

### Interview Record Instructions (GC/CT Version)

The Centers for Disease Control and Prevention (CDC) Interview Record is primarily designed for use by state and local Disease Intervention Specialists (DIS) who interview individuals with sexually transmitted diseases (STDs), including HIV/AIDS and other related conditions, and conduct sex and needle sharing partner notifications and referrals. This instrument is meant to assist DIS and their managers in documenting and evaluating case management activities according to local program priorities and/or regulations. State and local program priorities and regulations will also determine what types of information should be documented and retained on this form. A small portion of the information recorded within this document will be transmitted to CDC.

Though some data elements (excluding personal identifiers, i.e. names, addresses, telephone numbers, etc.) will be forwarded to CDC, this form does not represent a document that is to be used for federal data collection purposes in its entirety. Also, this form and accompanying documentation is an example of an Interview Record that can be used by local and state programs and is made available for local and state program use and adaptation.

These instructions describe how to complete the interview record form. Each numbered item in the instructions corresponds to a number on the sample interview record form.

**NOTE:** The "Month/Day/Year" (MM/DD/YYYY) format should be utilized for **all** date fields on this record, unless otherwise specified.

**1 Patient ID Number:** Document the patient ID for this person, if known or applicable.

**NOTE:** If using a computerized system, this number may be assigned by the software system.

**2 Condition:** Document the specific disease code for the diagnosed and/or interviewed condition. Conditions will be interviewed for and/or documented on an interview form depending on local programmatic procedures and policies in place. If one of the conditions being interviewed is syphilis or HIV related, this is not the proper interview record to be completed.

030 - HepB acute w/o delta	100 - Chancroid
031 - HepB acute w/ delta	200 - Chlamydia
033 - HepB chronic w/o delta	300 - Gonorrhea (uncomplicated)
034 - HepB chronic w/ delta	350 - Resistant Gonorrhea
042 - Hepatitis delta	400 - Non-Gonococcal Urethritis (NGU)
051 - Hepatitis C, acute	450 - Mucopurulent Cervicitis (MPC)
053 - Hepatitis E	490 - PID Syndrome
054 - Hepatitis C, chronic	500 - Granuloma Inguinale
070 - Hepatitis, unknown	600 - Lymphogranuloma Venereum (LGV)

**Second Condition:** Document a 2<sup>nd</sup> Condition, if one exists, using same list as above for disease(s) interviewed.

**Reinfection? If yes, #:** Document if the interviewed condition is a ReInfection of same condition within the last 12 months. If yes, document the number of times, including current infection, patient has been infected with this condition in the last 12 months.

**3 Case ID(s) Number:** Document the case ID number(s) for the corresponding condition(s).

**NOTE:** If using a computerized system, this number may be assigned by the software system.

**4 Interview Record ID:** Document the interview record number for this case, if known. This number is used for data processing/control purposes to link related cases.

**NOTE:** If using a computerized system, this number may be assigned by the software system.

### Name

**5 Name:** Document the patient's last, first and middle names, any aliases or nicknames (AKAs), and maiden name (as applicable).

### Demographics

6

**Date of Birth:** Document the patient's date of birth. Leave blank if unknown.

**Age:** Document the patient's age at the time of initial exam for the earliest condition reported on this interview record. Document '0' if age is less than one year or '999' if unknown.

**Hispanic or Latino\*:** Place an "X" in the appropriate box to identify the ethnic group with which the *patient* self identifies. Hispanic origin means a person of Spanish, Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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

**Sex at Birth:** Place an "X" in the appropriate box for the patient's biologic sex *at birth*: male or female. Leave blank if unknown.

**Race\*:** Place an "X" in as many boxes as applicable. Base on the racial group(s) with which the *patient* self identifies.

**AI/AN (American Indian or Alaska Native):** A person having origins in any of the original peoples of North and South America (including Central America).

**A (Asian):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**B (Black or African American):** A person having origins in any of the black racial groups of Africa.

**NH/PI (Native Hawaiian or Other Pacific Islander):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**W (White):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**U (Unknown):** The patient could not answer this question for any reason.

