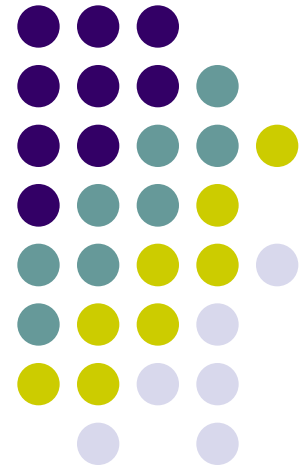
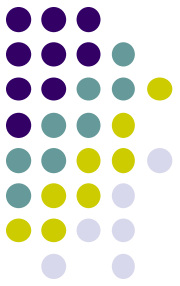


Comprehensive Field Record



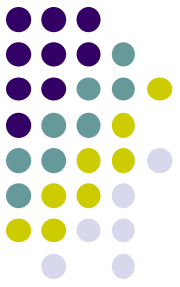
Introduction to the Training



- The slides will first show a picture of the section of the template that will be discussed (e.g., Demographic and Locating Information)
- Each section will then be broken into subsections and discussed in detail in the following slides

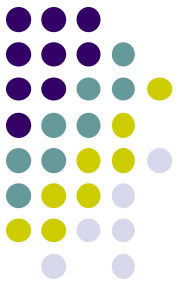


How to Use the Comprehensive Field Record



- The first two pages of the Comprehensive Field Record (CFR) should be printed double-sided
- Fold the CFR in half to allow for it to fit in your pouch
- This allows you to document notes on the back of the CFR
- The third page may be laminated and kept at the office or in the field pouch

A Guide to the Comprehensive Field Record



The rest of this training will focus on the five sections of the CFR

- Demographic & Locating Information
- Epidemiological/Medical Information
- Investigational Outcomes
- Partner/Social Contact Information
- Documentation and Field Notes

Demographic & Locating Information



| | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------|---|---|----------------------|---|-----|---|-------|---|--|---|---|---|-----|---|---|---|---|---|--|--|--|--|
| Last Name | | First (& Nickname) | | | | | | | | | | | | | | | | | | | | | |
| Address (Street) | | | | (Apt. #) | | | | | | | | | | | | | | | | | | | |
| City, State, & Zip Code | | | | Telephone Number | | | | | | | | | | | | | | | | | | | |
| Age/D.O.B. / / | | Race | | Hispanic | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <td>AI/AN</td> <td>A</td> <td>B</td> <td>W</td> </tr> <tr> <td>NH/PI</td> <td>U</td> <td>R</td> <td>D</td> </tr> </table> | | AI/AN | A | B | W | NH/PI | U | R | D | <table border="1"> <tr> <td>Y</td> <td>N</td> <td>U</td> <td>R</td> <td>D</td> </tr> </table> | | Y | N | U | R | D | | | | | |
| AI/AN | A | B | W | | | | | | | | | | | | | | | | | | | | |
| NH/PI | U | R | D | | | | | | | | | | | | | | | | | | | | |
| Y | N | U | R | D | | | | | | | | | | | | | | | | | | | |
| Gender | | Marital Status | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>M</td> <td>F</td> <td>MtF</td> <td>T</td> </tr> <tr> <td>FtM</td> <td>U</td> <td>R</td> <td>D</td> </tr> </table> | | M | F | MtF | T | FtM | U | R | D | <table border="1"> <tr> <td>S</td> <td>M</td> <td>Sep</td> <td>D</td> <td>W</td> <td>C</td> <td>U</td> <td>R</td> </tr> </table> | | S | M | Sep | D | W | C | U | R | | | | |
| M | F | MtF | T | | | | | | | | | | | | | | | | | | | | |
| FtM | U | R | D | | | | | | | | | | | | | | | | | | | | |
| S | M | Sep | D | W | C | U | R | | | | | | | | | | | | | | | | |
| Internet Alias/E-mail Address | | | | Internet Site/System | | | | | | | | | | | | | | | | | | | |
| Height | Size/Build | Hair | | Complexion | | | | | | | | | | | | | | | | | | | |
| Place of Employment/Hours/Phone | | | | | | | | | | | | | | | | | | | | | | | |
| Other Identifying, Locating, or Medical Information | | | | | | | | | | | | | | | | | | | | | | | |

Updates

- Ethnicity - Hispanic
- Current Gender – includes Transgender categories
- Internet Alias
- Internet Site/System
- Updates are identified in the slides with italicized font



