# 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.

Working

# Directions

- Advance through this training program by using your mouse to click the navigation buttons in the upper right-hand corner. <u>Do NOT use the keyboard to advance through this training as it will cause links to work improperly</u>.

- Click on any yellow shaded fields to see the Interview Record Codes.

# Directions

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

# 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:  ….**

# Directions

- To close this program press the ESCAPE or ESC key on your keyboard.
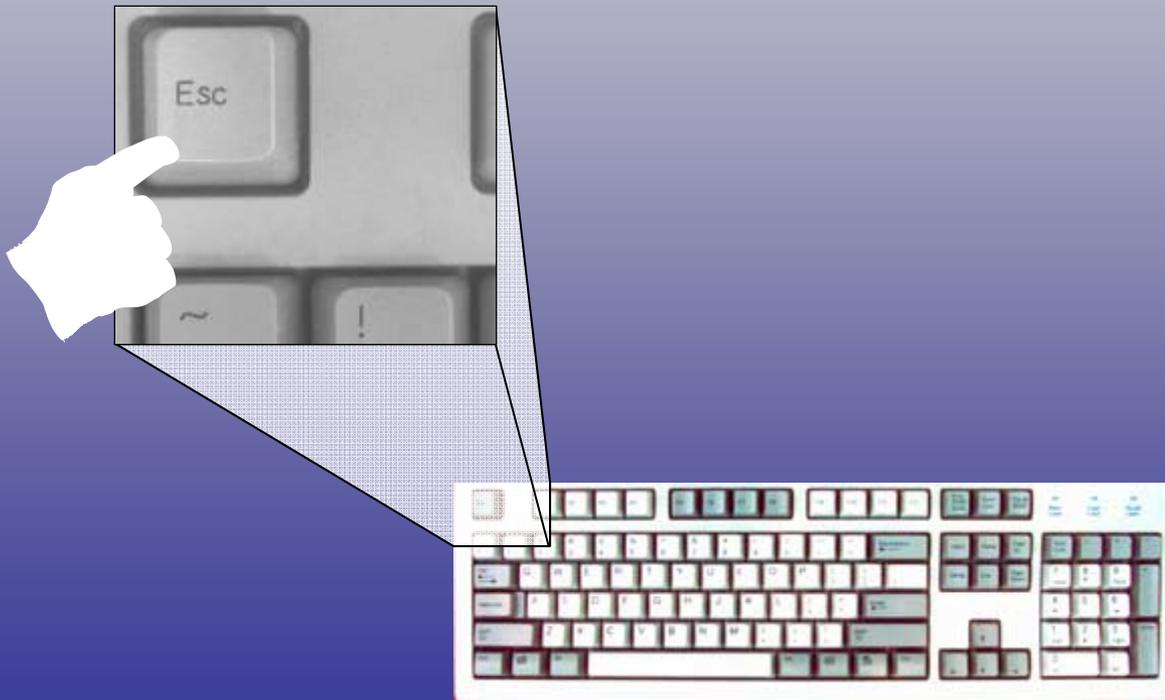
# Goals for the pilot:

- 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.
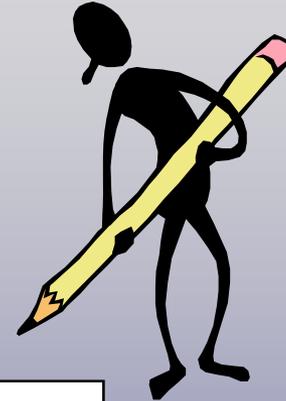
# MENU

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F A Q s

**Choose A page**

## Interview Record

Patient ID

Condition(s)
1
2

Case ID
1
2

Lot #

Interview Record ID

Patient Name

Site Type

900 Site Zip Code

Neurological Involvement?

