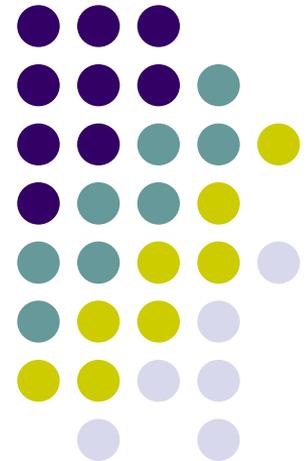
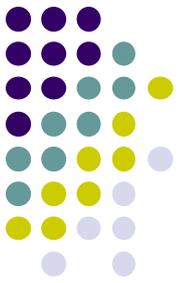


Cluster Interview Template



Updated 04/2013

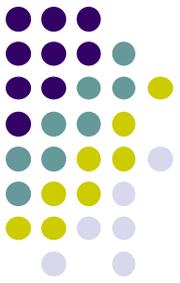
Introduction to the Training



- 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

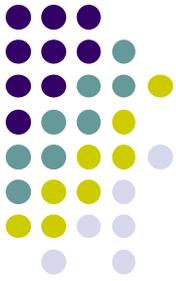


How to Use the Cluster Interview Template



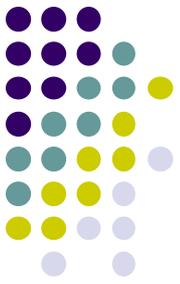
- The CIT is strongly recommended for interviewing negative or unknown result status Partners, Social Contacts, and associates.
- The slides refer to both Index Patients and Original Patients; these terms are interchangeable

Cluster Interview Template



Cluster Interview Template						
Person Being Interviewed: _____		OP Case # & DX		_____		_____
Relationship to OP:		Partner <input type="checkbox"/>	Social <input type="checkbox"/>	Associate <input type="checkbox"/>	Type: _____	Worker <input type="checkbox"/>
Medical Status/Hist. of Interviewee: _____		Interview Date: ____/____/____		Lot No. _____		
AKAs/Internet info (Screen names, e-mail address, etc): _____						
Cluster Interview Instructions:						P = Pursue C = Covered
P <input type="checkbox"/>	C <input type="checkbox"/>				P <input type="checkbox"/>	C <input type="checkbox"/>
1					7	
2					8	
3					9	
4					10	
5					11	
6					12	
Risk Factors						
Within the last 12 months, has the client reported:		Y/O/U/N/R/D		Y/N/R/D		Optional for 900 negative contacts
		<input type="checkbox"/> No risk identified.		<input type="checkbox"/> Sex without using a condom?		Y-Yes
Y-Yes-Anal or Vaginal Intercourse (with or without Oral Sex)		<input type="checkbox"/> Sex with male?		<input type="checkbox"/> Engaged in injection drug use?		N-No
O-Yes, Oral Sex Only		<input type="checkbox"/> Sex with female?		<input type="checkbox"/> Shared injection drug equipment?		R-Refused to Answer
U-Unspecified Type of Sex		<input type="checkbox"/> Sex with transgender?				D-Did Not Ask
N-No						
R-Refused to Answer						
D-Did Not Ask						
900 PS Information						
Complete on all 900 Partners regardless of testing status						
Interviewed?: _____		Sex at Birth: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> D		If additional Gender, Specify: _____		
Notifiability: _____		Notification Plan: _____		Actual Notification Method Used: _____		
Self-Reported Results: _____		____/____/____ Date of Last 900				
Referred to Testing: <input type="checkbox"/>		Testing Performed: <input type="checkbox"/>		Referral Test Result: <input type="checkbox"/>		900 Result Provided: <input type="checkbox"/>
____/____/____ Referral Date						
Interview Notes						

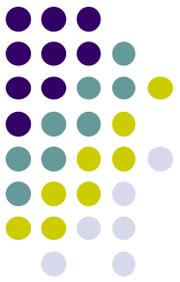
A Guide to the Comprehensive Field Record



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

- Linking Information Between the Index Patients and Partner/Clusters
- Risk Behaviors
- Notification and Testing
- Medical History and Internet Use
- Partner/Cluster Information

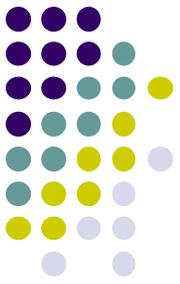
Linking Information Between the Index Patient and Partner/Cluster



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

- Partner's name
- Index Patient's Case number and diagnosis
- Relationship between the Partner, Social Contact, or Associate and Index Patient
- Worker Number and Date of Interview
- Lot Number

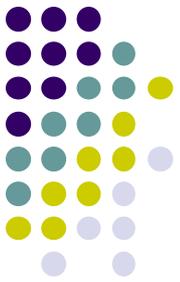
Linking Information Between the Index Patient and Partner/Cluster



Person Being Interviewed: _____	OP Case # & DX _____	<input type="text"/>	<input type="text"/>
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- **Person being Interviewed:** Document the last, first and middle names of the contact or cluster being interviewed.
- **OP Case # & DX:** Document the Original Patient's case number and diagnosis.

