Interview Record

Patient ID	Condition(s)	Neurological Involvement?	Case ID	Lot #	Interview Record ID
	1 730	C P [X] U	1	001-A	
	2		2		

Patient Name: White, Gina

Case ID

Lot #: 001-A

Name

Last Name: White
First Name: Gina
Middle Name:
Preferred Name / AKA:
Maiden Name:

Phone/Contact

Home Phone: 000-555-1233
Work Phone:
Cellular Phone:
Pager:
E-Mail Address(es):
Emergency Contact Name: Refused
Emergency Contact Phone:
Emergency Contact Relationship:

Address

Residence Street: 345 Washington St.
(Apt. #): 2C
City: Atro City
State: XX
Zip: 00000
County:
District:
Country:
Living With: Nelson Williams
Residence Type: A
Time At Address: 02 [X] M Y
Time In State: 01 W M [X]
Time In Country: 24 W M [X]
Currently Institutionalized? Y [X] U
Name of Institution:
Institution Type:

Demographics

Date of Birth: 11/08/XX
Sex at Birth: M [X]
Current Gender: M [X] MTF FTM U R
Age: 024
Marital Status: [X] M Sep D W C U R
Hispanic/Latino? Y [X] U R
Race: AI/AN A B NH/PI [X] U R
English Speaking? [X] N U
Primary Language:

Pregnancy

Pregnant at Exam? Y [X] U R # Weeks
Pregnant at Interview? Y [X] U R # Weeks
Currently in Prenatal Care? Y [X] U R
Pregnant in Last 12 Mos? Y [X] U R
Pregnancy Outcome: D S M A U

Condition 1 Reporting Information

Method of Case Detection: 20
Other:
OP Condition:
OP Case ID:

Facility First Tested

02
If Other, Describe:
04/15/CY
Laboratory Report Date

[X] N
Interviewed?
If not, why not?:
If Other, Describe:
12
Interview Period (mos.)

Place of Interview: C
If Other, Describe:
PEMS Site ID:

04/15/CY
Date First Assigned for Interview
600
DIS #
Date Reassigned for Interview:
DIS #:

04/15/CY
Date Original Interview
600
DIS #
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

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:

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

Case ID

RISK FACTORS

I. Sexual Behaviors	Within past 3 months	Within past 12 months
Sex is defined as having engaged in oral, anal or vaginal contact with partners.	Y - Yes N - No R - Refused to Answer D - Did not Ask	
Has the patient:	Y/N/R/D	Y/N/R/D
1. Had sex with a male?	Y	Y
2. Had sex with a female?	N	N
3. Had sex with an anonymous partner?	N	N
4. Had sex with a person known to him/her to be an IDU?	N	N
5. Had sex while intoxicated and/or high on drugs?	N	N
6. Exchanged drugs/money for sex?	N	N
7. **[Females only]** Had sex with a person who is known to her to be an MSM?	N	N

II. Drug Use Behaviors	Within past 3 months	Within past 12 months
	Y - Yes N - No R - Refused to Answer D - Did not Ask	
	Y/N/R/D	Y/N/R/D
8. Engaged in injection drug use?	N	N
9. During the past 12 months, which of the following injection or non-injection drugs have been used?		☐ Crack ☐ Cocaine ☐ Heroin ☒ None ☐ Methamphetamines ☐ Nitrates/Poppers ☐ Erectile dysfunction medications (e.g., Viagra) ☐ Other, specify:

III. Other Risk Factors	Within past 3 months	Within past 12 months
	Y – Yes N – No R – Refused to Answer D - Did not Ask	
	Y/N/R/D	Y/N/R/D
10. Been incarcerated?	N	N

Case ID

STD Testing

Date Collected	Provider	Test	Specimen Source	Qualitative Result	Quantitative Result
04/15/XX	STD Clinic	RPR	H	[X] N I U Q C	1: 1:16
04/15/XX	STD Clinic	FTA	H	[X] N I U Q C	1: R
/ /				P N I U Q C	1:
/ /				P N I U Q C	1:

HIV Testing

Tested for HIV at this event? [X] N U R Not Asked **Previously Tested for HIV?** Y [X] U R Not Asked

Date Collected	Provider	Test	Specimen Source	Qualitative Result	Provider Confirmed
04/15/XX	STD Clinic	HIV	H	P [X] I U Q C	Y
/ /				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 [X] 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
04/15/XX	STD Clinic	2.4 mu BIC
/ /		
/ /		

Treatment Comments:

Incidental Antibiotic Treatment in Last 12 Months? Y [X] U

Rx Date (mm/yyyy)	Drug/Dosage/Duration	Condition
/		
/		

Anti-Retroviral Therapy for Diagnosed HIV Infection? In Last 12 Months? Y [X] U R Ever? Y [X] U R

HIV Pre-Test Counseled at this event? [X] N U R **HIV Post-Test Counseled at this event?** Y [X] U R

