

# Interview Record

Patient ID	Condition(s)	Neurological Involvement?	Case ID	Lot #	Interview Record ID
<input style="width: 100%;" type="text"/>	1 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	1 <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	2 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>		2 <input style="width: 100%;" type="text"/>		

Patient Name

Case ID

Lot #

Name	Phone/Contact
Last Name _____ First Name _____ Middle Name _____ Preferred Name / AKA _____ Maiden Name _____	Home Phone _____ Work Phone _____ Cellular Phone _____ Pager _____ E-Mail Address(es) _____ Emergency Contact Name _____ Emergency Contact Phone _____ Emergency Contact Relationship _____
Address	
Residence Street _____ (Apt. #) _____ City _____ State _____ Zip _____ County _____ District _____ Country _____ Living With _____ Residence Type <input style="width: 30px;" type="text"/> Time At Address <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Time In State <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Time In Country <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Currently Institutionalized? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Name of Institution _____ Institution Type <input style="width: 30px;" type="text"/>	

Demographics	Pregnancy
Date of Birth <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> Sex at Birth <input type="checkbox"/> M <input type="checkbox"/> F Current Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MTF <input type="checkbox"/> FTM <input type="checkbox"/> U <input type="checkbox"/> R Age <input style="width: 30px;" type="text"/> Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> Sep <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> R Hispanic/Latino? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R Race <input type="checkbox"/> AI/AN <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> NH/PI <input type="checkbox"/> W <input type="checkbox"/> U <input type="checkbox"/> R English Speaking? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Primary Language _____	Pregnant at Exam? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R # Weeks <input style="width: 30px;" type="text"/> Pregnant at Interview? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R # Weeks <input style="width: 30px;" type="text"/> Currently in Prenatal Care? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R Pregnant in Last 12 Mos? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R Pregnancy Outcome <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> U

Condition 1 Reporting Information	Condition 2 Reporting Information
Method of Case Detection <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Other _____ OP Condition <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> OP Case ID _____	Method of Case Detection <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Other _____ OP Condition <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> OP Case ID _____
<b>Facility First Tested</b> <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> Laboratory Report Date If Other, Describe _____	<b>Facility First Tested</b> <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> Laboratory Report Date If Other, Describe _____
Interviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> If not, why not? _____ Interview Period (mos.) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Place of Interview: <input style="width: 30px;" type="text"/> If Other, Describe _____ PEMS Site ID _____	Interviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> If not, why not? _____ Interview Period (mos.) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Place of Interview: <input style="width: 30px;" type="text"/> If Other, Describe _____ PEMS Site ID _____
Date First Assigned for Interview <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> DIS # _____ Date Reassigned for Interview <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> DIS # _____	Date First Assigned for Interview <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> DIS # _____ Date Reassigned for Interview <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> DIS # _____
Date Original Interview <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> DIS # _____ Date First Re-Interview <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> DIS # _____	Date Original Interview <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> DIS # _____ Date First Re-Interview <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> DIS # _____
Date Case Closed <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> DIS # _____ Supervisor # _____	Date Case Closed <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> DIS # _____ Supervisor # _____
Imported Case? <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> D <input type="checkbox"/> U Import Location _____	Imported Case? <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> D <input type="checkbox"/> U Import Location _____

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

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><b>Has the patient:</b></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. <b>[Females only]</b> 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>		
8. Engaged in injection drug use?	<p>Y/N/R/D</p> <input type="text"/>	<p>Y/N/R/D</p> <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>		
10. Been incarcerated?	<p>Y/N/R/D</p> <input type="text"/>	<p>Y/N/R/D</p> <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?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R <input type="checkbox"/> Not Asked		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			
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