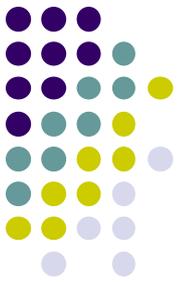
Linking Information Between the Index Patient and Partner/Cluster



Relationship to OP:	Partner <input type="checkbox"/>	Social <input type="checkbox"/>	Associate <input type="checkbox"/>	Type: _____
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- **Relationship to OP:** Document the referral basis of the relationship between the person being interviewed and the Original Patient by placing an X in the appropriate box. Document the numeric type for the particular relationship between the person being interviewed and the OP.

Relationship Between the Index Patient and Partner/Cluster



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

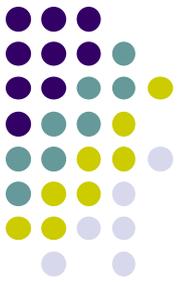
SOCIAL CONTACT (SUSPECT) - Persons named by an infected person (e.g., the Index patient or an infected partner or cluster).

- **S1** - Person who has or had symptoms suggestive of the Condition(s) documented.
- **S2** - Person who is named as a sex partner of a known infected person.
- **S3** - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk).

ASSOCIATE - Persons named by an uninfected partner or cluster.

- **A1** - Person who has or had symptoms suggestive of the Condition(s) documented.
- **A2** - Person who is named as a sex partner of a known infected person.
- **A3** - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk).

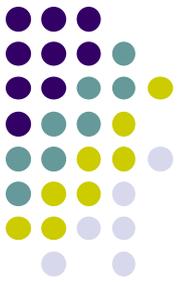
Linking Information Between the Index Patient and Partner/Cluster



Worker	Interview Date	Lot No.			
<table border="1"><tr><td></td><td></td><td></td></tr></table>				____/____/____	

- **Worker:** Document the worker number of the DIS who conducted the interview.
- **Interview Date:** Document the date that the cluster interview was conducted.
- **Lot No.:** Document the lot number where the Original Patient's cases resides.

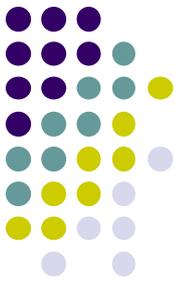
Medical History & Internet Use



Medical Status/Hist. of Interviewee:	
AKAs/internet info (Screen names, e-mail address, etc):	

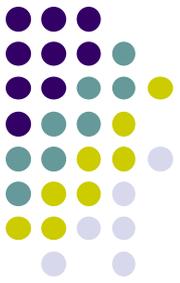
- **Medical Status/History of Interviewee:** Summarize all STD lab results, treatments, etc. relevant to this case of the person being interviewed.
- **AKAs/Internet Info:** Document any aliases including Internet screen names as well as other relevant internet information (such as e-mail addresses, web sites, chat rooms, etc.).

Partner/Cluster Information



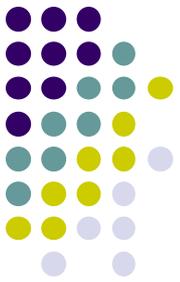
Cluster Instructions:		P = Pursue	
		C = Covered	
	P	C	
1	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	<input type="checkbox"/>	<input type="checkbox"/>	_____

Partner/Cluster Information



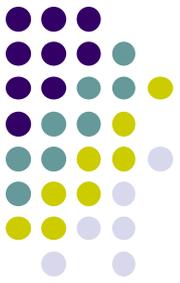
- Though traditional partner/cluster interview questions are not present on the template, this section is reserved for inquiries to be pursued or that were covered during the cluster interview.
- Potential partner, social contact, and associate questions are listed in the CIT Instructions for this section starting on page 2.
- They are separated into the following categories:
 - Social History
 - Medical History
 - Partners
 - Clusters

Risk Information



Risk Factors	Y/O/U/N/R/D		Y/N/R/D		Optional for 900 negative contacts
Within the last 12 months, has the client reported:	<input type="checkbox"/>	No risk identified.	<input type="checkbox"/>	Sex without using a condom?	Y -Yes N -No R -Refused to Answer D -Did Not Ask
	<input type="checkbox"/>	Sex with male?	<input type="checkbox"/>	Engaged in injection drug use?	
	<input type="checkbox"/>	Sex with female?	<input type="checkbox"/>	Shared injection drug equipment?	
	<input type="checkbox"/>	Sex with transgender?			
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					

Each risk factor should be addressed for the last 12 months prior to the date of the interview



Risk Behavior

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

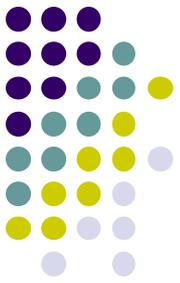
U – Unspecified Type of Intercourse

N – No Sexual Exposure

R – Refused to Answer

D – Did Not Ask

Risk Behavior



The next 3 risk factors require the response options listed below to indicate other risks

