

Interview Record

Patient ID Condition(s)

1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Neurological Involvement?

C	P	N	U
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 Case ID

1	<input type="text"/>
2	<input type="text"/>

 Lot # Interview Record ID

Patient Name

Name	Phone/Contact												
Last Name <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> Preferred Name / AKA <input type="text"/> Maiden Name <input type="text"/>	Home Phone <input type="text"/> Work Phone <input type="text"/> Cellular Phone <input type="text"/> Pager <input type="text"/> E-Mail Address(es) <input type="text"/> Emergency Contact Name <input type="text"/> Emergency Contact Phone <input type="text"/> Emergency Contact Relationship <input type="text"/>												
Address													
Residence Street <input type="text"/> (Apt. #) <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> County <input type="text"/> District <input type="text"/> Country <input type="text"/> Living With <input type="text"/> Residence Type <input type="text"/> Time At Address <input type="text"/> <table border="1" style="display: inline-table;"><tr><td>W</td><td>M</td><td>Y</td></tr></table> Time In State <input type="text"/> <table border="1" style="display: inline-table;"><tr><td>W</td><td>M</td><td>Y</td></tr></table> Time In Country <input type="text"/> <table border="1" style="display: inline-table;"><tr><td>W</td><td>M</td><td>Y</td></tr></table> Currently Institutionalized? <table border="1" style="display: inline-table;"><tr><td>Y</td><td>N</td><td>U</td></tr></table> Name of Institution <input type="text"/> Institution Type <input type="text"/>		W	M	Y	W	M	Y	W	M	Y	Y	N	U
W	M	Y											
W	M	Y											
W	M	Y											
Y	N	U											

Case ID

Demographics	Pregnancy																																																			
Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> Sex at Birth <table border="1" style="display: inline-table;"><tr><td>M</td><td>F</td></tr></table> Current Gender <table border="1" style="display: inline-table;"><tr><td>M</td><td>F</td><td>MTF</td><td>FTM</td><td>U</td><td>R</td></tr></table> Age <input type="text"/> Marital Status <table border="1" style="display: inline-table;"><tr><td>S</td><td>M</td><td>Sep</td><td>D</td><td>W</td><td>C</td><td>U</td><td>R</td></tr></table> Hispanic/Latino? <table border="1" style="display: inline-table;"><tr><td>Y</td><td>N</td><td>U</td><td>R</td></tr></table> Race <table border="1" style="display: inline-table;"><tr><td>AI/AN</td><td>A</td><td>B</td><td>NH/PI</td><td>W</td><td>U</td><td>R</td></tr></table> English Speaking? <table border="1" style="display: inline-table;"><tr><td>Y</td><td>N</td><td>U</td></tr></table> Primary Language <input type="text"/>	M	F	M	F	MTF	FTM	U	R	S	M	Sep	D	W	C	U	R	Y	N	U	R	AI/AN	A	B	NH/PI	W	U	R	Y	N	U	Pregnant at Exam? <table border="1" style="display: inline-table;"><tr><td>Y</td><td>N</td><td>U</td><td>R</td></tr></table> # Weeks <input type="text"/> Pregnant at Interview? <table border="1" style="display: inline-table;"><tr><td>Y</td><td>N</td><td>U</td><td>R</td></tr></table> # Weeks <input type="text"/> Currently in Prenatal Care? <table border="1" style="display: inline-table;"><tr><td>Y</td><td>N</td><td>U</td><td>R</td></tr></table> Pregnant in Last 12 Mos? <table border="1" style="display: inline-table;"><tr><td>Y</td><td>N</td><td>U</td><td>R</td></tr></table> Pregnancy Outcome <table border="1" style="display: inline-table;"><tr><td>D</td><td>S</td><td>M</td><td>A</td><td>U</td></tr></table>	Y	N	U	R	Y	N	U	R	Y	N	U	R	Y	N	U	R	D	S	M	A	U
M	F																																																			
M	F	MTF	FTM	U	R																																															
S	M	Sep	D	W	C	U	R																																													
Y	N	U	R																																																	
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Condition 1 Reporting Information	Condition 2 Reporting Information												
Method of Case Detection <table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table> Other <input type="text"/> OP Condition <table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> OP Case ID <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Method of Case Detection <table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table> Other <input type="text"/> OP Condition <table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> OP Case ID <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
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Facility First Tested <input type="text"/> If Other, Describe <input type="text"/> Laboratory Report Date <input type="text"/>	Facility First Tested <input type="text"/> If Other, Describe <input type="text"/> Laboratory Report Date <input type="text"/>												
Interviewed? <table border="1" style="display: inline-table;"><tr><td>Y</td><td>N</td></tr></table> If not, why not? <input type="text"/> Place of Interview: <table border="1" style="display: inline-table;"><tr><td><input type="text"/></td></tr></table> If Other, Describe <input type="text"/> PEMS Site ID <input type="text"/>	Y	N	<input type="text"/>	Interviewed? <table border="1" style="display: inline-table;"><tr><td>Y</td><td>N</td></tr></table> If not, why not? <input type="text"/> Place of Interview: <table border="1" style="display: inline-table;"><tr><td><input type="text"/></td></tr></table> If Other, Describe <input type="text"/> PEMS Site ID <input type="text"/>	Y	N	<input type="text"/>						
Y	N												
<input type="text"/>													
Y	N												
<input type="text"/>													
Date First Assigned for Interview <input type="text"/> DIS # <input type="text"/> Date Reassigned for Interview <input type="text"/> DIS # <input type="text"/>	Date First Assigned for Interview <input type="text"/> DIS # <input type="text"/> Date Reassigned for Interview <input type="text"/> DIS # <input type="text"/>												
Date Original Interview <input type="text"/> DIS # <input type="text"/> Date First Re-Interview <input type="text"/> DIS # <input type="text"/>	Date Original Interview <input type="text"/> DIS # <input type="text"/> Date First Re-Interview <input type="text"/> DIS # <input type="text"/>												
Date Case Closed <input type="text"/> DIS # <input type="text"/> Supervisor # <input type="text"/>	Date Case Closed <input type="text"/> DIS # <input type="text"/> Supervisor # <input type="text"/>												
Imported Case? <table border="1" style="display: inline-table;"><tr><td>N</td><td>C</td><td>S</td><td>J</td><td>D</td><td>U</td></tr></table> Import Location <input type="text"/>	N	C	S	J	D	U	Imported Case? <table border="1" style="display: inline-table;"><tr><td>N</td><td>C</td><td>S</td><td>J</td><td>D</td><td>U</td></tr></table> Import Location <input type="text"/>	N	C	S	J	D	U
N	C	S	J	D	U								
N	C	S	J	D	U								