Interview Record Codes				
Disease/Diagnosis Codes	Institution Types	Y/N/U/R	Time	
<b>030</b> - HepB acute w/o delta <b>031</b> - HepB acute w/ delta <b>033</b> - HepB chronic w/o delta <b>034</b> - HepB chronic w/ delta <b>042</b> - Hepatitis delta <b>051</b> - Hepatitis C, acute <b>053</b> - Hepatitis E <b>054</b> - Hepatitis C, chronic <b>070</b> - Hepatitis, unknown <b>100</b> - Chancroid <b>200</b> - Chlamydia <b>300</b> - Gonorrhea (uncomplicated) <b>350</b> - Resistant Gonorrhea <b>400</b> - Non-Gonococcal Urethritis (NGU) <b>450</b> - Mucopurulent Cervicitis (MPC) <b>490</b> - PID Syndrome <b>500</b> - Granuloma Inguinale <b>600</b> - Lymphogranuloma Venereum (LGV) <b>710</b> - Syphilis, primary <b>720</b> - Syphilis, secondary <b>730</b> - Syphilis, early latent <b>740</b> - Syphilis, unknown duration <b>745</b> - Syphilis, late latent <b>750</b> - Syphilis, late w/ symptoms <b>800</b> - Genital Warts <b>850</b> - Herpes <b>900</b> - HIV Infection <b>950</b> - AIDS (Syndrome)	<b>G</b> - Group Home <b>J</b> - Jail <b>O</b> - Other <b>P</b> - Prison <b>Q</b> - Mental Health Center <b>R</b> - Rehabilitation Center <b>X</b> - Drug Treatment/Detox Center <b>Y</b> - Juvenile Detention	<b>Y</b> - Yes <b>N</b> - No <b>U/UN</b> - Unknown <b>R</b> - Refused to Answer	<b>W</b> - Weeks <b>M</b> - Months <b>Y</b> - Years	
	<b>Method of Case Detection</b>			
	<b>Marital Status</b>			
	<b>S</b> - Single, Never Married <b>M</b> - Married <b>SEP</b> - Separated <b>D</b> - Divorced <b>W</b> - Widowed <b>C</b> - Cohabitation <b>U</b> - Unknown <b>R</b> - Refused to Answer			
	<b>Hispanic/Latino</b>			
	<b>Y</b> - Yes, Hispanic/Latino <b>N</b> - No, not Hispanic/Latino <b>U</b> - Unknown <b>R</b> - Refused to Answer			
	<b>Race</b>			
	<b>A/AN</b> - American Indian or Alaskan Native <b>A</b> - Asian <b>B</b> - Black or African American <b>NH/PI</b> - Native Hawaiian or Other Pacific Islander <b>W</b> - White <b>U</b> - Unknown <b>R</b> - Refused to Answer			
	<b>Pregnancy Outcome</b>			
	<b>D</b> - Live Birth <b>S</b> - Stillborn <b>M</b> - Miscarriage <b>A</b> - Abortion <b>U</b> - Unknown			
<b>Type of Facility</b>				
<b>01</b> - HIV Counseling/Testing Site <b>02</b> - STD Clinic <b>03</b> - Drug Treatment <b>04</b> - Family Planning <b>05</b> - RETIRED (Not to be used) <b>06</b> - TB Clinic <b>07</b> - Other HD Clinic <b>08</b> - Private MD/HMO <b>09</b> - RETIRED (Not to be used) <b>10</b> - Hospital (ER) <b>11</b> - Correctional facility <b>12</b> - Lab <b>13</b> - Blood Bank <b>14</b> - Labor and Delivery <b>15</b> - Prenatal <b>16</b> - Job Corps <b>17</b> - School-based Clinic <b>18</b> - Mental Health Services <b>29</b> - Hospital (Other) <b>66</b> - Indian Health Services <b>77</b> - Military <b>88</b> - Other <b>99</b> - Unknown				
<b>Neurological Involvement</b>				
<b>C</b> - Yes, Confirmed <b>P</b> - Yes, Probable <b>N</b> - No <b>U</b> - Unknown				
<b>Residence Type</b>				
<b>A</b> - Apartment <b>B</b> - Mobile Home <b>C</b> - Migrant Camp <b>D</b> - Dorm <b>G</b> - Group Home <b>H</b> - House/Condo <b>J</b> - Jail <b>M</b> - Hotel/Motel <b>N</b> - Homeless <b>O</b> - Other <b>P</b> - Prison <b>Q</b> - Mental Health Center <b>R</b> - Rehabilitation Center <b>U</b> - Unknown <b>X</b> - Drug Treatment/Detox Center <b>Y</b> - Juvenile Detention				
<b>Gender/Sex:</b>				
<b>M</b> - Male <b>F</b> - Female <b>MTF</b> - Male to Female Transsexual <b>FTM</b> - Female to Male Transsexual <b>T</b> - Transgender <b>U</b> - Unknown <b>R</b> - Refused to Answer				
		<b>Imported Case</b>		
		<b>N</b> - Not an imported case <b>C</b> - Yes, imported from another <u>country</u> <b>S</b> - Yes, imported from another <u>state</u> <b>J</b> - Yes, imported from another <u>county/jurisdiction</u> in the state <b>D</b> - Yes, imported but not able to determine source county, state, and/or country <b>U</b> - Unknown		
		<b>Specimen Source</b>		
		<b>01</b> - Cervix/Endocervix <b>02</b> - Lesion - Genital <b>03</b> - Lesion – Extra Genital <b>04</b> - Lymph Node Aspirate <b>05</b> - Oropharynx <b>06</b> - Ophthalmia/Conjunctiva <b>07</b> - Other <b>08</b> - Other Aspirate <b>09</b> - Rectum <b>10</b> - Urethra <b>11</b> - Urine <b>12</b> - Vagina <b>13</b> - Blood/Serum <b>14</b> - Cerebrospinal Fluid (CSF) <b>88</b> - Not Applicable <b>99</b> - Unknown		
		<b>Anatomic Site</b>		
		<b>A</b> - Anus/Rectum <b>B</b> - Penis <b>C</b> - Scrotum <b>D</b> - Vagina <b>E</b> - Cervix <b>F</b> - Naso-Pharynx <b>G</b> - Mouth/Oral Cavity <b>H</b> - Eye-Conjunctiva <b>I</b> - Head <b>J</b> - Torso <b>K</b> - Extremities (Arms, Legs, Feet, Hands) <b>N</b> - Not Applicable (N/A) <b>O</b> - Other <b>U</b> - Unknown		
		<b>Qualitative Lab Result</b>		
		<b>P</b> - Positive <b>N</b> - Negative <b>I</b> - Indeterminate/Equivocal <b>UN</b> - Unknown/ No Result <b>Q</b> - Quantity Not Sufficient <b>C</b> - Contaminated specimen		
		<b>Places met or had sex with partners</b>		
		<b>A</b> - Adult Book Store/Cinema <b>B</b> - Bars <b>C</b> - Cruising in Automobile <b>D</b> - Dance Halls <b>E</b> - Escort Services <b>F</b> - Baths/Spas/Resorts <b>G</b> - Place of Worship <b>H</b> - Home <b>I</b> - Chat Rooms/Lines/Email/Internet <b>J</b> - Jail/Prison <b>K</b> - Clubs <b>L</b> - Beach <b>M</b> - Motel/Hotel <b>N</b> - Shopping Mall <b>O</b> - Other <b>P</b> - Project/Shelter <b>Q</b> - School <b>R</b> - Gyms/Health Clubs <b>S</b> - Partner's Home <b>T</b> - Street <b>U</b> - Circuit Party <b>V</b> - Cruise (Boat) <b>W</b> - Work <b>X</b> - Park/Rest Area		