Case ID

Social History

Places Met Partners		Places Had Sex	
Type	Name	Type	Name
B	Gathering Place	S	Chevy Chase Apts
		M	Hot Knights
Did not ask		Did not ask	
Refused to answer		Refused to answer	

Partners in Last 12 Months

Female	Male	Transgender
0 0 0	0 0 4	0 0 0
Unknown U	Unknown U	Unknown U
Refused R	Refused R	Refused R

Interview Period Partners

	Condition 1	Unknown	Refused	Condition 2	Unknown	Refused
Female		U	R		U	R
Male		U	R		U	R
Transgender		U	R		U	R

Partner/Cluster Information

	Last Name	First Name	AKA	Jurisdiction
1	Green	Hal		
2	Carter	Stan		
3	Hill	Dave		
4	Bark	Luke		
5	Black	Susan		

	P/CL	First Exposure	Freq.	Last Exposure	Sex	Pregnant	Spouse
1	P1	02/01/CY	1x/wk	04/04/CY	~~M~~ F T U R	Y ~~N~~ U R	Y ~~N~~ U R
2	P1	02/21/CY	4x	03/29 CY	~~M~~ F T U R	Y ~~N~~ U R	Y ~~N~~ U R
3	P1	02/01/CY	2x/wk	04/01/CY	~~M~~ F T U R	Y ~~N~~ U R	Y ~~N~~ U R
4	P1	01/31/CY	1x/wk	02/28/CY	~~M~~ F T U R	Y ~~N~~ U R	Y ~~N~~ U R
5	53	CT to Stan			M ~~F~~ T U R	Y N U R	Y ~~N~~ U R

	Condition	Ix Date	Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
1	1	04/15/CY	04/15/CY	600		1 2 3			/ /			
1	2	/ /	/ /			1 2 3			/ /			
2	1	04/15/CY	04/15/CY	600		1 2 3			/ /			
2	2	/ /	/ /			1 2 3			/ /			
3	1	04/15/CY	04/15/CY	600		1 2 3			/ /			
3	2	/ /	/ /			1 2 3			/ /			
4	1	04/15/CY	04/15/CY	600		1 2 3			/ /			
4	2	/ /	/ /			1 2 3			/ /			
5	1	04/15/CY	04/15/CY	600		1 2 3			/ /			
5	2	/ /	/ /			1 2 3			/ /			

Case ID

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	Unknown U	Unknown U
Refused R	Refused R	Refused R

Interview Period Partners

	Condition 1		Condition 2	
	Unknown	Refused	Unknown	Refused
Female	U	R	U	R
Male	U	R	U	R
Transgender	U	R	U	R

Partner/Cluster Information

1

Last Name	First Name	AKA	Jurisdiction
Williams	Nelson		

P/CL: 53 | First Exposure: friend to Gina | Freq. | Last Exposure | Sex: M F T U R | Pregnant: Y N U R | Spouse: Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	04/15/CY	04/15/CY	600		1 2 3						
Condition 2					1 2 3						

2

Last Name	First Name	AKA	Jurisdiction

P/CL | First Exposure | Freq. | Last Exposure | Sex: M F T U R | Pregnant: Y N U R | Spouse: Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1					1 2 3						
Condition 2					1 2 3						

3

Last Name	First Name	AKA	Jurisdiction

P/CL | First Exposure | Freq. | Last Exposure | Sex: M F T U R | Pregnant: Y N U R | Spouse: Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1					1 2 3						
Condition 2					1 2 3						

4

Last Name	First Name	AKA	Jurisdiction

P/CL | First Exposure | Freq. | Last Exposure | Sex: M F T U R | Pregnant: Y N U R | Spouse: Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1					1 2 3						
Condition 2					1 2 3						

5

Last Name	First Name	AKA	Jurisdiction

P/CL | First Exposure | Freq. | Last Exposure | Sex: M F T U R | Pregnant: Y N U R | Spouse: Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1					1 2 3						
Condition 2					1 2 3						

Case ID

Marginal Partners

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

Interview / Investigation Comments

Patient claims she came to the clinic for a ckeck-up. Claims sex with 4 men since 1/31. No address or phone number for Hal Green, although he is a regular at the "Gathering Place" bar. Claims Stan has partner named, Cusan Unk. Patient lived with Dave Hill for about 1½ months before he kicked her out for not coming home a few times. She moved in with friend, Nelson Williams. Claims no oral or rectal sex with any partners. Patient moved here from out of town looking for a better life.

Travel History and Internet Use

Denies travel and internet activity.

Case ID

Investigation Plans & Supervisory Review

Date Submitted: 4/16/CY

Initial Review Date:

Date	DIS #	DIS Investigation Plans	Date	Sup #	Supervisory Comments
4/16	600	* Re-explore exposure gap 4/15/LY – 1/31/CY			
		*S2, S3 to Stan, Dave and Luke			
		*Pursue living arrangements 4/15/LY to 4/1/CY			
		*Steady partner prior to Dave Hill			
		* Pursue internet activity			
		*Re-explore symptom history			
		* Pursue drug activity			