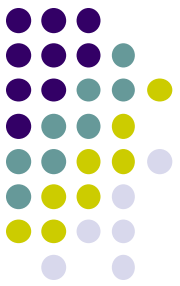
Demographic & Locating Information



| | | | |
|-------------------------|--|--------------------|--|
| Last Name | | First (& Nickname) | |
| Address (Street) | | (Apt. #) | |
| City, State, & Zip Code | | Telephone Number | |

- Document Name and Any Aliases, Current Address and Primary Phone Number

Demographic & Locating Information



| | | | | | | | | | | | | |
|--|-------------------|------|-------|---|----------------|---|----------|---|---|---|---|---|
| <input type="text"/> <input type="text"/> | Age/D.O.B. / / | Race | AI/AN | A | B | W | Hispanic | Y | N | U | R | D |
| Gender | M | F | MtF | T | Marital Status | | | | | | | |
| | FtM | U | R | D | S | M | Sep | D | W | C | U | R |

- Document Age, DOB
- Document Race separately from Ethnicity
- *Document Current Gender, which may be different from Sex at Birth*
- Document Marital Status



Demographic & Locating Information



| Internet Alias/E-mail Address | | Internet Site/System | |
|-------------------------------|------------|----------------------|------------|
| Height | Size/Build | Hair | Complexion |

- *Document the partner's primary E-mail Address and Internet Alias*
- *Document any Internet Sites/Systems that correspond to the Email Address or Internet Aliases listed above*
- Document the physical characteristics of the partner



Demographic & Locating Information



Place of Employment/Hours/Phone

Other Identifying, Locating, or Medical Information

- Document Employment status, hours worked, phone number and any other information that will assist in locating the partner

Epidemiological/Medical Information



| | | | |
|---|-------|--|-----------|
| Interview Only FR: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Referral Basis: | | Disease 1 | Disease 2 |
| <input type="checkbox"/> Partner | _____ | | |
| <input type="checkbox"/> Cluster | _____ | | |
| <input type="checkbox"/> Positive Lab Test | | | |
| <input type="checkbox"/> OOJ/ICCR | _____ | | |
| Pregnant? W K s. <input type="checkbox"/> N <input type="checkbox"/> U | | 900 Case Status: <input type="checkbox"/> <input type="checkbox"/> | |
| Original Patient ID. Number: | | | |
| First | | Freq. | Last |
| Exposure: | | | |
| Date | Test | Result | Provider |
| | | | |
| | | | |
| | | | |
| Date | Drugs | Dosage | Provider |
| | | | |
| | | | |
| | | | |

Updates

- Interview Only field
- 900 Case Status field
- Updates are identified in the slides with italicized font



Epidemiological/Medical Information



| | | |
|--|-----------|-----------|
| Interview Only FR: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Referral Basis: | Disease 1 | Disease 2 |
| <input type="checkbox"/> Partner _____ | | |
| <input type="checkbox"/> Cluster _____ | | |
| <input type="checkbox"/> Positive Lab Test | | |
| <input type="checkbox"/> OOJ/ICCR _____ | | |

- *Document whether an interview is the purpose of this field investigation*
- Document whether the person is considered a partner of the index patient
- Document the condition being investigated in columns Disease 1 and Disease 2.



Epidemiological/Medical Information

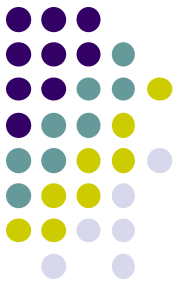


| | |
|----------------------------|---|
| Pregnant? | |
| <input type="checkbox"/> Y | _____ |
| <input type="checkbox"/> N | <input type="checkbox"/> U |
| W K s. | 900 Case Status: <input type="checkbox"/> <input type="checkbox"/> |

- Document the pregnancy status; if the person is pregnant, document the duration of the pregnancy in weeks
- *Document known HIV status, prior to the investigation*



Epidemiological/Medical Information

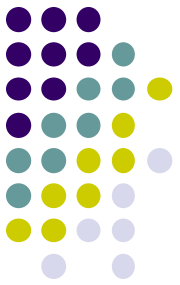


| | | | |
|------------------------------|-------|-------|------|
| Original Patient ID. Number: | | | |
| Exposure: | First | Freq. | Last |

