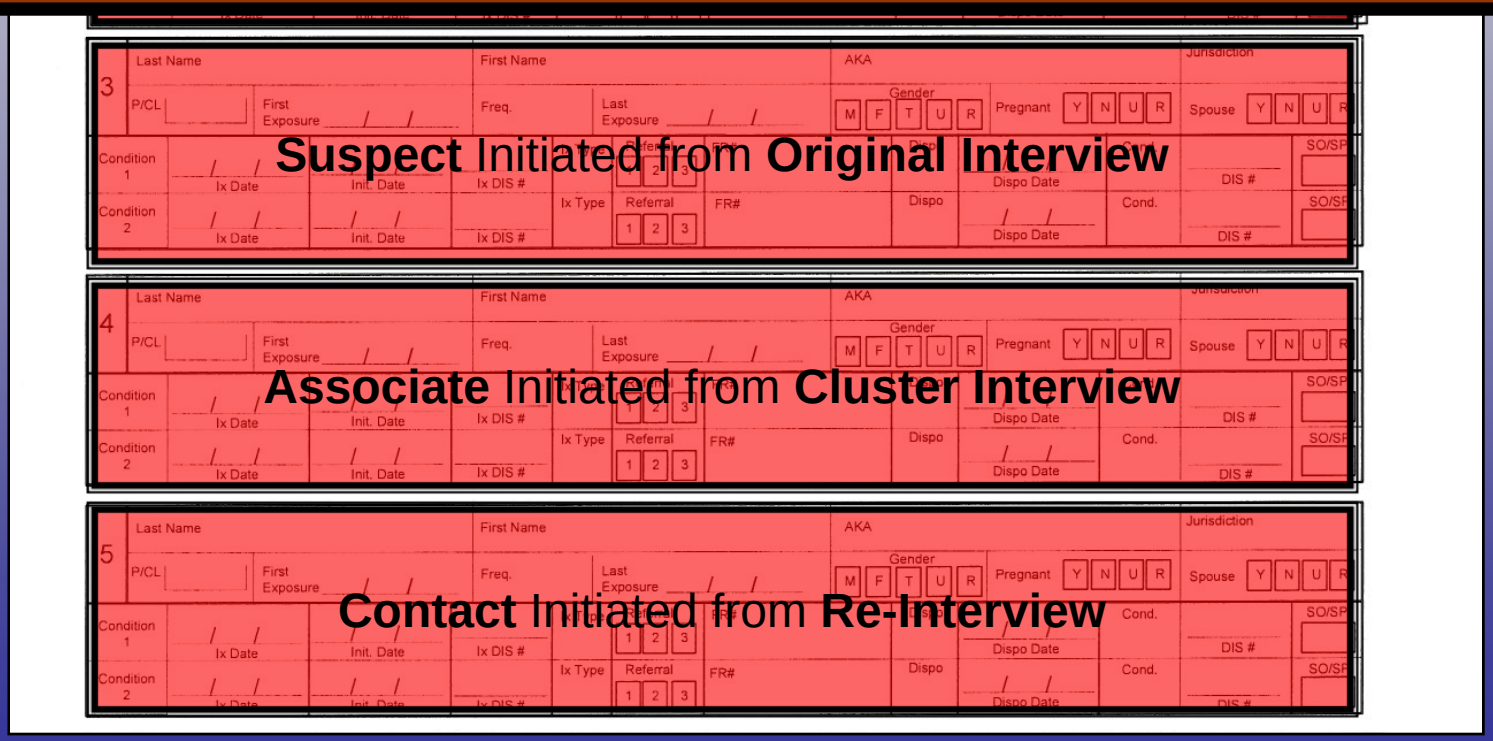
Special Note: Along with partners and suspects initiated from the Original Interview, Re-interview and cluster activities should be documented (each in a separate section).

Special Note: Clusters must be identified specifically during an interview activity (Original Interview, Re-interview, or Cluster Interview). Those identified from field screenings or other screening events should not be initiated as clusters.