C P N U

900 Agency

**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

Institutionalized? Y N U

Name of Institution

900 Site Type

900 Site Zip Code

900 Agency ID

**Name**

First Name

Middle Name

**P____ Contact**

Home Phon__

Work Phon__

**900 Site Type**

**900 Site Zip Code**

**900 Agency ID**

__ddress

__llular Ph__

(Apt. #)

__ger

Mail Address(es)

Living With

Emergency Contact Name

Time At Address | W | M | Y | Time In State | W | M | Y | Time In Country | W | M | Y

Emergency Contact Phone

Currently Institutionalized? | Y | N | U | Name of Institution | Institution Type

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**

Pregnant at | Y | N | U | R | Pregnant at | | | | | | | | | Pregnant in Last | | | |

# Page 1

**Name**

| | | |
|---|---|---|
| Last Name | First Name | Middle Name |
| Preferred Name / AKA | | Maiden Name |

**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

Currently Institutionalized?  Y N U   Name of Institution _____  Institution Type

Demographics

**Phone/Contact**

Work

Cellular

Pager

Address(es)

**Name**

**Address**

**Name**

Last Name

First Name

Middle Name

Preferred Name / AKA

Maiden Name

Residence Street

State

Zip

Living With

Time At Address

W M Y

W M Y

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

**Demographics**

Sex at Birth | M | F
Current Gender | M | F | MTF | FTM | U | R
If additional Gender, Specify:
English Speaking? | Y | N | U
Marital Status | S | M | Sep | D | W | U | R
Race | AI/AN | A | B | NH/PI | W | U | R
Hispanic/Latino? | Y | N | U | R
Primary Language

**Demographics**

**Sex at Birth**
**Current Gender**

**Race**

**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

**Condition 2 Reporting Information**

Method of Case Detection

OP Condition

Other

OP Case ID

**Facility First Tested**

Laboratory Report Date

Y N

Interviewed? If not, why not?

If Other, Describe

If Other, Describe

Interview Period (mos.)

Place of Interview

If Other, Describe

PEMS Site ID

Place of Interview:

If Other, Describe

PEMS Site ID

Date First Assigned for Interview    DIS #    Date Reassigned for Interview    DIS #

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

Lot #

**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.

## Interview Record

Patient ID | Condition(s) — **Condition 1** / **Condition 2** | Case ID | Lot # | Interview Record ID

900 Site Type | 900 Site Zip Code | 900 Agency ID | Involvement? C P N U

**Name** | **Phone/Contact**

Last Name | First Name | Middle Name
Preferred Name / AKA | Maiden Name
Home Phone
Work Phone
Cellular Phone

**Address**
Pager
Residence Street | (Apt. #) | City
E-Mail Address(es)
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
Emergency Contact Name
Emergency Contact Phone
Currently Institutionalized? Y N U | Name of Institution | Institution Type
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**
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** | **Condition 2 Reporting Information**

Method of Case Detection | Other
OP Condition | OP Case ID

**Facility First Tested** | **Facility First Tested**

**Condition 1** | **Condition 2**

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

**Special Note:**

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

**Condition 1 Reporting Information**

Method of Case Detection

Other

OP Condition

OP Case ID

**Facility First Tested**

If Other, Describe

Laboratory Report Date

Y | N

Interviewed? | If not, why not?

If Other, Describe

Place of Interview:

If Other, Describe

PEM

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

**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

Y  N

Interviewed?  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

Y  N

Interviewed?  If not, why not?

If Other, Describe

Interview Period (mos.)

Place of Interview

If Other, Describe

PEMS Site ID

Date First Assigned for Interview

Date Reassigned for Interview

DIS #

Date Original

Date Case Closed

Imported Case?  N

Lot #

## 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.

**Interviewed? If not, why not**

**Interview Period (mos.)**

**Place of Interview**

**PEMS Site ID**

Condition 2 Reporting Information

Method of Case Detection

OP Condition

Other

OP Case ID

Facility First T...d

If Other, Describe

Laboratory Report Date

Y    N

Interviewed?    If not, why not?

If Other, Describe

Interview Period (mos.)