- Document the index patient identification number, in order to link the field record to the interview record
- Document the dates and frequency of the exposure of the index patient to the partner



Epidemiological/Medical Information



| Date | Test | Result | Provider |
|------|------|--------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Date | Drugs | Dosage | Provider |
|------|-------|--------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

- Document the date, test type, result of test and test provider
- Document the date, type of treatment, dosage, and treatment provider



Investigation Outcomes

| Disease 1 | |
|---------------------|----------------------|
| Interviewer Number: | <input type="text"/> |
| Date Initiated: | ____/____/____ |
| Type Interview: | <input type="text"/> |
| Type Referral: | <input type="text"/> |
| Disposition: | <input type="text"/> |
| Dispo Date: | ____/____/____ |
| New Case #: | <input type="text"/> |
| Diagnosis: | <input type="text"/> |
| Worker Number: | <input type="text"/> |

- Two Disease Investigation Outcomes Boxes are placed on the top right side of the Field Record
- Document the outcomes in each disease specific box as warranted
- Only one field has been updated: Internet Outcome
- Updates are identified in the slides with italicized font



Investigation Outcomes

| Disease 1 | |
|------------------------|----------------------|
| Interviewer Number: | <input type="text"/> |
| Date Initiated: | ____ / ____ / ____ |
| Type Interview: | <input type="text"/> |
| Type Referral: | <input type="text"/> |

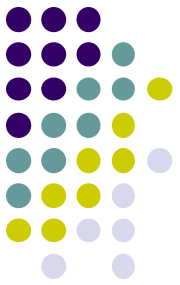
- Document number of the DIS initiating the interview
- Enter the date the interview was initiated
- Enter the type of interview conducted
- Document the type of referral method used



Investigation Outcomes

| | |
|--------------|--------------------------|
| Disposition: | <input type="checkbox"/> |
| Dispo | |
| Date: | ____ / ____ / ____ |
| New | <input type="checkbox"/> |
| Case #: | <input type="text"/> |
| Diagnosis: | <input type="text"/> |
| Worker | |
| Number: | <input type="text"/> |

- Document the HIV or STD disposition code for each condition
- Enter the date the disposition code was determined
- If applicable, enter the new case number
- Enter the diagnosis of the index patient
- Enter the number of the DIS who performed the investigation



Investigation Outcomes

| | | | |
|-------------------|--------------------------|------------------------|---|
| Internet Outcome: | <input type="checkbox"/> | Post-test Counseled | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------|--------------------------|------------------------|---|

- *Document the outcome of the internet-based activities*
- If the disease is HIV, document whether post-test HIV counseled occurred



Other Investigation Information



| FR Number | OOJ No. | OOJ Area | Due Date | Initiating Agency | Invest. Agency | Clinic Code |
|-----------|---------|----------|--------------------|-------------------|----------------|-------------|
| | | | ____ / ____ / ____ | | | |

- This section is at the bottom of the page and is used for the documentation of Out of Jurisdiction information
- Document the entire field record number(s) for the partner/cluster initiated. Document the new Field Record number if the CFR is sent to a new area and enter the name of the OOJ area



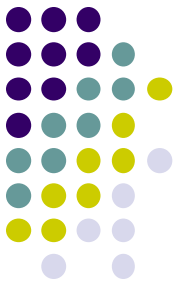
Other Investigation Information



| FR Number | OOJ No. | OOJ Area | Due Date | Initiating Agency | Invest. Agency | Clinic Code |
|-----------|---------|----------|--------------------|-------------------|----------------|-------------|
| | | | ____ / ____ / ____ | | | |

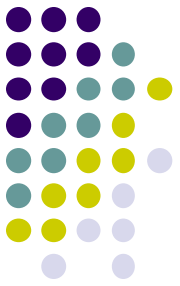
- Enter the due date of the completed OOJ investigation
- Enter the FIPS county code of the initiating agency for this OOJ investigation
- If different from the initiating agency, enter the investigating agency for this OOJ investigation and, if applicable, enter the clinic code of the initiating clinic