Interview Record Codes		
Signs/Symptoms	STD History	
<b>A</b> - Discharge or MPC <b>B</b> - Chancre, Sores, Lesions, or Ulcers <b>C</b> - Rash <b>D</b> - Dysuria <b>E</b> - Itching <b>F</b> - Alopecia (Hair loss) <b>G</b> - Condylomata Lata <b>H</b> - Bleeding <b>I</b> - Pharyngitis (Sore Throat) <b>J</b> - Painful Sex <b>K</b> - Abdominal Pain <b>L</b> - Swelling/Inflammation <b>M</b> - Mucous Patch <b>N</b> - Lymphadenopathy <b>O</b> - Other <b>P</b> - Balanitis <b>Q</b> - Fever <b>R</b> - Cervical Friability <b>S</b> - Ectopy <b>T</b> - Epididymitis <b>V</b> - Proctitis <b>W</b> - Adnexal tenderness/Cervical motion tenderness	<b>Y</b> - Yes, patient has a history of STD <b>N</b> - No, patient has never had a prior STD <b>U</b> - Unknown if patient has had a prior STD <b>R</b> - Patient refused to answer any questions regarding prior STD History	
	<b>Interview Type</b>	
	<b>O</b> - <i>Original Interview</i> the initial interview with an infected patient. <b>R</b> - <i>Re-Interview</i> any interview after the Original Interview of an infected patient. <b>C</b> - <i>Cluster Interview</i> any interview of a partner or cluster regarding the index case. <b>U</b> - <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).	
	<b>Referral</b>	
<b>1</b> - <u>Provider</u> : DIS or other health department staff were involved in the referral of this partner/cluster . <b>2</b> - <u>Patient (Client)</u> : No health department involvement in the referral of this partner/cluster. <b>3</b> - <u>Dual (contract)</u> : A combination of provider and patient effort to bring contact/cluster to services.		
<b>Source/Spread</b>		
<b>SO</b> - The source of infection for the original patient <b>SP</b> - A spread from the original patient. <b>U</b> - Partner infection is <u>not related to the original patient</u> . <b>UN</b> (Unknown) - It is unknown whether a partner infection is related to the original patient.		
<b>Partner/Cluster</b>		
<b>PARTNER</b> - Persons having sexual activities (of any type) or sharing needles with the original patient. <b>P1</b> - Sex Partner <b>P2</b> - Needle sharing Partner <b>P3</b> - Both Sex and Needle sharing Partner <b>SOCIAL CONTACT (Suspect)</b> - Persons named by an infected person (e.g., the original patient or an infected partner or cluster). <b>S1</b> - Person who has or had symptoms suggestive of the Condition(s) documented. <b>S2</b> - Person who is named as a sex partner of a known infected person. <b>S3</b> - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk). <b>ASSOCIATE</b> - Persons named by an uninfected partner or cluster. <b>A1</b> - Person who has or had symptoms suggestive of the Condition(s) documented. <b>A2</b> - Person who is named as a sex partner of a known infected person. <b>A3</b> - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk).		
<b>Dispositions</b>		
<b>STD Dispositions</b>	<b>HIV Dispositions</b>	
<b>A</b> - Preventative Treatment <b>B</b> - Refused Preventative Treatment <b>C</b> - Infected, Brought to Treatment <b>D</b> - Infected, Not Treated <b>E</b> - Previously Treated for This Infection <b>F</b> - Not Infected <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	<b>1</b> - Previous Positive <b>2</b> - Previous Negative, New Positive <b>3</b> - Previous Negative, Still Negative <b>4</b> - Previous Negative, Not Re-tested <b>5</b> - Not Previously Tested, New Positive <b>6</b> - Not Previously Tested, New Negative <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	