Place of Interview:

Place of Interview

If Other, Describe

PEMS Site ID

...rst Assigned for Interview

DIS #

Date Reassigned for Interview

Date First Assi...

...ate First Re-Interview

Date Origina...

Supervisor #

Import Location

**Date First Assigned for Interview**

**Date Reassigned for Interview**

**Date Original Interview**

**Date First Re-Interview**

## Condition 1 Reporting Information

Method of Case Detection

Other

OP Condition

OP Case ID

**Facility First Tested**

**Date Case Closed, DIS and Supervisor**

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

**Facility First Tested**

Describe

Laboratory Report Date

er, Describe

Interview Period (mos.)

scribe

PEMS Site ID

Lot #

Date First Assigned for Interview

DIS #

Date Reassigned for Interview

DIS #

**Imported Case?**

# Page 2

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 | | Places Had Sex | |
| --- | --- | --- | --- |
| Type | Name | Type | Name |
| | _____ | | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| ☐ Did not ask | | ☐ Did not ask | |
| ☐ Refused to answer | | ☐ Refused to answer | |

### 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 | | | | Condition 2 | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | | Unknown | Refused | | | Unknown | Refused |
| Female | | | U | R | Female | | | U | R |
| Male | | | U | R | Male | | | U | R |
| Transgender | | | U | R | Transgender | | | U | R |

**Additional Social History Comments**

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

# Page 2

Page 2

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**



Places Met Partners

| Type | Name |
|------|------|

Places Had Sex

| Type | Name |
|------|------|

Did not ask

Refused to answer

Did not ask

Refused to answer

## Partners in the Last 12 Months

## Interview Period Partners

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 | | | | | Condition 2 | | |
|---|---|---|---|---|---|---|---|---|
| | | | Unknown | Refused | | | Unknown | Refused |
| Female | | | [U] | [R] | Female | | [U] | [R] |
| Male | | | [U] | [R] | Male | | [U] | [R] |
| Transgender | | | [U] | [R] | Transgender | | | [R] |

se:   A   B   C   D   E

## 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

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

## STD Testing

Page 3

### 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: _____ |

**Special Note: HIV testing is *NOT* documented here.**

# Page 3

## 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

**Date of self Reported Test**

**Self Reported HIV Test Result:** | 0 1 | 0 2 | 0 3 | 0 4 | 6 6 | 7 7 | 9 9 |   ___ / ___ / ___

**Confirmation of Self Reported HIV Result:** | 0 1 | 0 2 | 0 3 | 0 4 | 0 5 | 0 6 |

| Date Collected | Provider | Test | Specimen Source | Qualitative Result | 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

## HIV Test Results

### HIV Testing

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

**Self Reported HIV Result:**

| 0 1 | 0 2 | 0 3 | 0 4 | 6 6 | 7 7 | 9 9 |

**Date of self Reported Test**

___ / ___ / ___

**Confirmation of Self Reported HIV Result:**

| 0 1 | 0 2 | 0 3 | 0 4 | 0 5 | 0 6 |

| 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. | / | / | |

**Signs and Symptoms**

**STD History**

**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:**

# Page 4

Page 4

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

| Condition 1 | __/__/__ Ix Date | __/__/__ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | __/__/__ Dispo Date | Cond. | DIS # | SO/SP |
| Condition 2 | __/__/__ Ix Date | __/__/__ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | __/__/__ Dispo Date | Cond. | DIS # | SO/SP |

### 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

| Condition 1 | __/__/__ Ix Date | __/__/__ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | __/__/__ Dispo Date | Cond. | DIS # | SO/SP |
| Condition 2 | __/__/__ Ix Date | __/__/__ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | __/__/__ Dispo Date | Cond. | DIS # | SO/SP |

### 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

| Condition 1 | __/__/__ Ix Date | __/__/__ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | __/__/__ Dispo Date | Cond. | DIS # | SO/SP |
| Condition 2 | __/__/__ Ix Date | | | Ix Type | Type Ref. | FR# | Dispo | | Cond. | | SO/SP |