900 Partner Information

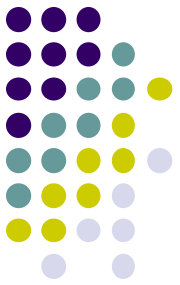


| 900 PS Information | | (Complete on all 900 Sexual Contacts) | |
|--|---|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Interviewed? | ____ / ____ / ____ 900 PS Interview Date | Sex at Birth: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> D | Additional, Specify: _____ |
| Notifiability: <input type="checkbox"/> <input type="checkbox"/> | Plan: <input type="checkbox"/> <input type="checkbox"/> | Actual Method: <input type="checkbox"/> <input type="checkbox"/> | |
| Self-Reported Results: <input type="checkbox"/> <input type="checkbox"/> | | ____ / ____ / ____ Date of Last 900 | |
| Referral 1: <input type="checkbox"/> | ____ / ____ / ____ Referral Date | Test: <input type="checkbox"/> | Result: <input type="checkbox"/> |
| Post: <input type="checkbox"/> | 900+ Only: | Referral 2: <input type="checkbox"/> | First Appt.: <input type="checkbox"/> <input type="checkbox"/> |
| FACTORS | Was behavioral risks assessed? <input type="checkbox"/> | Optional for 900 negative sexual contacts. | |
| | Y/O/U/N/R/D | | Y/N/R/D |
| Male | <input type="checkbox"/> | IDU | <input type="checkbox"/> |
| Female | <input type="checkbox"/> | Share Equipment | <input type="checkbox"/> |
| Transgender | <input type="checkbox"/> | NIR | <input type="checkbox"/> |
| Condom | <input type="checkbox"/> | Other | <input type="checkbox"/> |

900 Partner Information



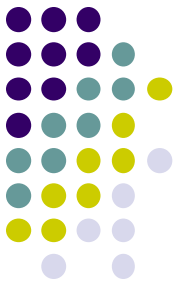
- This entire section is new
- The variables meet the new data requirements for the National HIV Monitoring & Evaluation (NHM&E) activities
- The risk questions mirror those collected on the Comprehensive Interview Record
- The NHM&E variable names are provided in the notes sections of these slides for each field



900 Partner Information

| | | | |
|--------------------------|--------------------------|-----------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | / | / |
| Interviewed? | | 900 PS Interview Date | |

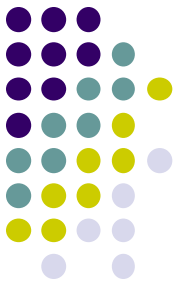
- *Document enrollment into Partner Services (i.e., acceptance of the interview) and the date that the interview took place*



900 Partner Information

| | | | | |
|---------------|----------------------|---|---|--|
| | Additional, Specify: | | | |
| Sex at Birth: | M | F | D | |

- *Indicate the partner's assigned sex at birth*
- *If the partner indicates an additional gender that is not listed on the top half of the CFR, list the partner's reported gender here*



900 Partner Information

| | | | | | | | | |
|----------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|
| Notifiability: | <input type="checkbox"/> | <input type="checkbox"/> | Plan: | <input type="checkbox"/> | <input type="checkbox"/> | Actual Method: | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|

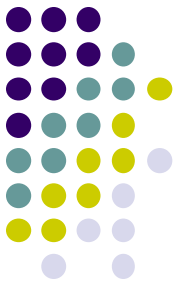
- *Document whether or not a named partner is eligible for notification of exposure*
- *Document the agreed upon method for notification of exposure*
- *Document the actual method used to notify each eligible partner of their exposure – this method may differ from the notification plan*



900 Partner Information

| | |
|---|---|
| Self-Reported Results: <input type="checkbox"/> <input type="checkbox"/> | <u> </u> / <u> </u> / <u> </u> Date of Last 900 |
|---|---|

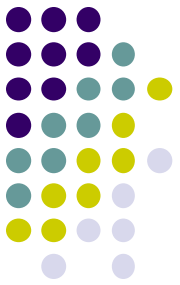
- *Document the partner's most recent self-reported HIV-test result at the time of the notification. Ensure that this is the test result and not the HIV status.*
- *Enter the date of the partner's last HIV test*



900 Partner Information

| | | | |
|--------------------------------------|--|--------------------------------|----------------------------------|
| Referral 1: <input type="checkbox"/> | <u> / / </u> Referral Date | Test: <input type="checkbox"/> | Result: <input type="checkbox"/> |
|--------------------------------------|--|--------------------------------|----------------------------------|

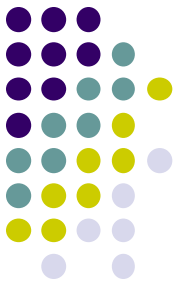
- *Document whether the partner was referred to HIV testing*
- *Enter the date on which the partner was referred to HIV testing*
- *Indicate whether the test for which the partner was referred was performed and indicate the referred test result*



