Interview Record Instructions

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. These items are indicated with an *.

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 number 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.

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-Gonoccocal 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)

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

2

Neurological Involvement?: Document the appropriate response of Yes, **C**onfirmed; Yes, **P**robable; **N**o; or **U**nknown.

NOTE: This field is only needed if the patient's condition is Syphilis. A reactive CSF-VDRL is needed for confirmation of neurological involvement.

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

Lot #: Document the locally assigned lot number, if applicable.

5

Interview Record ID Number: 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

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

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 (see item 11)*. 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: If this is a temporary address, record the patient's permanent address and any other interview period addresses in the Comments section on page 5. For an institutionalized person, list the last known address where the person resided.

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

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

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

10 **Time At Address:** 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 (**W**) weeks, (**M**) months, or (**Y**) years. If length of time is unknown, please document "UNK".

11 **Currently Institutionalized?:** Place an "X" in the appropriate box to indicate if the patient *is* institutionalized (i.e., in jail, in a group home, in a mental health facility, etc.). If institutionalized, document the *name* of the facility.

Institution Type: Document the appropriate code in the box for the type of facility where the patient is currently institutionalized.

G - Group Home
J – Jail
O - Other
P - Prison
Q - Mental Health Center
R - Rehabilitation Center
X - Drug Treatment/Detox Center
Y - Juvenile Detention

Phone/Contact

12 **Phone/Contact:** 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.

Demographics

13 **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.

14 **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.

Current Gender*: Place an "X" in the appropriate box to indicate patient's self identified gender.

M - Male
F - Female
MTF - Male to Female Transgender
FTM - Female to Male Transgender
U - Unknown
R - Refused to Answer

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

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

16 **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

17 **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.

18 **English Speaking?:** Place an "X" in the appropriate box to indicate whether the patient can speak/understand English. Y - Yes, N - No, and U - Unknown.

Primary Language: Document the patient's primary language if it is NOT English.

Pregnancy

19 **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 at Interview?: Place an "X" in the appropriate box to indicate the patient's pregnancy status at the time of interview for the condition(s) documented on this interview record. If the patient was pregnant at the time of the interview, document the duration of the pregnancy in weeks at interview. If the duration of the pregnancy is not known, document the patient's best estimate. Y - Yes, N - No, U - Unknown, R - Refused to Answer.

If the patient's condition is syphilis and answers 'Yes' to either of the above questions, complete the Congenital Syphilis Form according to local practices/procedures.

Currently in Prenatal Care?: Place an "X" in the appropriate box to indicate whether the patient is receiving/received prenatal care for this pregnancy. 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.

Pregnancy Outcome: If pregnant in the last 12 months, place an "X" in the appropriate box to indicate the outcome of that pregnancy.

D - Live Birth
S - Stillborn
M - Miscarriage
A - Abortion
U - Unknown

Condition(s) Reporting Information

20 **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).

01 - 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 private providers, 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.

02 - 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.

03 - 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.

04 - 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 to, etc., the patient to inform them of their need to be tested).

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

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

OP Condition: If Patient Referred Partner, Health Department Referred Partner, or Cluster Related is selected as Method of Case Detection, indicate the Index patient's Condition Code (i.e., 710, 720, 200, 300, etc.) and Case ID Number in the space provided if known.

21 **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.

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 - Hospital (Inpatient)
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
66 - Indian Health Services
77 - Military
88 - Other
99 - Unknown

22 **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

23 **Interviewed?:** Place an "X" in the appropriate box to indicate whether patient was interviewed.

Y - Yes, patient was interviewed
N - No, patient was not interviewed

If not, why not?: Document the specific Reason Not Interviewed Code for each condition(s). If "Other" is chosen, accurately describe why the patient was not interviewed in space provided.

U (Unable to locate) - The patient was not located to be interviewed.
P (Physician Refusal) - The patient's physician refused permission to allow the patient to be contacted and/or interviewed.
R (Refused) - The patient was located but refused to be interviewed.
D (Deceased) -The patient expired before an interview could be conducted.
L (Language Barrier) -The patient could not be interviewed due to a difference in spoken language.
O (Other) - Use if none of the other reasons listed apply.