Lot #

Local Use:

A	B	C	D	E	F	G	H	I	J	K	L
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RISK FACTORS		
I. Sexual Behaviors	Within past 3 months	Within past 12 months
<p><i>Sex is defined as having engaged in oral, anal or vaginal contact with partners.</i></p>		
<p>Y - Yes N - No R - Refused to Answer D - Did not Ask</p>		
<p>Has the patient:</p>	<p>Y/N/R/D</p>	<p>Y/N/R/D</p>
1. Had sex with a male?	<input type="text"/>	<input type="text"/>
2. Had sex with a female?	<input type="text"/>	<input type="text"/>
3. Had sex with an anonymous partner?	<input type="text"/>	<input type="text"/>
4. Had sex with a person known to him/her to be an IDU?	<input type="text"/>	<input type="text"/>
5. Had sex while intoxicated and/or high on drugs?	<input type="text"/>	<input type="text"/>
6. Exchanged drugs/money for sex?	<input type="text"/>	<input type="text"/>
7. [Females only] Had sex with a person who is known to her to be an MSM?	<input type="text"/>	<input type="text"/>
II. Drug Use Behaviors	Within past 3 months	Within past 12 months
<p>Y - Yes N - No R - Refused to Answer D - Did not Ask</p>		
<p>Y/N/R/D</p>		
8. Engaged in injection drug use?	<input type="text"/>	<input type="text"/>
9. During the past 12 months, which of the following injection or non-injection drugs have been used?		<p><input type="checkbox"/> Crack <input type="checkbox"/> Methamphetamines</p> <p><input type="checkbox"/> Cocaine <input type="checkbox"/> Nitrates/Poppers</p> <p><input type="checkbox"/> Heroin <input type="checkbox"/> Erectile dysfunction medications (e.g., Viagra)</p> <p><input type="checkbox"/> None <input type="checkbox"/> Other, specify:</p> <p>_____</p> <p>_____</p>
III. Other Risk Factors	Within past 3 months	Within past 12 months
<p>Y - Yes N - No R - Refused to Answer D - Did not Ask</p>		
<p>Y/N/R/D</p>		
10. Been incarcerated?	<input type="text"/>	<input type="text"/>