**R (Refused):** The patient refused to answer this question.

**Marital Status:** Place an "X" in the appropriate box indicating marital status at the time of the interview or morbidity report.

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

### Address

7

**Address:** Document the complete address where the patient currently resides. *If the patient is currently institutionalized (e.g., in jail, in a group home, in a mental health facility, etc.), do not document the address of the institution unless it is determined that the condition was acquired in the institution.* Include apartment number, city, county, 2-letter abbreviation for the state, 5-digit zip code, district or region (if applicable), and country for the address where the patient resides.

Note: Work address(es) can be documented within the

**NOTE:** If this is a temporary address, record the patient's permanent address and any other interview period addresses in the Comments section. For an institutionalized person, list the last known address where the person resided.

**Living With:** Document the RELATIONSHIP (such as spouse, parents, sibling, roommate, etc., *not the name*) of those living with the patient.

**Residence Type:** Document the appropriate code in the box for the type of residence for the above address.

A - Apartment	N - Homeless
B - Mobile Home	O - Other
C - Migrant Camp	P - Prison

Address	
D - Dorm	Q - Mental Health Center
G - Group Home	R - Rehabilitation Center
H - House/Condo	U - Unknown
J - Jail	X - Drug Treatment/Detox Center
M - Hotel/Motel	Y - Juvenile Detention
<p><b>Time At Address:</b> Document the length of time the patient has lived at the current address, in this state/territory, and in the country. Also, place an “X” in the appropriate box to indicate whether the time at the corresponding location is in (<b>W</b>) weeks, (<b>M</b>) months, or (<b>Y</b>) years. If length of time is unknown, please document “UNK”.</p> <p><b>Currently Institutionalized?:</b> Place an “X” in the appropriate box to indicate if the patient <i>is</i> institutionalized (i.e., in jail, in a group home, in a mental health facility, etc.). If institutionalized, document the <i>name</i> of the facility.</p> <p><b>Institution Type:</b> Document the appropriate code in the box for the type of facility where the patient is currently institutionalized.</p>	
G - Group Home	Q - Mental Health Center
J – Jail	R - Rehabilitation Center
O - Other	X - Drug Treatment/Detox Center
P - Prison	Y - Juvenile Detention

Phone/Contact	
<b>8</b>	<p><b>Phone/Contact:</b> Document the phone number(s) where the patient can be reached and the patient’s e-mail address(es) if applicable. Include an emergency contact name, phone number, and relationship to patient, if available.</p> <p><b>NOTE:</b> Work address(es) can be documented within the comment section.</p>