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

24 **Place of Interview:** Document the specific Location of Interview Code indicating where the interview took place for each condition. If "Other" is chosen, accurately describe where the patient was interviewed.

C (Clinic) - The patient was interviewed in the clinic/facility where diagnosed or treated.
F (Field) - The patient was interviewed in the field, i.e., anywhere outside of a clinic/facility setting.
T (Telephone) - The patient was interviewed over the telephone.
I (Internet) - The patient was interviewed over the internet.
O (Other) - Use if none of the other places listed is applicable.

PEMS Site ID: For HIV/AIDS cases only. Document the PEMS Site ID of the location of the original interview.

25 **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.

26 **Date Reassigned for Interview:** If applicable, document the date the case was reassigned for interview and the worker number of the DIS to whom it was reassigned for each condition.

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

28 **Date First Re-interview:** Document the date of the first re-interview and the worker number of the DIS that performed the re-interview for each condition.

29 **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.

30 **Imported Case?:** Place an 'X" in the appropriate box, selecting from the following categories. Note that an imported case refers to a case that was acquired OUTSIDE the jurisdiction *where the patient resides*. In other words, it should be 'N - Not imported' unless during the course of the interview or case management it is found that the person acquired the disease outside of *where the patient resides'* jurisdiction, or it is a morbidity sent in by another jurisdiction.

N - Not an imported case
C - Yes, imported from another country
S - Yes, imported from another state
J - Yes, imported from another county/jurisdiction in the state
D - Yes, imported but not able to determine source county, state, and/or country
U - Unknown

Import Location: If the case was imported, document the *name* of the city, county, state, and/or country where the case was acquired.

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

Risk Factors*

NOTE: Each risk factor should be addressed for the last 3 months and 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.

32 **Sexual Behaviors*:** Document the appropriate response of Y - Yes, N - No, R - Refused to Answer, or D - Did Not Ask in relation to the patient's answer to the individual risk factor questions for applicable time frames.

Anonymous Risk item 3 - a sex partner whose name is unknown (e.g., met at a sex party, website, bathhouse, etc.).

IDU Risk item 4 - Injection Drug User, a person who has injected recreational drugs (e.g., heroin, steroids, etc.).

Exchanged sex for drugs/money* Risk item 6 - A person who has either given or received oral, anal and/or vaginal sex for drugs, money or other services/payment (e.g., food, housing, protection, etc.).

MSM Risk item 7 - Man who has ever had sex with other males (includes oral and anal contact).

33 **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.

34 **Other Risk Factors*:** Document the appropriate response of Y - Yes, N - No, R - Refused to Answer, or D - Did Not Ask.

STD Testing

35 **Test Results:** 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. **NOTE:** HIV testing is not to be documented here but in HIV Testing Section, item numbers 36 - 38.

Date Collected - Document the date the specimen was obtained from the patient.

Provider - Document the specific name or code of the provider (physician, clinic, hospital, etc.) who ordered the testing.

Test - 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.

Source - Document the code from the list below for the source of specimen collection.

01 - Cervix/Endocervix	**09** - Rectum
02 - Lesion-Genital	**10** - Urethra
03 - Lesion-Extra Genital	**11** - Urine
04 - Lymph Node Aspirate	**12** - Vagina
05 - Oropharynx	**13** - Blood/Serum
06 - Ophthalmia/Conjunctiva	**14** - Cerebrospinal fluid (CSF)
07 - Other	**88** - Not Applicable
08 - Other Aspirate	**99** - Unknown

Qualitative Results – Place an "X" in the appropriate box to indicate the test result(s).

P - Positive
N - Negative
I - Indeterminate/Equivocal
U - Unknown/No Result
Q - Quantity not sufficient
C - Contaminated specimen

Quantitative Result* - If the test performed is quantifiable, document the quantitative result (e.g., if the RPR is positive, document the titer - example: 1:64).

HIV Testing

36 **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 the 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.

37 **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.

38 **HIV Test Results*:** Summarize all HIV lab results relevant to this case, noting at least the last negative result, the first positive result, and the most recent test if applicable. 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 #35 for codes). Current and previous HIV testing information is to be documented here.