STD Testing						
Date Collected	Provider	Test	Specimen Source	Qualitative Result	Quantitative Result	
____/____/____	_____	_____	<input type="text"/>	P N I U Q C	1: _____	
____/____/____	_____	_____	<input type="text"/>	P N I U Q C	1: _____	
____/____/____	_____	_____	<input type="text"/>	P N I U Q C	1: _____	
____/____/____	_____	_____	<input type="text"/>	P N I U Q C	1: _____	

HIV Testing						
Tested for HIV at this event?			Previously Tested for HIV?			
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R <input type="checkbox"/> Not Asked			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R <input type="checkbox"/> Not Asked			
Date Collected	Provider	Test	Specimen Source	Qualitative Result	Provider Confirmed	
____/____/____	_____	_____	<input type="text"/>	P N I U Q C	<input type="text"/>	
____/____/____	_____	_____	<input type="text"/>	P N I U Q C	<input type="text"/>	
____/____/____	_____	_____	<input type="text"/>	P N I U Q C	<input type="text"/>	

Signs and Symptoms					
Signs/Symptoms	Earliest Observation Date	Anatomic Site	Clinician Observed?	Patient Described?	Duration (Days)
1. <input type="text"/>	____/____/____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
2. <input type="text"/>	____/____/____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
3. <input type="text"/>	____/____/____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
If Other, Please Describe: _____					

STD History			
Previous STD History? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R			
Condition	Dx Date (mm/yyyy)	Rx Date (mm/yyyy)	Confirmed?
1. <input type="text"/>	____/____/____	____/____/____	<input type="text"/>
2. <input type="text"/>	____/____/____	____/____/____	<input type="text"/>
3. <input type="text"/>	____/____/____	____/____/____	<input type="text"/>

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

HIV Pre-Test Counseled at this event? Y N U R HIV Post-Test Counseled at this event? Y N U R

Social History																							
Places Met Partners				Places Had Sex				Partners in Last 12 Months															
Type	Name			Type	Name			Female	<input type="text"/>	Male	<input type="text"/>	Transgender	<input type="text"/>										
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>			Unknown	<input type="text"/> U	Refused	<input type="text"/> R	Unknown	<input type="text"/> U	Refused	<input type="text"/> R								
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>			Unknown	<input type="text"/> U	Refused	<input type="text"/> R	Unknown	<input type="text"/> U	Refused	<input type="text"/> R								
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>			Unknown	<input type="text"/> U	Refused	<input type="text"/> R	Unknown	<input type="text"/> U	Refused	<input type="text"/> R								
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>			Unknown	<input type="text"/> U	Refused	<input type="text"/> R	Unknown	<input type="text"/> U	Refused	<input type="text"/> R								
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>			Unknown	<input type="text"/> U	Refused	<input type="text"/> R	Unknown	<input type="text"/> U	Refused	<input type="text"/> R								
<input type="text"/>	Did not ask			<input type="text"/>	Did not ask			Unknown	<input type="text"/> U	Refused	<input type="text"/> R	Unknown	<input type="text"/> U	Refused	<input type="text"/> R								
<input type="text"/>	Refused to answer			<input type="text"/>	Refused to answer			Unknown	<input type="text"/> U	Refused	<input type="text"/> R	Unknown	<input type="text"/> U	Refused	<input type="text"/> R								
Interview Period Partners						Condition 1			Condition 2														
						Unknown			Refused			Unknown			Refused								
Female			<input type="text"/>			<input type="text"/> U			<input type="text"/> R			Female			<input type="text"/>			<input type="text"/> U			<input type="text"/> R		
Male			<input type="text"/>			<input type="text"/> U			<input type="text"/> R			Male			<input type="text"/>			<input type="text"/> U			<input type="text"/> R		
Transgender			<input type="text"/>			<input type="text"/> U			<input type="text"/> R			Transgender			<input type="text"/>			<input type="text"/> U			<input type="text"/> R		