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

**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.



**Suspect** Initiated from **Original Interview**

**Associate** Initiated from **Cluster Interview**

**Contact** Initiated from **Re-Interview**

## Marginal Partners



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

# Page 5

Page 5

Case ID

## Interview / Investigation Comments

Travel History and Internet Use

Page 5     Case ID

## Interview / Investigation Comments

**Interview/Investigation Comments**

# Page 5

**Travel History and Internet Use**

Travel History and Internet Use

# Page 6

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**

## Investigation Plans & Supervisory Review

Date Submitted: _____

Initial Review Date: _____

| Date | DIS # | DIS Investigation Plans | Date | Sup # | Supervisory Comments |
|------|-------|-------------------------|------|-------|----------------------|
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**DIS Investigation Plans**

**Supervisor Comments**

# 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.

# Interview Record Codes

## Condition/Disease/Diagnosis

030 - HepB acute w/o delta
031 - HepB acute w/ delta
033 - HepB chronic w/o delta
034 - HepB chronic w/ delta
042 - Hepatitis delta
051 - Hepatitis C, acute
053 - Hepatitis E
054 - Hepatitis C, chronic
070 - Hepatitis, unknown
100 - Chancroid
200 - Chlamydia
300 - Gonorrhea (uncomplicated)
350 - Resistant Gonorrhea
400 - Non-Gonoccocal Urethritis (NGU)
450 - Mucopurulent Cervicitis (MPC)
490 - PID Syndrome
500 - Granuloma Inguinale
600 - Lymphogranuloma Venereum (LGV)
710 - Syphilis, primary
720 - Syphilis, secondary
730 - Syphilis, early latent
740 - Syphilis, unknown duration
745 - Syphilis, late latent
750 - Syphilis, late w/ symptom
790 – Syphilis, congemital
800 - Genital Warts
850 - Herpes
900 - HIV Infection
950 - AIDS (Syndrome)
951 - Recounsel for previous AIDS case

## Neurological Involvement

C - Yes, Confirmed
P - Yes, Probable
N - No
U - Unknown

## Residence Type

A - Apartment
B - Mobile Home
C - Migrant Camp
D - Dorm
G - Group Home
H - House/Condo
J - Jail
M - Hotel/Motel
N - Homeless
O - Other
P - Prison
Q - Mental Health Center
R - Rehabilitation Center

## Institution Types

G – Group Home
J - Jail
O - Other
P - Prison
Q - Mental Health Center
R - Rehabilitation Center
X - Drug Treatment/Detox Center
Y - Juvenile Detention

## Marital Status

S - Single, Never Married
M - Married
SEP - Separated
D - Divorced
W - Widowed
C - Cohabitation
U - Unknown
R - Refused to Answer

## Race

AI/AN - American Indian or Alaskan Native
A - Asian
B - Black or African American
NH/PI - Native Hawaiian or Other Pacific Islander
W - White
U - Unknown
R - Refused to Answer

## Hispanic/Latino

Y - Yes, Hispanic/Latino
N - No, not Hispanic/Latino
U - Unknown
R - Refused to Answer

## Pregnancy Outcome

D - Live Birth
S - Stillborn
M - Miscarriage
A - Abortion
U - Unknown

## Type of Facility

01 - HIV Counseling/Testing Site
02 - STD Clinic
03 - Drug Treatment
04 - Family Planning
05 – RETIRED (Not to be used)
06 - TB Clinic
07 - Other HD Clinic
08 - Private MD/HMO
09 - RETIRED (Not to be used)
10 - Hospital (ER)

## Y/N/U/R

Y - Yes
N - No
U/UN - Unknown
R - Refused to Answer

## Time

W - Weeks
M - Months
Y - Years

## Method of Case Detection

20 - Screening
21 - Self-Referred (symptomatic patients seeking testing)
22 - Patient Referred Partner
23 - Health Department Referred Partner
24 - Cluster Related (Social Contact (Suspect) or Associate)
88 - Other