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

39 **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. If observed by both patient and clinician, which can mean differing observation dates, document each observation separately on 2 or more lines. Additional signs and symptoms can be documented within the Interview/Investigation Comments (item 68).

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

A - Discharge or Mucopurulent Cervicitis (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

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
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
O - Other
U - Unknown

Clinician Observed - Place an "X" in this box if the clinician observed this sign.

Patient Described - Place an "X" in this box if the patient described this symptom.

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

Signs and Symptoms

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

STD History

40 **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 (item #38).

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
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-Gonoccocal 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)

Confirmed: Place a 'Y' for 'Yes' if both diagnosis and treatment of previous STD has been confirmed by record search or contact with a provider. Place an 'N' for 'No' if based on interviewee responses only.

STD/HIV Treatment/Counseling

41 **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.

42 **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".

43 **Anti-Retroviral Therapy for Diagnosed HIV Infection?:** Place an "X" in the appropriate box corresponding to the patient taking anti-retrovirals within the last 12 months. Next place an "X" to indicate if the patient has **ever** (including past year) taken anti-retrovirals. Y - Yes, N - No, U - Unknown, R - Refused to Answer.

44 **HIV Counseling at this event?:** Complete the following items about the patient being HIV counseled. Place an "X" in the

appropriate boxes.

HIV Pre-Test Counseled - Patient was pre-test counseled for HIV during the most recent clinical examination or during the interview. Y - Yes, N - No, U - Unknown, R - Refused to Answer.

NOTE: The answer "No" for Pre-Test Counseled includes opt-out/routine HIV testing in settings where HIV pretest counseling is not conducted.

HIV Post-Test Counseled - The patient was HIV post-test counseled in the clinic or field, regardless whether the results were positive or negative. Y - Yes, N - No, U - Unknown, R - Refused to Answer.

Social History

45 **Places Met Partners*:** Document the codes for the types of places where the patient *met* sex partners within the last 12 months (document as many as apply):

A - Adult Book Store/Cinema	J - Jail/Prison	S - Partner's Home
B - Bars	K - Clubs	T - Street
C - Cruising in Automobile	L - Beach	U - Circuit Party
D - Dance Halls	M - Motel/Hotel	V - Cruise (Boat)
E - Escort Services	N - Shopping Mall	W - Work
F - Baths/Spas/Resorts	O - Other	X - Park/Rest Area
G - Place of Worship	P - Project/Shelter	
H - Home	Q - School	
I - Chat Rooms/Lines/Email/Internet	R - Gyms/Health Clubs	

Document the names (or descriptions) of places the patient goes to *meet* sex partners. Document 'did not ask' or 'refused to answer' if applicable. If additional space is needed, document within the Interview/Investigation Comments (item 68).

46 **Places had Sex*:** Document the codes (from above list in item #45) 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 (item 68).

47 **Partners in the Last 12 Months*:** Document the number of female sex partners claimed by the patient in the last 12 months, the number of male sex partners claimed by the patient in the last 12 months, and the number of transgender partners claimed by the patient in the last 12 months. **Note:** This includes initiated partners, marginal partners, and anonymous 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.

48 **Interview Period Partners:** Document the total number of female, male, and transgender sex partners claimed by this patient during the interview period (item # 23) 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

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 (Item 56), the number of the DIS/worker who conducted the interview (Item 58), and the type of interview conducted (Item 59).

NOTE: Document only the names of sex/needle-sharing 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 (item #67) and/or on a buff.

Partner/Cluster Information

NOTE: Separate sections must be used to document results of each partner and cluster initiated. If there are more than 5 partners/clusters and/or interviews conducted, use a blank copy of this page (Interview Record page 4) to document additional partners and clusters. If using a copy of page 4 to document additional partners/clusters and interviews be sure to document the index patient's case number(s) at the top of the page (Item 3).

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.

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

50 **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.

51 **P/Cl (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).

52 **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(s) to the Index patient between the first and last (most recent) exposure(s). 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.

53 **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.*

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

Partner/Cluster Information

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

56 **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.

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

58 **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.

59 **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.