900 Partner Information

| |
|--------------------------------|
| Post: <input type="checkbox"/> |
|--------------------------------|

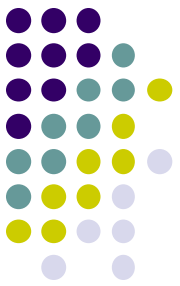
- *Indicate whether the partner was informed of their test results*



900 Partner Information

| | | |
|-----------------------|--------------------------------------|--|
| 900+ Only: | Referral 2: <input type="checkbox"/> | First Appt.: <input type="checkbox"/> <input type="checkbox"/> |
|-----------------------|--------------------------------------|--|

- *Document whether the partner was referred to medical care and, if so, indicate whether the partner attended their first medical care appointment*



Partner Information

Collecting Partner Risk Information

- *Risks are not listed per se on the CFR to protect confidentiality, but are provided on the code sheet*
- *Each risk factor should be addressed for the last 12 months prior to the date of the interview*
- *Risk factors are not required on 900 negative sexual contacts.*

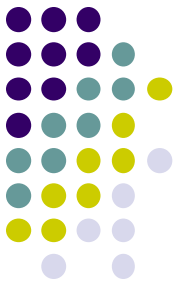


Partner Information

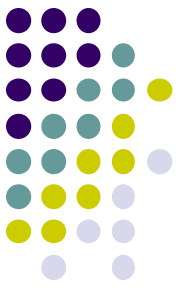
- Documenting Partner Risk Information

| FACTORS | Was behavioral risks assessed? <input type="checkbox"/> | Optional for 900 negative sexual contacts. | |
|----------------|---|---|--------------------------|
| | Y/O/U/N/R/D | | Y/N/R/D |
| Male | <input type="checkbox"/> | IDU | <input type="checkbox"/> |
| Female | <input type="checkbox"/> | Share Equipment | <input type="checkbox"/> |
| Transgender | <input type="checkbox"/> | NIR | <input type="checkbox"/> |
| Condom | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Partner Information



- **Was Behavioral Risk Assessed:** In the space provided, document whether the behavioral risk factors were assessed for the client.
- **1** - The client completed a behavioral risk profile and risks were identified.
- **5** - The client reports that none of the listed risk factors may have placed the client at potential risk for STD/HIV exposure and/or transmission.
- **66** - The provider did not ask the client about his or her risk factors.
- **77** - The client declined or was unwilling to discuss his or her risk factors.



Partner Information

What are the risk factors?

Sexual Risk

- Sex with a male
- Sex with a female
- Sex with transgender person
- Sex without using a condom

Other Risk

- Injection drug use
- Shared injection drug equipment
- No risk identified
- Other

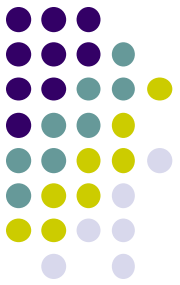
These risk factors are reported for the past 12 months



Partner Information

For the first 4 risk factors (i.e., sexual risk) partners should be asked what type of sexual exposure occurred using the responses listed below

- Y** – Yes, Anal or Vaginal Intercourse (with or without Oral Sex)
- O** – Yes, Oral Sex Only
- U** – Unspecified Type of Intercourse
- N** – No Sexual Exposure
- R** – Refused to Answer
- D** – Did Not Ask



Partner Information

The next 4 risk factors require the response options listed below to indicate other risks

NOTE: For each risk 5 – 8, document the appropriate response, one response per risk factor.

Y - Yes

N - No

R - Refused to Answer

D - Did not ask



Documentation and Field Notes



Standardized Documentation Abbreviations

Bic - Bicillin

C/B - Call back/Called back

CLIX - Cluster Interview

CX - Contact

CL - Cluster

CSW - Commercial Sex Worker

FB - Field Blood

FR - Field Record

FV - Field Visit

HX - History

IM - Intramuscular

IP - Index Patient

IX - Interview

LX - Lesion

MSM - Men who have Sex with Men

FR - Field Record

OI - Original Interview

OP - Original Patient

P/C - Phone Call

Pt - Patient

RI - Reinterview

RS - Record Search

SX - Symptoms

TX - Treatment

PTC - Post-test counsel

W/ - With

WBI - Will be in

W/O - Without