## Reasons Not Interviewed:

U - Unable to locate
P - Physician Refusal
R - Refused to Answer
D - Deceased
L - Language Barrier
O - Other

## Place of Interview

C - Clinic
F - Field
T - Telephone
I – Internet
O - Other

## Imported Case

N - Not an imported case
C - Yes, imported from another country
S - Yes, imported from another state
J - Yes, imported from another county/jurisdiction in the state
D – Yes, imported but not able to determine source county, state, and/or country
U - Unknown

## Specimen Source

01 - Cervix/Endocervix
02 - Lesion - Genital
03 - Lesion – Extra Genital
04 - Lymph Node Aspirate
05 - Oropharynx
06 - Ophthalmia/Conjuctiva
07 - Other
08 - Other Aspirate
09 - Rectum
10 - Urethra
11 - Urine
12 - Vagina
13 - Blood/Serum
14 - Cerebrospinal Fluid (CSF)
88 - Not Applicable
99 - Unknown

## Anatomic Site

A - Anus/Rectum
B – Penis
C - Scrotum
D - Vagina
E - Cervix
F - Naso-Pharynx
G - Mouth/Oral Cavity
H - Eye-Conjunctiva
I - Head
J - Torso
K - Extremities (Arms, Legs, Feet, Hands)
N - Not Applicable (N/A)
O - Other
U - Unknown

## Qualitative Lab Result

P - Positive
N - Negative
I - Indeterminate/Equivocal

## Confirmation of Self Reported HIV Result

**01** - Positive/Reactive: A test result that is reactive on an initial ELISA test, repeatedly reactive on a second ELISA run on the same specimen, and confirmed positive on a Western blot or other supplemental test indicating that the patient is infected with HIV.

**02** - NAAT-positive: A test result that was previously negative or indeterminate but is reactive based on a nucleic acid testing.

**03** - Negative: A test result that is non-reactive on an initial ELISA test indicating the absence of HIV infection or ELISA was repeatedly reactive and a confirmatory test (Western Blot or IFA) was negative.

**04** - Indeterminate: A test result that has not been precisely determined. A possible result of a Western-blot, which might represent a recent HIV infection or a false positive.

**05** - Invalid: The test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.

**06** - No result: No result was obtained even though the specimen was drawn (e.g., blood sample hemolyzed, blood tube broke, blood tube lost in transit, unable to draw blood from veins).

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

| **Signs/Symptoms** | **STD History** |
|---|---|
| A - Discharge or MPC <br> B - Chancre, Sores, Lesions, or Ulcers <br> C - Rash <br> D - Dysuria <br> E - Itching <br> F - Alopecia (Hair loss) | Y - Yes, patient has a history of STD <br> N - No, patient has never had a prior STD <br> U - Unknown if patient has had a prior STD <br> R - Patient refused to answer any questions regarding prior STD History |

**Signs/Symptoms (continued):**

- G - Condylomata Lata
- H - Bleeding
- I – Pharyngitis (Sore Throat)
- J - Painful Sex
- K - Abdominal Pain
- L - Swelling/Inflammation
- M - Mucous Patch
- N - Lymphadenopathy
- O - Other
- P - Balanitis
- Q - Fever
- R - Cervical Friability
- S - Ectopy
- T - Epididymitis
- V - Proctitis
- W - Adnexal tenderness/Cervical motion tenderness

### Interview Type

**O** - *Original Interview* the initial interview with an infected patient.
**R** - *Re-Interview* any interview after the Original Interview of an infected patient.
**C** - *Cluster Interview* any interview of a partner, social contact, or associate to better understand a social/sexual network.
**U** - *Unable to interview* may include situations where the original patient was not interviewed, but partner, social contact, or associate were initiated from other activities.