Partner/Cluster Information

1	Last Name			First Name			AKA			Jurisdiction										
	P/CL <input type="text"/>	First Exposure <input type="text"/>		Freq. <input type="text"/>	Last Exposure <input type="text"/>		M	F	T	U	R	Pregnant <input type="text"/>	Y	N	U	R	Spouse <input type="text"/>	Y	N	U
Condition 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ix Type	Referral	FR#	Dispo			<input type="text"/>	Cond.	<input type="text"/>	SO/SP							
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>							
Condition 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ix Type	Referral	FR#	Dispo			<input type="text"/>	Cond.	<input type="text"/>	SO/SP							
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>							

2	Last Name			First Name			AKA			Jurisdiction										
	P/CL <input type="text"/>	First Exposure <input type="text"/>		Freq. <input type="text"/>	Last Exposure <input type="text"/>		M	F	T	U	R	Pregnant <input type="text"/>	Y	N	U	R	Spouse <input type="text"/>	Y	N	U
Condition 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ix Type	Referral	FR#	Dispo			<input type="text"/>	Cond.	<input type="text"/>	SO/SP							
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>							
Condition 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ix Type	Referral	FR#	Dispo			<input type="text"/>	Cond.	<input type="text"/>	SO/SP							
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>							

3	Last Name			First Name			AKA			Jurisdiction										
	P/CL <input type="text"/>	First Exposure <input type="text"/>		Freq. <input type="text"/>	Last Exposure <input type="text"/>		M	F	T	U	R	Pregnant <input type="text"/>	Y	N	U	R	Spouse <input type="text"/>	Y	N	U
Condition 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ix Type	Referral	FR#	Dispo			<input type="text"/>	Cond.	<input type="text"/>	SO/SP							
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>							
Condition 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ix Type	Referral	FR#	Dispo			<input type="text"/>	Cond.	<input type="text"/>	SO/SP							
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>							

4	Last Name			First Name			AKA			Jurisdiction										
	P/CL <input type="text"/>	First Exposure <input type="text"/>		Freq. <input type="text"/>	Last Exposure <input type="text"/>		M	F	T	U	R	Pregnant <input type="text"/>	Y	N	U	R	Spouse <input type="text"/>	Y	N	U
Condition 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ix Type	Referral	FR#	Dispo			<input type="text"/>	Cond.	<input type="text"/>	SO/SP							
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>							
Condition 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ix Type	Referral	FR#	Dispo			<input type="text"/>	Cond.	<input type="text"/>	SO/SP							
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>							

5	Last Name			First Name			AKA			Jurisdiction										
	P/CL <input type="text"/>	First Exposure <input type="text"/>		Freq. <input type="text"/>	Last Exposure <input type="text"/>		M	F	T	U	R	Pregnant <input type="text"/>	Y	N	U	R	Spouse <input type="text"/>	Y	N	U
Condition 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ix Type	Referral	FR#	Dispo			<input type="text"/>	Cond.	<input type="text"/>	SO/SP							
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>							
Condition 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ix Type	Referral	FR#	Dispo			<input type="text"/>	Cond.	<input type="text"/>	SO/SP							
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				<input type="text"/>		<input type="text"/>	<input type="text"/>							