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Marginal Partners

Marginal Partners

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

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Interview / Investigation Comments

Travel History and Internet Use

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Interview / Investigation Comments

Interview/Investigation Comments

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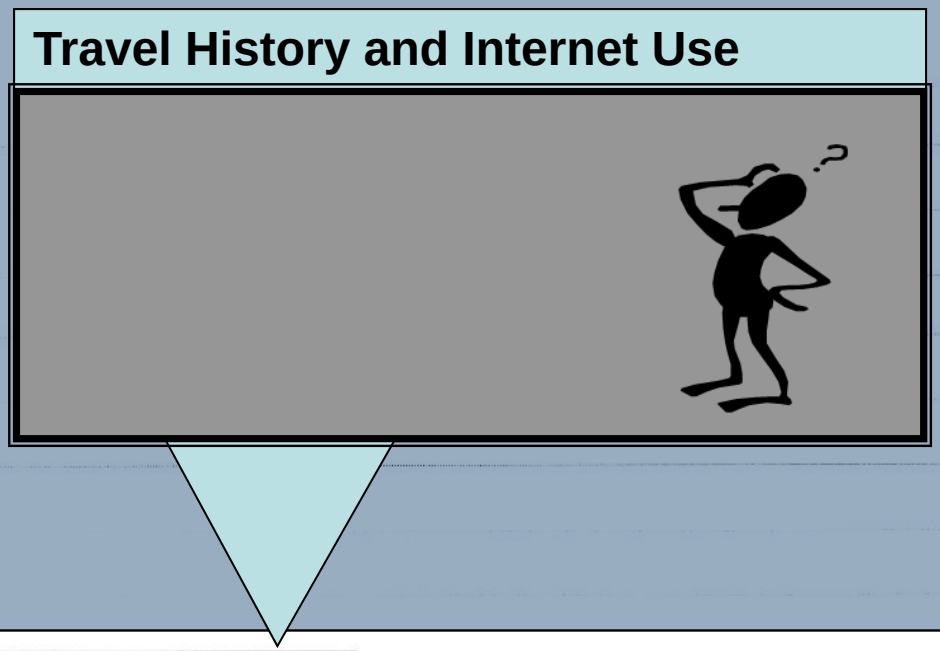
Travel History and Internet Use



Travel History and Internet Use

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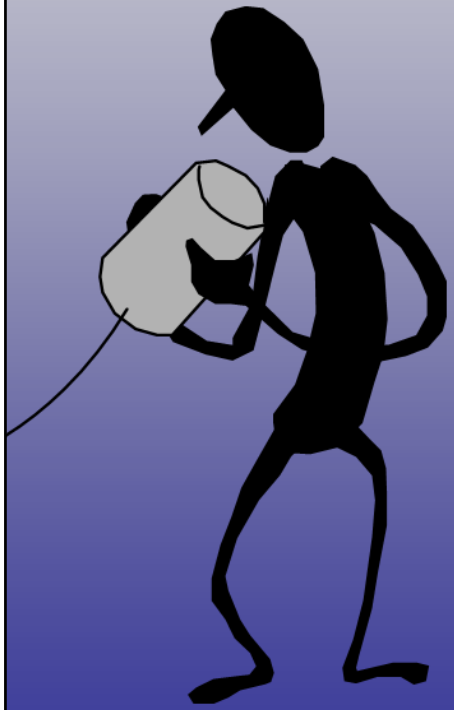
Case ID

Investigation Plans & Supervisory Review

Date Submitted: _____ Initial Review Date: _____

Date	DIS #	DIS Investigation Plans	Date	Sup #	Supervisory Comments



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Date Submitted

Initial Review Date

Draft: 03/23

Investigation Plans & Supervisory Review

Date Submitted: _____ Initial Review Date: _____

Date	DIS #	DIS Investigation Plans	Date	Sup #	Supervisory Comments

DIS Investigation Plans

Supervisor Comments

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Congratulations!

You have completed the training for the 2009 version of the Interview Record. It is recommended that you keep a copy of the *Instructions* and *Codes* readily available for quick reference.