### Referral

**1** - Patient (Client): No health department involvement in the referral of this partner, social contact, or associate.
**2** - Provider: DIS or other health department staff were involved in the referral of this partner, social contact, or associate.
**3** - Dual: The HIV-infected patient informs the partner of his/her serostatus in the presence of the PS provider.
**4** - Contract: The PS provider and HIV-infected patient negotiate a time frame for the patient to inform his or her partners of their possible exposure to HIV. If the patient is unable to inform a partner within an agreed-upon time, the provider has the permission to notify and refer partners to HIV counseling, testing, and other support services.
**5** - Third Party: Notification of patient conducted by non-health department provider.

| **Referral Basis** | **900 Site Type** |
|---|---|

**Referral Basis:**

**PARTNER**-*Persons having sexual activities (of any type) or sharing needles with the Index patient.*

**P1** - Sex Partner
**P2** - Needle sharing Partner
**P3** - Both Sex and Needle sharing Partner

**SOCIAL CONTACT -**
*Persons named by an infected person (e.g., the Index patient or an infected partner or*

**900 Site Type:**

| Code | Description | Code | Description |
|---|---|---|---|
| F01 | In-patient facility | F06.05 | Community setting-commercial |
| F02.99 | Outpatient facility-unknown | F02.19 | Outpatient-drug/alcohol treatment clinic |
| F01.01 | In-patient hospital | F06.06 | Community setting-residential area |
| F03 | Emergency room | F02.20 | Outpatient-family planning |
| F01.50 | Inpatient-drug/alcohol treatment | F06.07 | Community setting-bar/club/adult entertainment |
| F04.01 | Blood bank/plasma center | F02.30 | Outpatient-community mental health |
| F01.88 | Inpatient facility-other | F06.08 | Community setting-public area |
| F04.05 | HIV Counseling and testing site | F02.51 | Outpatient-community health clinic |
| F01.99 | Inpatient facility-unknown | F06.09 | Community setting - workplace |
| F06 | Community setting | F02.58 | Outpatient-school/university clinic |
| F02 | Outpatient facility | F06.10 | Community setting-community center |
| F06.01 | Community setting-AIDS service organization-non-clinical | F02.60 | Outpatient-health department clinic/public health clinic |
| F02.03 | Outpatient-private medical practice | F06.12 | Individual residence |
| F06.02 | Community setting-school/education facility | F02.61 | Outpatient-health dept (public health clinic-HIV |

## 900 Site Type

| Code | Description |
|------|-------------|
| **F01** | *Inpatient facility |
| **F01.01** | Inpatient facility – Hospital |
| **F01.50** | Inpatient facility – Drug/alcohol treatment |
| **F01.88** | Inpatient facility – Other (specify) |
| **F01.99** | Inpatient facility – Unknown |
| **F02** | *Outpatient facility |
| **F02.03** | Outpatient facility – Private medical practice |
| **F02.04** | Outpatient facility – HIV specialty clinic |
| **F02.10** | Outpatient facility – Prenatal/OBGYN clinic |
| **F02.12** | Outpatient facility – TB clinic |
| **F02.19** | Outpatient facility – Drug/alcohol treatment clinic |
| **F02.20** | Outpatient facility – Family planning |
| **F02.30** | Outpatient facility – Community mental health |
| **F02.51** | Outpatient facility – Community health clinic |
| **F02.58** | Outpatient facility – School/university clinic |
| **F02.60** | Outpatient facility – Health department/public health clinic |
| **F02.61** | Outpatient facility – Health department/public health clinic – HIV |
| **F02.62** | Outpatient facility – Health department/public health clinic – STD |
| **F02.88** | Outpatient facility – Other (specify) |
| **F02.99** | Outpatient facility – Unknown |
| **F03** | *Emergency room |
| **F04.01** | *Blood bank/plasma center |
| **F04.05** | *HIV counseling and testing site |
| **F06** | *Community setting |
| **F06.01** | Community setting – AIDS service organization – non-clinical |
| **F06.02** | Community setting – School/education facility |
| **F06.03** | Community setting – Church/mosque/synagogue/ temple |
| **F06.04** | Community setting – Shelter/transitional housing |
| **F06.05** | Community setting – Commercial |
| **F06.06** | Community setting – Residential area |
| **F06.07** | Community setting – Bar/club/adult entertainment |
| **F06.08** | Community setting – Public area |
| **F06.09** | Community setting – Workplace |
| **F06.10** | Community setting – Community center |
| **F06.11** | Community setting – Individual residence |
| **F06.88** | Community setting  - Other (specify) |
| **F07** | *Correctional facility |