STD Testing																	
<b>9</b>	<p><b>Test Results:</b> Summarize all STD lab results relevant to this case, noting at least the last negative result, the first positive result, and the most recent test if applicable.</p> <p><b>NOTE:</b> <u>HIV testing</u> is not to be documented here but in HIV Testing Section.</p> <p><b>NOTE:</b> Hepatitis testing can be documented within this section.</p> <p><u>Date Collected</u> - Document the date the specimen was obtained from the patient.</p> <p><u>Provider</u> - Document the specific name or code of the provider (physician, clinic, hospital, etc.) who ordered the testing.</p> <p><u>Test</u> - Document the name (or type) of the test performed (e.g., RPR, TP-PA, darkfield, etc.). Ensure that the test type and condition (disease) being asked for is clear.</p> <p><u>Source</u> - Document the code from the list below for the source of specimen collection.</p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 10px 2px 10px;"><b>01</b> - Cervix/Endocervix</td> <td style="padding: 2px 10px 2px 10px;"><b>09</b> - Rectum</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;"><b>02</b> - Lesion-Genital</td> <td style="padding: 2px 10px 2px 10px;"><b>10</b> - Urethra</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;"><b>03</b> - Lesion-Extra Genital</td> <td style="padding: 2px 10px 2px 10px;"><b>11</b> - Urine</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;"><b>04</b> - Lymph Node Aspirate</td> <td style="padding: 2px 10px 2px 10px;"><b>12</b> - Vagina</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;"><b>05</b> - Oropharynx</td> <td style="padding: 2px 10px 2px 10px;"><b>13</b> - Blood/Serum</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;"><b>06</b> - Ophthalmia/Conjunctiva</td> <td style="padding: 2px 10px 2px 10px;"><b>14</b> - Cerebrospinal fluid (CSF)</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;"><b>07</b> - Other</td> <td style="padding: 2px 10px 2px 10px;"><b>88</b> - Not Applicable</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;"><b>08</b> - Other Aspirate</td> <td style="padding: 2px 10px 2px 10px;"><b>99</b> - Unknown</td> </tr> </table> <p><u>Qualitative Results</u> – Place an “X” in the appropriate box to indicate the test result(s).</p> <p style="text-align: center;"><b>P</b> - Positive</p>	<b>01</b> - Cervix/Endocervix	<b>09</b> - Rectum	<b>02</b> - Lesion-Genital	<b>10</b> - Urethra	<b>03</b> - Lesion-Extra Genital	<b>11</b> - Urine	<b>04</b> - Lymph Node Aspirate	<b>12</b> - Vagina	<b>05</b> - Oropharynx	<b>13</b> - Blood/Serum	<b>06</b> - Ophthalmia/Conjunctiva	<b>14</b> - Cerebrospinal fluid (CSF)	<b>07</b> - Other	<b>88</b> - Not Applicable	<b>08</b> - Other Aspirate	<b>99</b> - Unknown
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N - Negative  
I - Indeterminate/Equivocal  
U - Unknown/No Result

### Pregnancy

10

**Pregnant at Exam?\***: Place an "X" in the appropriate box to indicate the patient's pregnancy status at initial exam for the condition(s) documented on this interview record. If the patient was pregnant at the time of the initial exam, document the duration of the pregnancy in weeks at exam. Y - Yes, N - No, U - Unknown, R - Refused to Answer.

**Pregnant in Last 12 Months?**: Determine if the patient has been pregnant during the last 12 months and place an "X" in the appropriate box. If currently pregnant, a "Yes" answer indicates that the patient had *another* pregnancy within the past 12 months, not including her current pregnancy. Y - Yes, N - No, U - Unknown, R - Refused to Answer.

### STD Treatment

11

**Treatment**: Document all relevant treatment regimen(s). For the recommendations of adequate treatment, see the current CDC Treatment Guidelines.

Treatment Date - Document the date treatment was first started.

Provider - Document the name or code of the provider (physician, clinic, hospital, etc.) that provided the treatment.

Drug and Dosage - Document the name of the drug given, as well as the dosage and duration (e.g., 2.4 Bicillin x 3 weeks or Doxycycline 100mg bid x 28 days).

Treatment Comments - Place treatment related comments, if any, here.

Provider Choice - Document patient's preferred provider for treatment.

### Risk Factors

12

**NOTE**: Each risk factor should be addressed for the last 12 months prior to the date of the original interview. Also, for the purposes of risk assessment, sex is defined as having engaged in oral, anal and/or vaginal contact with another individual.

Anonymous - a sex partner whose name is unknown (e.g., met at a sex party, website, bathhouse, etc.).

**Drug Use Behaviors**: Document the appropriate response of Y - Yes, N - No, R - Refused to Answer, or D - Did Not Ask. Please place an "X" in the appropriate box(es) for all recreational drug types used within the last 12 months.

### Condition(s) Reporting Information

13

**Method of Case Detection**: Document the specific method of case detection code, i.e., how the patient first came to the attention of the health department, for each condition(s).

**20 - Screening**: An asymptomatic patient was identified through screening (routine testing of populations who are asymptomatic in order to identify those with disease). Examples of screening programs include health department outreach to high-risk populations (e.g., commercial sex-workers), HIV care clinics, family planning, blood donation, corrections-based, and prenatal. This includes STD and other health department clinic visits by a client who tests positive for a condition with which they were unaware (e.g., asymptomatic walk-ins) of before being seen at the clinic.

