

Cluster Interview Template

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|---------------------------|----------------|--|--|--|--|
| Person Being Interviewed: | OP Case # & DX | | | | |
|---------------------------|----------------|--|--|--|--|

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|---------------------|----------------------------------|---------------------------------|------------------------------------|-------------|--------|----------------|---------|
| Relationship to OP: | Partner <input type="checkbox"/> | Social <input type="checkbox"/> | Associate <input type="checkbox"/> | Type: _____ | Worker | Interview Date | Lot No. |
|---------------------|----------------------------------|---------------------------------|------------------------------------|-------------|--------|----------------|---------|

Medical Status/Hist. of Interviewee:

AKAs/internet info (Screen names, e-mail address, etc):

Cluster Interview Instructions:

P = Pursue
C = Covered

| | | | | | | | | | | | | | | | |
|---|--|--|---|---|---|---|---|---|---|--|---|--|---|--|--|
| <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">P C</td> <td style="width: 50%;"></td> </tr> <tr> <td>1 <input type="checkbox"/> <input type="checkbox"/> </td> <td>7 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>2 <input type="checkbox"/> <input type="checkbox"/> </td> <td>8 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>3 <input type="checkbox"/> <input type="checkbox"/> </td> <td>9 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>4 <input type="checkbox"/> <input type="checkbox"/> </td> <td>10 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>5 <input type="checkbox"/> <input type="checkbox"/></td> <td>11 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>6 <input type="checkbox"/> <input type="checkbox"/></td> <td>12 <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> | P C | | 1 <input type="checkbox"/> <input type="checkbox"/> | 7 <input type="checkbox"/> <input type="checkbox"/> | 2 <input type="checkbox"/> <input type="checkbox"/> | 8 <input type="checkbox"/> <input type="checkbox"/> | 3 <input type="checkbox"/> <input type="checkbox"/> | 9 <input type="checkbox"/> <input type="checkbox"/> | 4 <input type="checkbox"/> <input type="checkbox"/> | 10 <input type="checkbox"/> <input type="checkbox"/> | 5 <input type="checkbox"/> <input type="checkbox"/> | 11 <input type="checkbox"/> <input type="checkbox"/> | 6 <input type="checkbox"/> <input type="checkbox"/> | 12 <input type="checkbox"/> <input type="checkbox"/> | |
| P C | | | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> <input type="checkbox"/> | 7 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | |
| 2 <input type="checkbox"/> <input type="checkbox"/> | 8 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | |
| 3 <input type="checkbox"/> <input type="checkbox"/> | 9 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | |
| 4 <input type="checkbox"/> <input type="checkbox"/> | 10 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | |
| 5 <input type="checkbox"/> <input type="checkbox"/> | 11 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | |
| 6 <input type="checkbox"/> <input type="checkbox"/> | 12 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | |

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|--|--|---|---|
| Risk Factors | Y/O/U/N/R/D | Y/N/R/D | Optional for 900 negative sexual & social contacts, associates, or cohorts. |
| 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 |
| 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? | |
| O - Yes, Oral Sex Only | <input type="checkbox"/> Sex with female? | <input type="checkbox"/> Shared injection drug equipment? | |
| U - Unspecified Type of Sex | <input type="checkbox"/> Sex with transgender? | <input type="checkbox"/> Other (Specify): _____ | |
| N - No | | | |
| R - Refused to Answer | | | |
| D - Did Not Ask | | | |

900 PS Information

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

| | | |
|--------------------------------|--|--------------------------------------|
| Interviewed?: | Sex at Birth <input type="checkbox"/> M <input type="checkbox"/> F | If additional Gender, Specify: _____ |
| Notifiability: | Notification Plan: | Actual Notification Method Used: |
| Self-Reported 900 Test Result: | Confirmed Client's Serostatus: | Date of Last 900 Test |
| Referred to Testing: | Referral Date | Testing Performed: |
| | | Referral Test Result: |
| | | 900 Result Provided: |

Interview Notes

