Last Name First (& Nickname)		Ix Only FF	R: Yes	No		Disea Interviewer	ise 1		
				Referral E		Disease 1	Disease 2	Number:	
Address	(Street)		(Apt. #)	Partner				Date	/ /
Address	(Succe)		(Apt. π)	rarther				Initiated:/ Type Interview:	Type Referral:
				S/A				Type Interview.	Type Referral:
City, State, & Zip Code Telephone Number			Positive La	ab Test			1 📖 '		
								Dispo:	
Age/D.	O.B. TALIAN	NABW	Hispanic	OOJ/ICCI	R			L Dispo.	
I L L Arge, D.	Race 7474		YNURD	Pregn	nant?			Date:/	
/_	/ NH/P			<b>↓</b> ┌──	W K N U	900 Case Status:		New	
la , Mi	F MtF T	Marital S		] [¥]	s. N	Status.		Case #:	
Gender FtN		S M Sep D	W C U R	Original Patient				DX:	Worker:
Internet A	lias/E-mail Address	Internet Site/	System	ID. Number:					
		1	~,~	Exposure: Firs	st Fre	eq. I	ast		ease 2
				Date T	Test R	tesult	Provider	Interviewer Number:	
Height	Size/Build	Hair	Complexion	Date	icst	court	Tiovidei	Date	1 1
								Initiated:	Type Referral:
	Place of Empl	loyment/Hours/Phone		<b>1</b>				Type micrylew.	Type Keieriai.
	1	·							
				4				Dispo:	
	Other Identifying, Loc	ating, or Medical Inform	ation	Date I	Drugs D	Oosage	Provider	- L	<u> </u>
							Date: / / New		
								Case #:	
								DX:	Worker:
FR Numbe	r OOJ No.	OOJ Area	Due Date	Initiating Agency	Invest. Agency	C	linic Code	Internet Outcome:	Post-test Yes
			/ /						Counseled: No
				•					

900 PS Information		(Complete on all 900 Sexual Contacts)	Standard Documentation Abbreviations
Interviewed? 900 PS	/ Sex at Birth: M	Additional, Specify:  F D	Bic - Bicillin C/B - Call back/Called back CLIX - Cluster Interview
Notifiability:	Plan:	Actual Method:	CX - Contact CL - Cluster CSW - Commercial Sex Worker
Self-Repoi Resu		/_/ Date of Last 900	FB - Field Blood FR - Field Record FV - Field Visit HX - History
Referral 1:	/ / Referral Date	Test: Result:	IM - Intramuscular IP - Index Patient IX - Interview LX — Lesion
Post:	900+ Only: Referral 2:	First Appt.:	MSM - Men who have Sex with Men OI - Original Interview OP - Original Patient
FACTORS Was b	behavioral risks assessed?	Optional for 900 negative sexual contacts.	P/C - Phone Call Pt - Patient
Y/0	O/U/N/R/D	Y/N/R/D	RI - Reinterview
<u>M</u> ale			RS - Record Search SX - Symptoms
Female		Share Equipment	TX - Treatment PTC - Post-test counsel
Transgender		NIR	W/ - With WBI - Will be in W/O - Without
Condom	<u> </u>	Other	William William

