Interview Record

Patient ID

Condition(s)
1
2

Case ID
1
2

Lot #

Interview Record ID

Neurological Involvement? C P N U

900 Site Type

900 Site Zip Code

900 Agency ID

Name

_____
Last Name   First Name   Middle Name

_____
Preferred Name / AKA   Maiden Name

Phone/Contact

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 [ ]

Time At Address _____ W M Y   Time In State _____ W M Y   Time In Country _____ W M Y

Currently Institutionalized? Y N U   Name of Institution _____   Institution Type [ ]

Demographics

___/___/___ Date of Birth

Sex at Birth: M F

Current Gender: M F MTF FTM U R

If additional Gender, Specify: _____

English Speaking? Y N U

Age [ ][ ][ ]

Marital Status: S M Sep D W C U R

Race: AI/AN A B NH/PI W U R

Hispanic/Latino? Y N U R

_____
Primary Language

Pregnancy

Pregnant at Exam? Y N U R   # Weeks [ ]

Pregnant at Interview? Y N U R   # Weeks [ ]

Currently in Prenatal Care? Y N U R

Pregnant in Last 12 Mos? Y N U R

Pregnancy Outcome D S M A U

Condition 1 Reporting Information

Method of Case Detection [ ][ ] _____ Other

OP Condition [ ][ ][ ] _____ OP Case ID

Facility First Tested

[ ][ ] _____ If Other, Describe   ___/___/___ Laboratory Report Date

Y N [ ]
Interviewed?   If not, why not? _____ If Other, Describe   Interview Period (mos.) [ ]

Place of Interview: [ ] _____ If Other, Describe   PEMS Site ID

___/___/___ Date First Assigned for Interview   DIS # ___   ___/___/___ Date Reassigned for Interview   DIS # ___

___/___/___ Date Original Interview   DIS # ___   ___/___/___ Date First Re-Interview   DIS # ___

___/___/___ Date Case Closed   DIS # ___   Supervisor # ___

Imported Case? N C S J D U _____ Import Location

Condition 2 Reporting Information

Method of Case Detection [ ][ ] _____ Other

OP Condition [ ][ ][ ] _____ OP Case ID

Facility First Tested

[ ][ ] _____ If Other, Describe   ___/___/___ Laboratory Report Date

Y N [ ]
Interviewed?   If not, why not? _____ If Other, Describe   Interview Period (mos.) [ ]

Place of Interview: [ ] _____ If Other, Describe   PEMS Site ID

___/___/___ Date First Assigned for Interview   DIS # ___   ___/___/___ Date Reassigned for Interview   DIS # ___

___/___/___ Date Original Interview   DIS # ___   ___/___/___ Date First Re-Interview   DIS # ___

___/___/___ Date Case Closed   DIS # ___   Supervisor # ___

Imported Case? N C S J D U _____ Import Location

Case ID

RISK FACTORS

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

Within the past 12 months has the patient:

1. Had sex with a male? ☐

2. Had sex with a female? ☐

3. Had sex with a transgender person? ☐

4. Had sex with an anonymous partner? ☐

5. Had sex without using a condom? ☐

6. Had sex while intoxicated and/or high on drugs? ☐

7. Exchanged drugs/money for sex? ☐

8. **[Females only]** Had sex with a person who is known to her to be an MSM? ☐

9. Had sex with a person known to him/her to be an IDU? ☐

Y- Yes **N**-No **R**-Refused to Answer **D**-Did Not Ask

Within the past 12 months has the patient:

Y/N/R/D

10. Been incarcerated? ☐

11. Engaged in injection drug use? ☐

12. Shared injection drug equipment? ☐

13. During the past 12 months, which of the following injection or non-injection drugs have been used? (Y/N/R/D)

☐ None ☐ Methamphetamines

☐ Crack ☐ Nitrates/Poppers

☐ Cocaine ☐ Erectile dysfunction medications (e.g., Viagra)

☐ Heroin ☐ Other, specify: _____

14. Other Risk, Specify: _____

Social History

Places Met Partners

Type	Name
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	Did not ask
☐	Refused to answer

Places Had Sex

Type	Name
☐	_____
☐	_____
☐	_____
☐	_____
☐	_____
☐	Did not ask
☐	Refused to answer

Partners in Last 12 Months

Female ☐☐☐   Male ☐☐☐   Transgender ☐☐☐

Unknown **U** Refused **R**   Unknown **U** Refused **R**   Unknown **U** Refused **R**

Interview Period Partners

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

Additional Social History Comments

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Case ID

STD Testing

Date Collected	Provider	Test	Specimen Source	Qualitative Result	Quantitative Result
/ /				P N I U Q C	1: _____
/ /				P N I U Q C	1: _____
/ /				P N I U Q C	1: _____
/ /				P N I U Q C	1: _____