60 **Referral:** This describes how initiated partners and clusters are brought to examination, brought to treatment, and/or notified of exposure. 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** - Provider: DIS or other health department staff were involved in the referral of this partner/cluster.
- **2** - Patient (Client): No health department involvement in the referral of this partner/cluster.
- **3** - Dual (Contract): A combination of provider and patient effort to bring contact/cluster to services.

61 **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.

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

STD Dispositions	HIV Dispositions
A - Preventative Treatment	**1** - Previous Positive
B - Refused Preventative Treatment	**2** - Previous Negative, New Positive
C - Infected, Brought to Treatment	**3** - Previous Negative, Still Negative
D - Infected, Not Treated	**4** - Previous Negative, Not Re-tested
E - Previously Treated for This Infection	**5** - Not Previously Tested, New Positive
F - Not Infected	**6** - Not Previously Tested, New Negative
G - Insufficient Information to Begin Investigation	**7** - Not Previously Tested, Not Tested Now
H - Unable to Locate	**G** - Insufficient Information to Begin Investigation
J - Located, Refused Examination and/or Treatment	**H** - Unable to Locate
K - Out Of Jurisdiction	**J** - Located, Refused Counseling and/or Testing
L - Other	**K** - Out Of Jurisdiction
	L - Other

63 **Dispo Date (Disposition Date):** Document the appropriate date as it relates to the following examination or treatment situation for each Condition(s).

- *Newly Examined and Treated* - Use the date of treatment.
- *Newly Examined, not Treated* - Use the date of examination.
- *Previously Examined and/or Treated* - Use the date the partner/cluster investigation is closed (i.e., the date the investigator became aware of the previous examination and/or treatment).
- *Not Examined* - Use the date the investigation is closed.

NOTE: A partner/cluster ***CAN NOT*** be dispositioned *before* 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.

Partner/Cluster Information

64 **Cond. (Condition):** If partner/cluster is dispositioned as infected, whether previously or currently, document the diagnosis code for the condition.

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-Gonoccocal 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)

65 **DIS #:** Document the worker number of the DIS who brought this partner or cluster to ***disposition*** for each Condition(s).

66 **SO/SP: (Source/Spread):** For infected partners only. Document "**SO**" in the box if the partner is determined to be the source of condition for the Index patient, document "**SP**" in the box if the partner's condition is determined to be a spread from the Index patient. (Use for STD conditions only, not HIV/AIDS.)

If partner condition is not related to the Index patient, document "**U**" (Unrelated) in the box. If it is unknown whether a partner condition is related to the Index patient, document "**UN**" (Unknown) in the box. Do not mark a box if a determination has not been made. Case management analysis would guide this determination.

Marginal Partners

67 Marginal Partners: Document the name, sex, age, race, height, weight, hair (description), exposure history, and locating information for those partners named by the Index patient for which not enough information is available to initiate a field record.

Interview/Investigation Comments

68 **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.

69 **Travel History and Internet Use:** Document travel (by the Index patient) that occurred within the interview period, document the place, reason, dates, companions, and with whom the patient stayed. This information may assist the DIS to identify exposure gaps, elicit out of jurisdiction partners/clusters, determine if case is imported, etc. Also use this space to document any related internet use information, including alternate email addresses, instant messenger usernames, chat sites, etc.

Investigation Plans and Supervisory Review

70 **Date Submitted:** Document the appropriate date when the DIS submitted the Interview Record for initial review to supervisor.

71 **Initial Review Date:** Document the appropriate date when the DIS Supervisor initially reviewed the Interview Record. Each subsequent supervisory review should be documented in Supervisory Comments.

72 **DIS Investigation Plans:** Upon completion of documentation of the original interview, the DIS should date this section, record his or her worker number, and document future planned actions. Each subsequent plan of action by the DIS and/or response to supervisory comment(s) should be dated and documented in this section.

73 **Supervisory Comments:** Upon first review of the case by the supervisor, the supervisor should date this section, record his or her worker number, and place supervisory review comments of the initial write-up and investigative efforts of the case to date. Each subsequent review by the supervisor and/or response to DIS comment(s) should be dated and documented in this section.