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

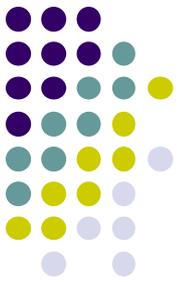
Y - Yes

N - No

R - Refused to answer

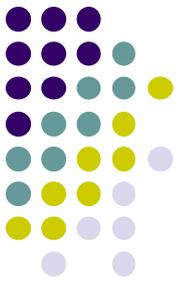
D - Did not ask

Notification and Testing

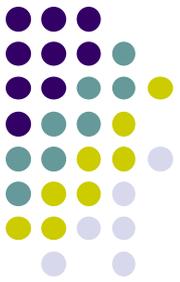


900 PS Information		Complete on all 900 Partners regardless of testing status			
Interviewed?:	<input type="checkbox"/> <input type="checkbox"/>	Sex at Birth	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> D	If additional Gender, Specify: _____	
Notifiability:	<input type="checkbox"/> <input type="checkbox"/>	Notification Plan:	<input type="checkbox"/> <input type="checkbox"/>	Actual Notification Method Used:	<input type="checkbox"/> <input type="checkbox"/>
Self-Reported Results:		<input type="checkbox"/> <input type="checkbox"/>	____ / ____ / ____ Date of Last 900		
Referred to Testing:	<input type="checkbox"/>	Referral Date	____ / ____ / ____	Testing Performed:	<input type="checkbox"/>
		Referral Test Result:	<input type="checkbox"/>	900 Result Provided:	<input type="checkbox"/>

Notification and Testing



- 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



Notification and Testing

PS Enrollment Status:	<input type="text"/>	<input type="text"/>	____/____/____ 900 PS Interview Date
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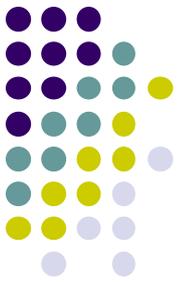
- *Document enrollment into Partner Services (i.e., acceptance of the interview) and the date that the interview took place*



Notification and Testing

Sex at Birth	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> D	If additional Gender, Specify: _____
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- *Indicate the partner's assigned sex at birth*
- *If the partner/cluster indicates a gender on the top half of the CFR, list the partner's reported gender here*



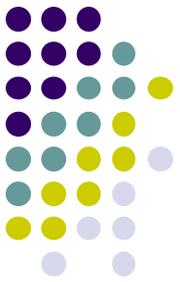
Notification and Testing

Notifiability:

Notification
Plan:

Actual Notification
Method Used:

- *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/cluster of their exposure – this method may differ from the notification plan*



Notification and Testing

Self-Reported
Results:

 / /
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.*
- *Enter the date of the partner's last HIV test*



Notification and Testing

Referred to Testing: <input type="checkbox"/>	____/____/____ Referral Date	Testing Performed: <input type="checkbox"/>	Referral Test Result: <input type="checkbox"/>	900 Result Provided: <input type="checkbox"/>
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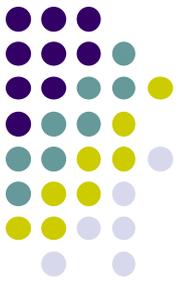
- *Document whether the partner was referred to HIV testing*
- *Enter the date on which the partner was referred to HIV testing*
- *Indicate whether the test for which the partner was referred was performed and indicate the referred test result*
- *Document whether the partner was informed of their test results.*



Partner/Cluster Information

Partner/Social Contact/Associate Information							
1	Last Name		First Name		AKA		Jurisdiction
	<input type="text"/>	Referral Basis	First Exposure ___/___/___	Freq.	Last Exposure ___/___/___	Gender M F T U R	Pregnant Y N U R

- Document the name and jurisdiction for the partner/cluster
- Document cluster type and frequency of exposure
- Document gender and pregnancy status
- Indicate whether this is a spousal relationship

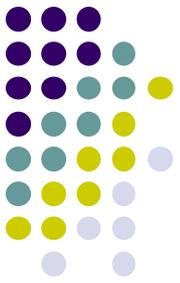


Partner/Cluster Information

Condition 1	____/____/____ Ix Date	____/____/____ Init. Date	____ Ix DIS #	Ix Type	Referral	FR#	Dispo	____/____/____ Dispo Date	Cond. _____ DIS #	SO/SP <input type="text"/>
Condition 2	____/____/____ Ix Date	____/____/____ Init. Date	____ Ix DIS #	Ix Type	Referral	FR#	Dispo	____/____/____ Dispo Date	Cond. _____ DIS #	SO/SP <input type="text"/>

- For each condition, document the interview date, initiation date, the worker number for the interviewing DIS and the type of interview
- Document referral information (e.g., brought to treatment), field record number, disposition and disposition date.
- Indicate the condition, DIS worker who brought the partner/cluster to disposition and indicate source/spread for STDs only

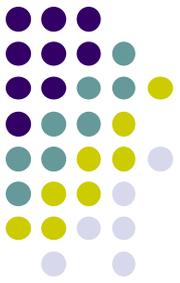
Partner/Cluster Information



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

Additional Notes

Partner/Cluster Information



- **Marginal Partners/Clusters**
 - Document information (exposure period including frequency, gender, FR number, etc.) on persons named by the interviewee, including the Index Patient if named, as connected to the current investigation.
- **Additional Notes**
 - Document any additional notes regardless of condition.