**21 - Self-Referred**: Refers to patient who sought health services because of signs of an STD and were subsequently tested for the disease being reported. This includes symptomatic STD clinic testing.

**22 - Patient Referred Partner**: Patient referred by another infected person. This may be a named or unnamed partner. No health department involvement was necessary for this referral.

**23 - Health Department Referred Partner**: This patient is a named partner of a known case. Patient identified through DIS, or other health department personnel, activity following an interview of another

known case. The health department was involved in the referral of this individual (e.g., the DIS contacted, called, visited, sent letter, etc., the patient to inform them of their need to be tested).

**24 - Cluster Related:** Patient was originally identified as a Social Contact (Suspect) or Associate. Cluster brought to the attention of the program as a result of a DIS interview.

**88 - Other:** In the event of NONE of the above being applicable, accurately describe how the patient came to the attention of the health department.

**Interview Period:** Document the interview period in months for each condition.

**Type Facility First Tested:** Document the specific *type of facility* code where the patient was first tested for each condition. If '88' (Other) please describe as specifically as possible in the space provided.

<b>01</b> - HIV Counseling/Testing Site	<b>13</b> - Blood Bank
<b>02</b> - STD Clinic	<b>14</b> - Labor and Delivery
<b>03</b> - Drug Treatment	<b>15</b> - Prenatal
<b>04</b> - Family Planning	<b>16</b> - Job Corps
<b>05</b> - RETIRED	<b>17</b> - School-based Clinic
<b>06</b> - TB Clinic	<b>18</b> - Mental Health Services
<b>07</b> - Other HD Clinic	<b>29</b> - Hospital (Other)
<b>08</b> - Private MD/HMO	<b>66</b> - Indian Health Services
<b>09</b> - RETIRED	<b>77</b> - Military
<b>10</b> - Hospital (ER)	<b>88</b> - Other
<b>11</b> - Correctional facility	<b>99</b> - Unknown
<b>12</b> - Lab	

**Date of Laboratory Report:** Document the date the first **laboratory** report related to the interviewed condition documented on this interview record was initially received at the health department (or any authorized public health agency, e.g., the STD clinic) for each condition(s).

### Case Information

**14** **Date First Assigned for Interview:** Document the date this case was initially assigned for interview and the worker number of the DIS to whom it was assigned for each condition.

**Date Original Interview:** Document the date of the initial interview and the worker number of the DIS that performed the interview for each condition.

**Date Case Closed:** Document the date of case closure as well as the worker numbers of the investigating DIS and supervisor, if applicable, responsible for the management of this case for each condition(s). The determination of closure should be made by the DIS and supervisor, if applicable, after all reasonable efforts have been expended on the case.

**15** **Local Use:** This area is provided for special data collection needs of individual program areas.

### HIV Testing

**16** **Tested for HIV at this event?:** Place an "X" in the appropriate box to indicate whether the patient was tested for HIV at the time of the initial screening that led to this reported condition(s). Y - Yes, N - No, U - Unknown, R - Refused to Answer, or Not Asked.

**NOTE:** Relevant HIV testing and interview may occur on the same day. Also, the answer "No" for Tested for HIV at this event includes opt-out/routine HIV testing in settings where HIV pretest counseling is not conducted.

**Previously Tested for HIV?:** Place an "X" in the appropriate box to indicate whether the patient has tested for HIV prior to the event that led to the Original Interview. Y - Yes, N - No, U - Unknown, R - Refused to Answer, or Not Asked.

**HIV Test Results:** Place the most recent or relevant HIV lab results. Document the date collected, the provider name or code who ordered the test, the name of the test, the source, and the qualitative result (see item #9 for codes).

Provider Confirmed – Place a ‘Y’ for ‘Yes’ if HIV test result(s) has been provider confirmed by record search or direct contact with a provider. Place an ‘N’ for ‘No’ if based on interviewee responses only.