Interview Record Codes					
Disease/Diagnosis Codes	Institution Types	Y/N/U/R	Time		
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-Gonococcal 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/ symptoms 800 - Genital Warts 850 - Herpes 900 - HIV Infection 950 - AIDS (Syndrome)	G - Group Home J - Jail O - Other P - Prison Q - Mental Health Center R - Rehabilitation Center X - Drug Treatment/Detox Center Y - Juvenile Detention	Y - Yes N - No U/UN - Unknown R - Refused to Answer	W - Weeks M - Months Y - Years		
		Method of Case Detection			
		Marital Status			
		S - Single, Never Married M - Married SEP - Separated D - Divorced W - Widowed C - Cohabitation U - Unknown R - Refused to Answer			
		Hispanic/Latino			
		Y - Yes, Hispanic/Latino N - No, not Hispanic/Latino U - Unknown R - Refused to Answer			
		Race			
		A/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			
		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) 11 - Correctional facility 12 - Lab 13 - Blood Bank 14 - Labor and Delivery 15 - Prenatal 16 - Job Corps 17 - School-based Clinic 18 - Mental Health Services 29 - Hospital (Other) 66 - Indian Health Services 77 - Military 88 - Other 99 - Unknown					
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 U - Unknown X - Drug Treatment/Detox Center Y - Juvenile Detention					
Gender/Sex:					
M - Male F - Female MTF - Male to Female Transsexual FTM - Female to Male Transsexual T - Transgender U - Unknown R - Refused to Answer					
		Reasons Not Interviewed:			
		Place of Interview			
		U - Unable to locate P - Physician Refusal R - Refused to Answer D - Deceased L - Language Barrier O - Other	C - Clinic F - Field T - Telephone I - Internet O - Other		
		Imported Case			
		N - Not an imported case C - Yes, imported from another <u>country</u> S - Yes, imported from another <u>state</u> J - Yes, imported from another <u>county/jurisdiction</u> in the state D - Yes, imported but not able to determine source county, state, and/or country U - Unknown			
		Specimen Source			
		Anatomic Site			
		01 - Cervix/Endocervix 02 - Lesion - Genital 03 - Lesion - Extra Genital 04 - Lymph Node Aspirate 05 - Oropharynx 06 - Ophthalmia/Conjunctiva 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	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 UN - Unknown/ No Result Q - Quantity Not Sufficient C - Contaminated specimen			
		Places met or had sex with partners			
		A - Adult Book Store/Cinema B - Bars C - Cruising in Automobile D - Dance Halls E - Escort Services F - Baths/Spas/Resorts G - Place of Worship H - Home I - Chat Rooms/Lines/Email/Internet J - Jail/Prison K - Clubs L - Beach	M - Motel/Hotel N - Shopping Mall O - Other P - Project/Shelter Q - School R - Gyms/Health Clubs S - Partner's Home T - Street U - Circuit Party V - Cruise (Boat) W - Work X - Park/Rest Area		

Interview Record Codes	
Signs/Symptoms	STD History
A - Discharge or MPC B - Chancre, Sores, Lesions, or Ulcers C - Rash D - Dysuria E - Itching F - Alopecia (Hair loss) 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	Y - Yes, patient has a history of STD N - No, patient has never had a prior STD U - Unknown if patient has had a prior STD R - Patient refused to answer any questions regarding prior STD History
	Interview Type
	O - <i>Original Interview</i> the initial interview with an infected patient. R - <i>Re-Interview</i> any interview after the Original Interview of an infected patient. C - <i>Cluster Interview</i> any interview of a partner or cluster regarding the index case. U - <i>Unable to interview</i> (may include situations where the original patient was not interviewed, but sex partners and/or clusters were initiated from other activities).
	Referral
	1 - <u>Patient (Client)</u> : No health department involvement in the referral of this partner/cluster. 2 - <u>Provider</u> : DIS or other health department staff were involved in the referral of this partner/cluster . 3 - <u>Dual (contract)</u> : A combination of provider and patient effort to bring contact/cluster to services.
	Source/Spread
	SO - The source of infection for the original patient SP - A spread from the original patient. U - Partner infection is <u>not related to the original patient</u> . UN (Unknown) - It is unknown whether a partner infection is related to the original patient.
Partner/Cluster	
PARTNER - Persons having sexual activities (of any type) or sharing needles with the original 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 original 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).	
Dispositions	
STD Dispositions	HIV Dispositions
A - Preventative Treatment B - Refused Preventative Treatment C - Infected, Brought to Treatment D - Infected, Not Treated E - Previously Treated for This Infection F - Not Infected G - Insufficient Information to Begin Investigation H - Unable to Locate J - Located, Refused Examination and/or Treatment K - Out Of Jurisdiction L - Other	1 - Previous Positive 2 - Previous Negative, New Positive 3 - Previous Negative, Still Negative 4 - Previous Negative, Not Re-tested 5 - Not Previously Tested, New Positive 6 - Not Previously Tested, New Negative 7 - Not Previously Tested, Not Tested Now G - Insufficient Information to Begin Investigation H - Unable to Locate J - Located, Refused Counseling and/or Testing K - Out Of Jurisdiction L - Other