HIV Testing

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

Self Reported HIV Test Result: 01 02 03 04 66 77 99   **Date of Self Reported Test:** ____/____/____

Date Collected	Provider	Test	Specimen Source	Qualitative Result	Provider Confirmed
/ /				P N I U Q C	
/ /				P N I U Q C	
/ /				P N I U Q C	

Signs and Symptoms

Signs/ Symptoms	Earliest Observation Date	Anatomic Site	Clinician Observed?	Patient Described?	Duration (Days)
1.	/ /				
2.	/ /				
3.	/ /				

If Other, Please Describe: _____

STD History

Previous STD History? Y N U R

	Condition	Dx Date (mm/yyyy)	Rx Date (mm/yyyy)	Confirmed?
1.		/	/	
2.		/	/	
3.		/	/	

STD/HIV Treatment/Counseling

Treatment Date	Provider	Drug and Dosage
/ /		
/ /		
/ /		

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

Results Provided: Y N | **900+ Only:**   **Referred to Medical Care:** Y N   **If Yes, did Client Attend First Appt.:**

Case ID

Partner, Social Contact, & Associate Information

1

Last Name	First Name	AKA	Jurisdiction

Referral Basis | First Exposure ___ / ___ / ___ | Freq. | Last Exposure ___ / ___ / ___ | Gender M F T U R | Pregnant Y N U R | Spouse Y N U R

Condition 1 | ___ / ___ / ___ Ix Date | ___ / ___ / ___ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | ___ / ___ / ___ Dispo Date | Cond. | ___ DIS # | SO/SP

Condition 2 | ___ / ___ / ___ Ix Date | ___ / ___ / ___ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | ___ / ___ / ___ Dispo Date | Cond. | ___ DIS # | SO/SP

2

Last Name	First Name	AKA	Jurisdiction

Referral Basis | First Exposure ___ / ___ / ___ | Freq. | Last Exposure ___ / ___ / ___ | Gender M F T U R | Pregnant Y N U R | Spouse Y N U R

Condition 1 | ___ / ___ / ___ Ix Date | ___ / ___ / ___ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | ___ / ___ / ___ Dispo Date | Cond. | ___ DIS # | SO/SP

Condition 2 | ___ / ___ / ___ Ix Date | ___ / ___ / ___ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | ___ / ___ / ___ Dispo Date | Cond. | ___ DIS # | SO/SP

3

Last Name	First Name	AKA	Jurisdiction

Referral Basis | First Exposure ___ / ___ / ___ | Freq. | Last Exposure ___ / ___ / ___ | Gender M F T U R | Pregnant Y N U R | Spouse Y N U R

Condition 1 | ___ / ___ / ___ Ix Date | ___ / ___ / ___ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | ___ / ___ / ___ Dispo Date | Cond. | ___ DIS # | SO/SP

Condition 2 | ___ / ___ / ___ Ix Date | ___ / ___ / ___ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | ___ / ___ / ___ Dispo Date | Cond. | ___ DIS # | SO/SP

4

Last Name	First Name	AKA	Jurisdiction

Referral Basis | First Exposure ___ / ___ / ___ | Freq. | Last Exposure ___ / ___ / ___ | Gender M F T U R | Pregnant Y N U R | Spouse Y N U R

Condition 1 | ___ / ___ / ___ Ix Date | ___ / ___ / ___ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | ___ / ___ / ___ Dispo Date | Cond. | ___ DIS # | SO/SP

Condition 2 | ___ / ___ / ___ Ix Date | ___ / ___ / ___ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | ___ / ___ / ___ Dispo Date | Cond. | ___ DIS # | SO/SP

5

Last Name	First Name	AKA	Jurisdiction

Referral Basis | First Exposure ___ / ___ / ___ | Freq. | Last Exposure ___ / ___ / ___ | Gender M F T U R | Pregnant Y N U R | Spouse Y N U R

Condition 1 | ___ / ___ / ___ Ix Date | ___ / ___ / ___ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | ___ / ___ / ___ Dispo Date | Cond. | ___ DIS # | SO/SP

Condition 2 | ___ / ___ / ___ Ix Date | ___ / ___ / ___ Init. Date | Ix DIS # | Ix Type | Type Ref. | FR# | Dispo | ___ / ___ / ___ Dispo Date | Cond. | ___ DIS # | SO/SP

Marginal Partners, Social Contacts, & Associates

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

Interview / Investigation Comments

Travel History and Internet Use

Interview / Investigation Comments

Case ID

Investigation Plans & Supervisory Review

Date Submitted: _____   Initial Review Date: _____

Date	DIS #	DIS Investigation Plans	Date	Sup #	Supervisory Comments