### Signs and Symptoms

17

**Signs and Symptoms:** Determine if there are signs or symptoms related to the condition(s) documented on this interview record. This includes all symptoms experienced by the patient and signs observed by a clinician. Additional signs and symptoms can be documented within the Interview/Investigation Comments.

Signs/Symptoms - Document the code for each sign/symptom observed on exam or described:

A - Discharge or Mucopurulent Cervicitis (MPC)	L - Swelling/Inflammation
B - Chancre, Sores, Lesions, or Ulcers	M - Mucous Patch
C - Rash	N - Lymphadenopathy
D - Dysuria	O - Other
E - Itching	P - Balanitis
F - Alopecia (Hair loss)	Q - Fever
G - Condyloma Lata	R - Cervical Friability
H - Bleeding	S - Ectopy
I - Pharyngitis (Sore Throat)	T - Epididymitis
J - Painful Sex	V - Proctitis
K - Abdominal Pain	W - Adnexal tenderness/Cervical motion tenderness

Earliest Observation Date - Document the earliest date the symptom was first experienced by the patient and/or the date the sign was first observed by a clinician.

Anatomic Site\* - Document the code indicating the anatomic site of the sign/symptom.

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

Duration (Days) - Document the number of days signs/symptoms were present. Document “99” if unknown.

If Other, Please Describe - if sign/symptom code “O” is used, please describe in the space provided.

### STD History

18

**STD History\*:** Place an “X” in the appropriate box indicating if the patient has a history of STDs (prior to the condition(s) documented on this interview record). HIV testing history should be documented in the HIV Testing section.

- 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

If ‘Yes’, document the condition code(s), diagnosis date(s) (MM/YYYY), and treatment date(s) (MM/YYYY) in the space provided.

030 - HepB acute w/o delta	100 - Chancroid
031 - HepB acute w/ delta	200 - Chlamydia
033 - HepB chronic w/o delta	300 - Gonorrhea (uncomplicated)
034 - HepB chronic w/ delta	350 - Resistant Gonorrhea
042 - Hepatitis delta	400 - Non-Gonococcal Urethritis (NGU)
051 - Hepatitis C, acute	450 - Mucopurulent Cervicitis (MPC)
053 - Hepatitis E	490 - PID Syndrome
054 - Hepatitis C, chronic	500 - Granuloma Inguinale

070 - Hepatitis, unknown

600 - Lymphogranuloma Venereum (LGV)

### Interview Period Partners

- 19 Interview Period Partners:** Document the total number of female, male, and transgender sex partners claimed by this patient during the interview period for each Condition(s). Note that this includes initiated partners, marginal partners, and anonymous partners. For example, the patient may claim 10 sex partners during the 3-month interview period (Primary Syphilis), while there is only enough information to initiate 3; the total of 10 (rather than 3) should be documented for interview period partners. Select 'unknown' if patient is unsure or 'refused' if the patient would not answer the question. Document "0" if there are no partners for corresponding gender field.

### Partner/Cluster Information

- 20** This section of the form is used to record all interview activity and the results of investigations regarding partners and clusters. Guidelines for completing the partner/cluster initiation section are:

**NOTE:** If a patient is interviewed, complete at least one partner/cluster section. If no partners/clusters are added, document the date of interview, the number of the DIS/worker who conducted the interview, and the type of interview conducted.

**NOTE:** Document only the names of sex partners, social contacts and associates **for whom sufficient information has been obtained to initiate a Field Record**. Information on marginal contacts and clusters should be documented in the space provided and/or on a buff.

**NOTE:** All re-interview or cluster activity must be listed in separate sections. Use of Re-Interview and Cluster Interview Forms are encouraged for complete documentation.

**NOTE:** Clusters must be *named by the index patient, named contacts or named clusters* to be documented on the interview record. General field screening not specifically associated with this interviewed patient should not be included in this section. Other mechanisms must be used to collect this type of screening information.

**Name:** Document the Last and First name and, if applicable, known aliases of the partner/cluster.

**Jurisdiction:** Document the county, state or country code or name for where the partner/cluster resides. Use of code or name depends on local programmatic discretion.