Disease/Diagnosis 030 - HepB acute w/o delta 031 - HepB acute w/ delta 033 - HepB chronic w/o delta 034 - HepB chronic w/ 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)	Referral Basis T1 - Positive Test Result T2 - Case Report T3 - Clinic Walk-In T4 - Second Positive Test F1 - Congenital Follow-Up F2 - 900 Re-Counsel F3 - Test of Cure F4 - Treatment Restart F5 - Treatment Only F6 - Vaccination M1 - Maternal Follow-up M2 - Infant Follow-up Type of Interview O - Original Interview (OI) R - Reinterview Interview (RI)	Standard Documentation Abbreviations Bic - Bicillin FR - Field Record C/B - Call back/Called back CLIX - Cluster Interview OP - Original Interview CX - Contact P/C - Phone Call CL - Cluster Pt - Patient CSW - Commercial Sex Worker FB - Field Blood RS - Record Search FR - Field Record SX - Symptoms FV - Field Visit TX - Treatment HX - History PTC - Post-test count IM - Intramuscular W/ - With IP - Index Patient WBI - Will be in IX - Interview W/O - Without LX - Lesion MSM - Men who have Sex with Men			
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/ symptom	C - Cluster Interview P - Post-Test Counseling U - Unable to Interview but Partners, Social Contacts, and/or Associates were initiated  Type Referral 1 - Patient (Client) 2 - Provider 3 - Dual 4 - Contract 5 - Third Party	Disposition Date  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.  Not Examined - Use the date the investigation is closed.			
790 – Syphilis, congemital 800 - Genital Warts 850 - Herpes 900 - HIV Infection 950 - AIDS (Syndrome) 951 - Recounsel for previous AIDS case	STD Dispositions A - Preventative Treatment B - Refused Preventative Treatment C - Infected, Brought to Treatment D - Infected, Not Treated E - Previously Treated for This Infection	Internet Outcome I1 — Informed-Urgent Matter I2 — Informed-General Exposure I3 — Informed-Disease Specific I4 — Demographics Found-routine Follow-up I5 — Unknown Outcome I6 — Not enough Info to Begin Investigation			
Al/AN - American Indian or Alaskan Native A - Asian	F - Not Infected G - Insufficient Information to Begin Investigation H - Unable to Locate	Interviewed? 01 Accepted 02 Refused			
B - Black or African American NH/PI - Native Hawaiian or Other Pacific Islander W - White U - Unknown R - Refused to Answer D - Did not ask Hispanic Y - Yes, Hispanic/Latino	<ul> <li>I - Successful Interview/Recounsel</li> <li>J - Located, Not Examined, Treated, and/or Interview</li> <li>K - Sent Out Of Jurisdiction</li> <li>L - Other</li> <li>Q - Administrative Closure</li> <li>V - Domestic Violence Risk</li> <li>X - Patient Deceased</li> <li>Z - Previous Preventative Treatment</li> </ul>	Notifiability 01 No - Partner is deceased 02 No - Partner is out of jurisdiction 03 No - Partner has a risk of domestic violence 05 No - Partner is known to be previously positive 06 Yes - Partner is notifiable 88 Other  Notification Plan  Notification Method			
N - No, not Hispanic/Latino U - Unknown R - Refused to Answer D - Did not ask  Gender M - Male	HIV Dispositions STD Dispos G – X are applicable 1 - Previous Positive 2 - Previous Negative, New Positive 3 - Previous Negative, Still Negative 4 - Previous Negative, Not Re-tested	01 Client notification 02 Provider notification 03 Dual notification 04 Contract 0	O1 Client notification O2 Provider notification O3 Dual notification O5 Third-party notification O6 Refused notification		
F - Female MTF - Male to Female Transgender FTM - Female to Male Transgender T - Transgender unspecified U - Unknown	<ul> <li>5 - Not Previously Tested, New Positive</li> <li>6 - Not previously Tested, New Positive</li> <li>7 - Not Previously Tested, Not Tested Now</li> <li>900 Case Status</li> <li>01 - HIV Negative result - The patient has tested HIV negative</li> </ul>	Self-reported HIV Results 01 Positive 02 Negative 03 Preliminary positive 04 Indeterminate	Testing Confirmed 01 Positive/Reactive 02 NAAT-positive 03 Negative		
R - Refused to Answer D - Did not ask  Marital Status S - Single, Never Married	<ul> <li>02 - New HIV Case requiring partner services The patient is newly diagnosed HIV positive.</li> <li>03 - Prior-positive HIV case; New Partner services - The patient is a previously known HIV positive case requiring</li> </ul>	Refered to HIV Testing 0 No 1 Yes	HIV Testing Performed 0 No 1 Yes		
M - Married SEP - Separated D - Divorced W - Widowed C - Cohabitation U - Unknown R - Refused to Answer	partner services due to being not previously known to health department as a named case. <b>04</b> - <u>Prior-positive HIV case; New Partner Services</u> - The patient is a previously reported HIV positive case requiring partner services due to other new STD infection or pregnancy. <b>05</b> - <u>Prior-positive HIV case; New Partner Services</u> The patient	Referral Test Result 01 Positive/Reactive 03 Negative 04 Indeterminate 05 Invalid 06 No result	Results Provided  0 No 1 Yes		
Sexual Risk Factors Y-Yes, Anal or Vaginal Intercourse (with or without Oral Sex) O-Yes, Oral Sex Only U-Unspecified Type of Sex	is a previously known or reported HIV positive case requiring partner services due to being identified as a sexual or social contact to an STD or HIV case.  06 - Other - None of the above 900 status apply to the patient but the status is known. Specify details within notes.  09 - Unknown - The patient HIV status is unknown.	Refered to Medical Care (Referral 2)  O No, client was not referred to HIV medical care/evaluation/treatment.  1 Yes, referred to HIV medical care/examination/treatment.  If yes, did client attend first appointment			
N-No		1 - Pendina	- appointment		

Was behavioral risks assessed?

1- Client completed a behavioral risk profile.5 - Client was asked but no behavioral risks were identified

66 - Client was not asked about behavioral risk factors

77 - Client declined to discuss behavioral risk factors

1 - Pending

5 - No follow-up

99 - Don't know

2 - Confirmed - Accessed service

3 - Confirmed - Did not access service

4 - Lost to follow-up after 90 days of referral date

**Y** – Yes

R - Refused

R-Refused to Answer

**Non-Sexual Risk Factors** 

**N** – No

**D** – Did Not Ask

D-Did Not Ask