# Frequently Asked Questions

**1. Why did CDC revise the Enhanced Interview Record (EIR)?**

Historically, different forms have been used for STD and HIV program purposes, which has made data collection and management cumbersome in some areas and not allowed for enhanced HIV program use. While the EIR was designed to improve this situation, the information collected for HIV was not sufficient for monitoring and evaluation purposes. The newly required HIV variables are designed to help programs monitor and evaluate their Partner Services activities.

**2. How does the Comprehensive Interview Record differ from the Enhanced Interview Record?**

The new Comprehensive Interview Record (CIR) collects 12 additional HIV related variables. In addition, the new CIR also collects information on internet partner notification. However, the CIR no longer collects risk behaviors for the past 3 months and the form itself has been shortened by one page.

# Frequently Asked Questions

**3. How will using this form benefit our STD and/or HIV program?**

The Comprehensive Interview Record (CIR) will benefit local STD and HIV Programs by allowing for the full collection of HIV and STD program data. This will benefit the individual DIS and supervisor, as the form has been changed to include required HIV variables needed for the monitoring and evaluation of programs. In addition, the form has been changed to include information on internet partner notification, allowing for the tracking of this type of notification. Lastly, the form indicates a change in risk behavior data collection, allowing for the documentation of transgender partners, sex without using a condom and the sharing of drug injection equipment. This form no longer requires the collection of risk behavior in the past 3 months.

**4. Why do we need to record the patient's primary language on the form?**

Information documenting the patient's primary language may be used to ensure that language or cultural barriers are recognized by the DIS and addressed during the interview and follow-up activities. This information is for local use and is not intended to be reported to CDC with case surveillance information.

# **F**requently **A**sked **Q**uestions

5. **Why are there so many questions about transgender, e.g. self and partners?**

Information documenting a person's gender can be used by case management and disease intervention staff to ensure that gender- and culturally-appropriate prevention information and referrals are offered to persons regardless of their gender. Documentation of this information should be guided by local or state practice, but is supported by the enhanced IR.

6. **Can we modify the form for use with chlamydia and gonorrhea interviews?**

The IR can be adapted for use with chlamydia, gonorrhea, or any other STD interview.

7. **Will STD\*MIS be updated to work with the new interview record?**

During the pilot, the new variables will not be available in STD\*MIS 4.1. Data will still need to be entered into STD\*MIS 4.1 from the new forms. STD\*MIS is currently undergoing a significant upgrade so that it can be used in conjunction with the Comprehensive Interview Record, but this will not be ready until after the pilot has been completed.

8. **Whom should I contact if I have further questions about the Interview Record?**

Please contact your program consultant.

**Interview Format**

- **Introduction**

- **Patient Assessment**

- **Disease Intervention Behaviors**

- **Conclusion**

During the Medical portion of the Patient Assessment section, DIS should routinely discuss medical procedures that have changed the patient's gender.

## Interview Format

- **Introduction**

- **Patient Assessment**

- **Disease Intervention Behaviors**

- **Conclusion**

During the Partner Elicitation portion of the interview DIS should begin by asking a broad question such as "How many partners have you had since you began having sex?". After obtaining an estimated number, the DIS should then ask the patient for the number of partners the patient had in the last 12 months and what gender they were. The DIS then should ask for the number of partners the patient had during the predetermined Interview Period.