**P/CI (Partner/Cluster):** Document the appropriate identifier for the specific type of partner or cluster (Suspect and/or Associate).

*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).

### Partner/Cluster Information

**Exposure to Original Patient:** Document the Index Patient's contact with the partner.

*First Exposure* - Document the date of the first sexual/needle-sharing exposure to the Index patient.

*Freq. (Frequency)* - Document the frequency (number) of sexual/needle-sharing exposure to the Index patient between the first and last (most recent) exposure. This should be described as specifically as possible: 1x = one time, 2x/wk = two times a week, etc. If the frequency is unknown, document "99".

*Last Exposure* - Document the date of the last (most recent) sexual/needle-sharing exposure.

**NOTE:** Exposure information should only be documented for partners of the Index patient; only what the Index patient claimed as exposure should be documented, NOT what the partners claimed as exposure.

**Sex:** Place an "X" in the appropriate box to indicate the gender of the partner or cluster, as identified by the person being interviewed: **M** - Male, **F** - Female, **T** - Transgender, **U** - Unknown, **R** - Refused.

**NOTE:** If transgender is marked, MTF or FTM should be documented on the corresponding Cluster Interview Record.

**Pregnant:** Document if this partner/cluster is pregnant: **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer.

**Spouse:** Document if this partner/cluster is the Index patient's spouse: **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer.

**IX Date (Interview Date):** Document the date the original interview, re-interview or cluster interview was performed. Document interview dates where no partners or clusters are initiated as well using.

**Init. Date (Initiation Date):** Document the date this partner/cluster was initiated for field investigation.

**IX DIS # (Interview DIS):** Document the worker number of the DIS who conducted the interview for each condition (if multiple conditions). Also, document the worker number if no contacts or clusters are initiated.

**Ix Type (Interview Type):** Document the type of interview that was the source of the partner/cluster information.

**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 or cluster regarding the index case.

**U** - Unable to interview - (may include situations where the Index patient was not interviewed, but sex partners and/or clusters were initiated from other activities).

**Referral:** This describes how initiated partners and clusters are brought to examination and/or treatment. This documentation will take place at the time of the disposition (closure) of the field record. Document the type of referral for each condition.

**1** - Patient (Client): No health department involvement in the referral of this partner/cluster.

**2** - Provider: DIS or other health department staff were involved in the referral of this partner/cluster.

**3** - Dual (Contract): A combination of provider and patient effort to bring contact/cluster to services.

**FR # (Field Record Number):** Document the entire field record number(s) for the partner/cluster initiated. This number is located in the lower left corner of the CDC form 73.2936S, or may be generated by the software system.

**Dispo (Disposition):** Document the STD or HIV disposition code from the field record for each Condition(s):

#### STD 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

#### HIV Dispositions

- 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

Partner/Cluster Information	
<p><b>G</b> - Insufficient Information to Begin Investigation  <b>H</b> - Unable to Locate  <b>J</b> - Located, Refused Examination and/or Treatment  <b>K</b> - Out Of Jurisdiction  <b>L</b> - Other</p>	<p><b>7</b> - Not Previously Tested, Not Tested Now  <b>G</b> - Insufficient Information to Begin Investigation  <b>H</b> - Unable to Locate  <b>J</b> - Located, Refused Counseling and/or Testing  <b>K</b> - Out Of Jurisdiction  <b>L</b> - Other</p>
<p><b>Dispo Date (Disposition Date):</b> Document the appropriate date as it relates to the following examination or treatment situation for each Condition(s).</p> <p style="margin-left: 20px;"><u>Newly Examined and Treated</u> - Use the date of treatment.  <u>Newly Examined, not Treated</u> - Use the date of examination.  <u>Previously Examined and/or Treated</u> - Use the date the partner/cluster investigation is closed (i.e., the date the investigator became aware of the previous examination and/or treatment).  <u>Not Examined</u> - Use the date the investigation is closed.</p>	
<p><b>NOTE:</b> A partner/cluster <b>CAN NOT</b> be dispositioned <i>before</i> it is initiated. Therefore, if examination and/or treatment occurred prior to the partner/cluster being initiated (e.g., disposition 'E' or 'A'), the disposition date can be no earlier than the initiation date.</p>	
<p><b>Cond. (Condition):</b> If partner/cluster is dispositioned as infected, whether previously or currently, document the diagnosis code for the condition.</p>	
<p>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)</p>	<p>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)</p>
<p><b>DIS #:</b> Document the worker number of the DIS who brought this partner or cluster to <b>disposition</b> for each Condition(s).</p>	

21

Social History		
<p><b>Places Met Partners:</b> Document the codes for the types of places where the patient <u>met</u> sex partners within the last 12 months (document as many as apply):</p>		
<p>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</p>	<p>J - Jail/Prison            K - Clubs            L - Beach            M - Motel/Hotel            N - Shopping Mall            O - Other            P - Project/Shelter            Q - School            R - Gyms/Health Clubs</p>	<p>S - Partner's Home            T - Street            U - Circuit Party            V - Cruise (Boat)            W - Work            X - Park/Rest Area</p>
<p>Document the <u>names</u> (or descriptions) of places the patient goes to <i>meet</i> sex partners. Document 'did not ask' or 'refused to answer' if applicable. If additional space is needed, document within the Interview/Investigation Comments (item 23).</p>		

Places had Sex: Document the codes (from above list) for the types of places where the patient had sex with partners within the last 12 months (document as many as apply); document the names (or descriptions) of the places the patient had sex with partners. Document 'did not ask' or 'refused to answer' if applicable. If additional space is needed, document within the Interview/Investigation Comments.

#### Interview, Internet, and Investigation Comments

22

**Interview/Investigation Comments:** This section is provided to record, in a narrative fashion, any additional information not included in the interview record, any relevant information discovered in the course of the investigation (such as attitude of the patient, if he or she was high/intoxicated, etc.), or to note any inconsistencies during the interview or DIS analysis of interview information. Also use this space to document any related internet use information, including alternate email addresses, instant messenger usernames, chat sites, etc. Also, note whether there were STD Clinic or provider accessibility or availability issues that affected service to the patient.

23

#### Incidental Antibiotic Treatment in Last 12 Months

Place an "X" in the appropriate box, Y - Yes, N - No, U - Unknown. If incidental antibiotic treatment occurred (that being an antibiotic that the patient did not receive to specifically treat this condition), document the date (MM/YYYY) the treatment began and the drug, dosage and duration used, and for what condition the treatment was prescribed, if known. If the date the treatment began is unknown, document "99/9999".

# Interview Record for Gonorrhea/Chlamydia

Patient ID: 
 Condition(s): 
 ReInfection? If yes, #:   
 Case ID: 
 Interview Record ID:

Patient Name

Name		Demographics	
Last Name: <input type="text" value="5"/> First Name: <input type="text"/> Middle Name: <input type="text"/>		Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Age: <input type="text"/> Hispanic/Latino: <input type="text" value="Y"/> <input type="text" value="N"/> <input type="text" value="U"/> <input type="text" value="R"/>	
Preferred Name / AKA: <input type="text"/> Maiden Name: <input type="text"/>		Sex at Birth: <input type="text" value="M"/> <input type="text" value="F"/> Race: <input type="text" value="A"/> <input type="text" value="I"/> <input type="text" value="A"/> <input type="text" value="N"/> <input type="text" value="A"/> <input type="text" value="B"/> <input type="text" value="N"/> <input type="text" value="H"/> <input type="text" value="P"/> <input type="text" value="I"/> <input type="text" value="W"/> <input type="text" value="U"/> <input type="text" value="R"/>	
Address		Phone/Contact	
Residence Street: <input type="text"/> (Apt. #) <input type="text" value="7"/> City: <input type="text"/>		Home Phone: <input type="text"/>	
State: <input type="text"/> Zip: <input type="text"/> County: <input type="text"/> District: <input type="text"/> Country: <input type="text"/>		Work Phone: <input type="text"/>	
Living With: <input type="text"/> Residence Type: <input type="text"/>		Cellular Phone: <input type="text" value="8"/>	
Time At Address: <input type="text" value="W"/> <input type="text" value="M"/> <input type="text" value="Y"/> Time In State: <input type="text" value="W"/> <input type="text" value="M"/> <input type="text" value="Y"/> Time In Country: <input type="text" value="W"/> <input type="text" value="M"/> <input type="text" value="Y"/>		Emergency Contact: <input type="text"/>	
Currently Institutionalized? <input type="text" value="Y"/> <input type="text" value="N"/> <input type="text" value="U"/> Name of Institution: <input type="text"/>		E-Mail Address(es): <input type="text"/>	

5

Case ID

3

STD Testing						Pregnancy	
Date Collected	Provider	Test	Specimen Source	Qualitative Result	Pregnant at Exam?		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text" value="9"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="P"/> <input type="text" value="N"/> <input type="text" value="I"/> <input type="text" value="U"/>	<input type="text" value="Y"/> <input type="text" value="N"/> <input type="text" value="U"/> <input type="text" value="R"/>		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="P"/> <input type="text" value="N"/> <input type="text" value="I"/> <input type="text" value="U"/>	<input type="text" value="10"/> # Weeks <input type="text" value="Y"/> <input type="text" value="N"/> <input type="text" value="U"/> <input type="text" value="R"/>		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="P"/> <input type="text" value="N"/> <input type="text" value="I"/> <input type="text" value="U"/>	Pregnant in Last 12 Mos? <input type="text"/> <input type="text"/>		

STD Treatment		
Treatment Date	Provider	Drug and Dosage
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text" value="11"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

Treatment Comments:  Provider Choice:

Risk Factors Y - Yes N - No R - Refused to Answer D - Did not Ask

In the last 12 months has the patient:

1. Had sex with a male?	<input type="text" value="Y"/> <input type="text" value="N"/> <input type="text" value="R"/> <input type="text" value="D"/>
2. Had sex with a female?	<input type="text" value="Y"/> <input type="text" value="N"/> <input type="text" value="R"/> <input type="text" value="D"/>
3. Had sex with an anonymous partner?	<input type="text" value="Y"/> <input type="text" value="N"/> <input type="text" value="R"/> <input type="text" value="D"/>
4. Been incarcerated?	<input type="text" value="Y"/> <input type="text" value="N"/> <input type="text" value="R"/> <input type="text" value="D"/>
5. During the past 12 months, which of the following injection or non-injection drugs have been used?	<input type="text" value="Y"/> <input type="text" value="N"/> <input type="text" value="R"/> <input type="text" value="D"/> None Other, specify: <input type="text"/>

Please place an "X" for all that apply:

<input type="checkbox"/> Crack	<input type="checkbox"/> Methamphetamines
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Nitrates/Poppers
<input type="checkbox"/> Heroin	<input type="checkbox"/> Erectile dysfunction medications (e.g., Viagra)
<input type="checkbox"/> None	<input type="checkbox"/> Other

Reporting Information Condition 1	Method of Case Detection	Facility First Tested	Interview Period (mos.)	Date First Assigned for Interview	Worker	Supervisor #
	<input type="text" value="13"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="14"/>	<input type="text"/>	<input type="text"/>
		If Other, Describe: <input type="text"/>	Laboratory Report Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Date Original Interview: <input type="text"/> / <input type="text"/> / <input type="text"/>	Worker: <input type="text"/>	Date Case Closed: <input type="text"/> / <input type="text"/> / <input type="text"/>
Reporting Information Condition 2	Method of Case Detection	Facility First Tested	Interview Period (mos.)	Date First Assigned for Interview	Worker	Supervisor #
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		If Other, Describe: <input type="text"/>	Laboratory Report Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Date Original Interview: <input type="text"/> / <input type="text"/> / <input type="text"/>	Worker: <input type="text"/>	Date Case Closed: <input type="text"/> / <input type="text"/> / <input type="text"/>

Local Use:

