The Comprehensive Interview Record

Released 2009

Updated 04/2013

Loading

Directions

Prior to beginning this program it is highly recommended that you have printed copies of the ***Comprehensive Interview Record***, the ***Instructions*** and the ***Codes List*** available for review as you go through this training.

Skip **Directions** and go to **Menu**

Menu

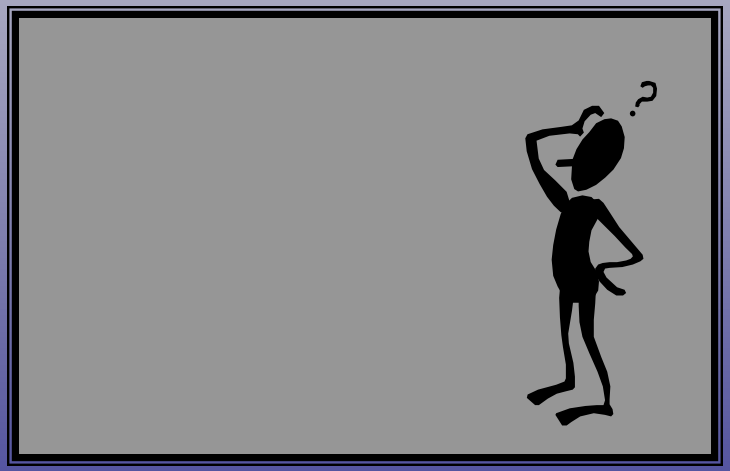
Directions

- Advance through this training program by using your mouse to click the navigation buttons in the upper right-hand corner. Do NOT use the keyboard to advance through this training as it will cause links to work improperly.
- Click on any yellow shaded fields to see the Interview Record Codes.

Menu

Directions

- Click on grey boxes like the one below to uncover field information



Menu

Directions

- To return to your previous screen, click on the back-button in the lower right-hand corner.
- On the Codes Page, use the up and down arrows to move the page.
- Click on this symbol to see what impact this section might have on the interview.

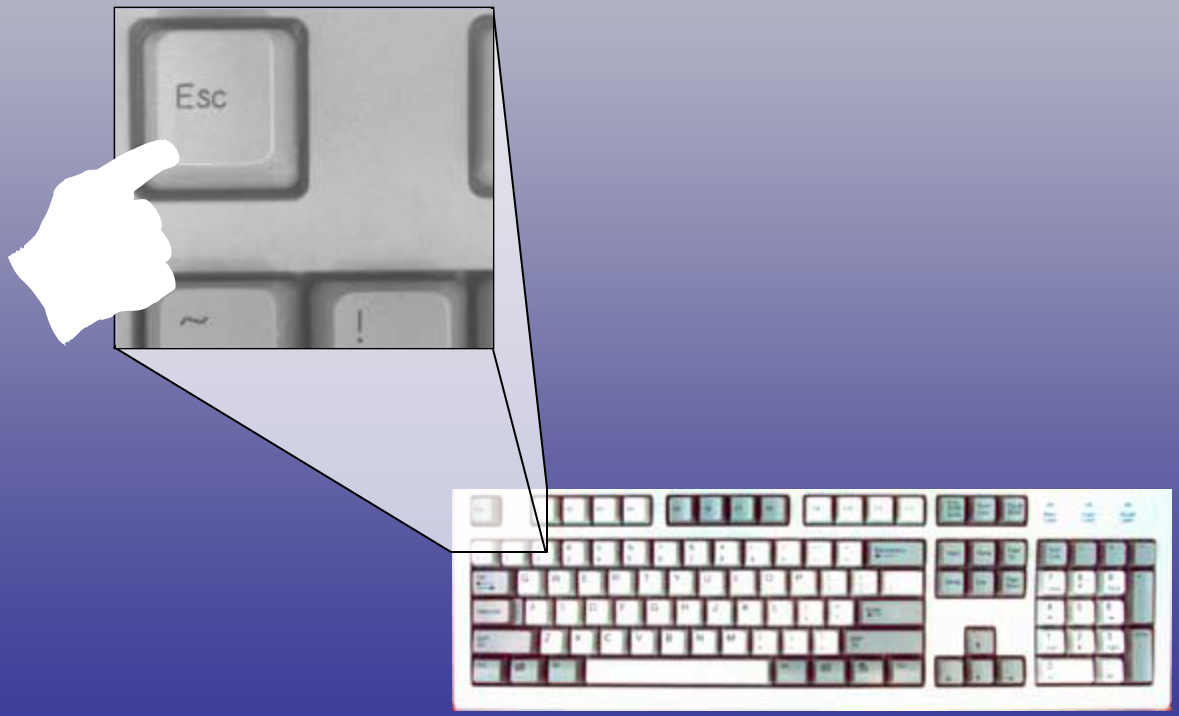
- Watch for important “Special Note” boxes throughout the program.

Special Note: ….

Menu

Directions

- To close this program press the ESCAPE or ESC key on your keyboard.



MENU

Choose A page

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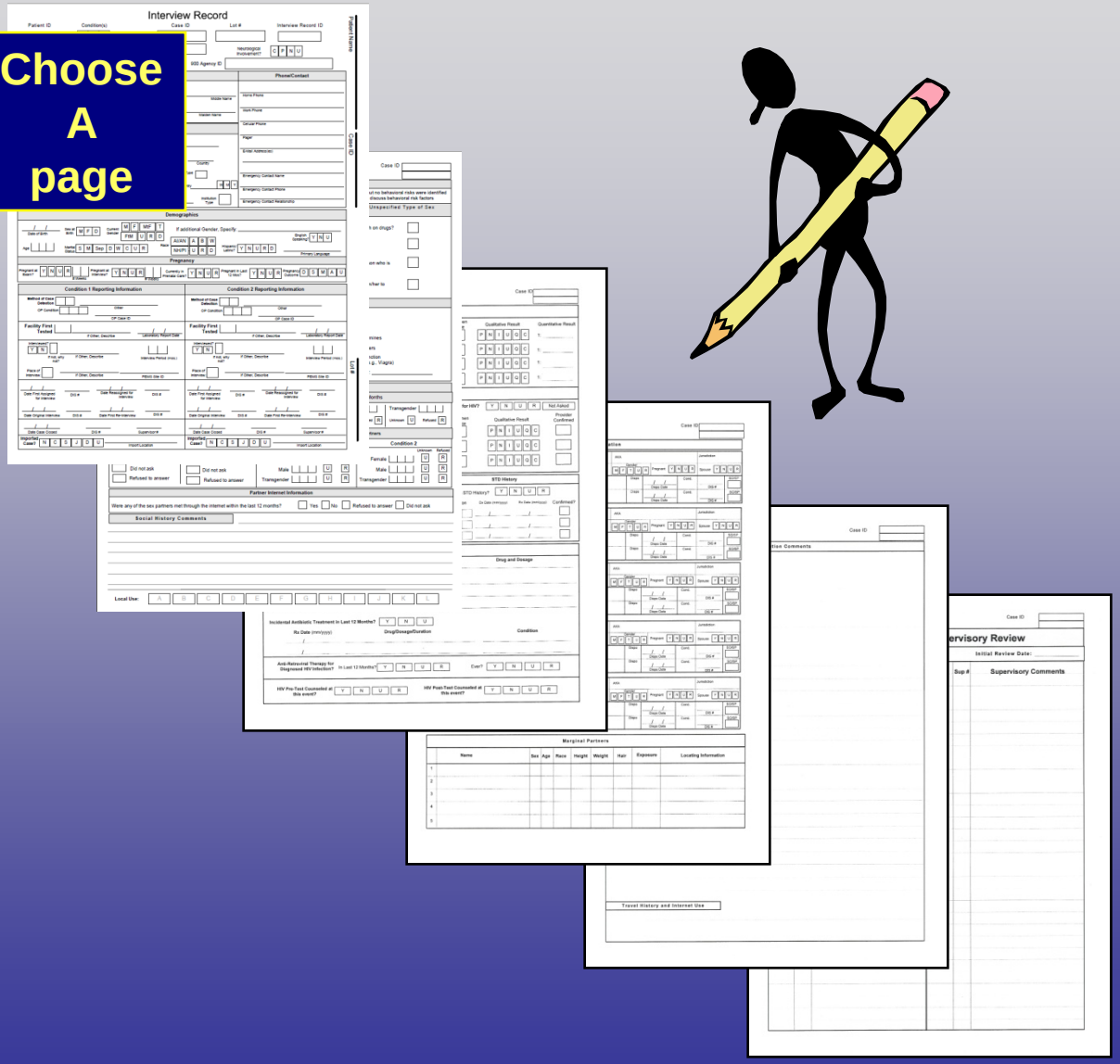
- F A Q s



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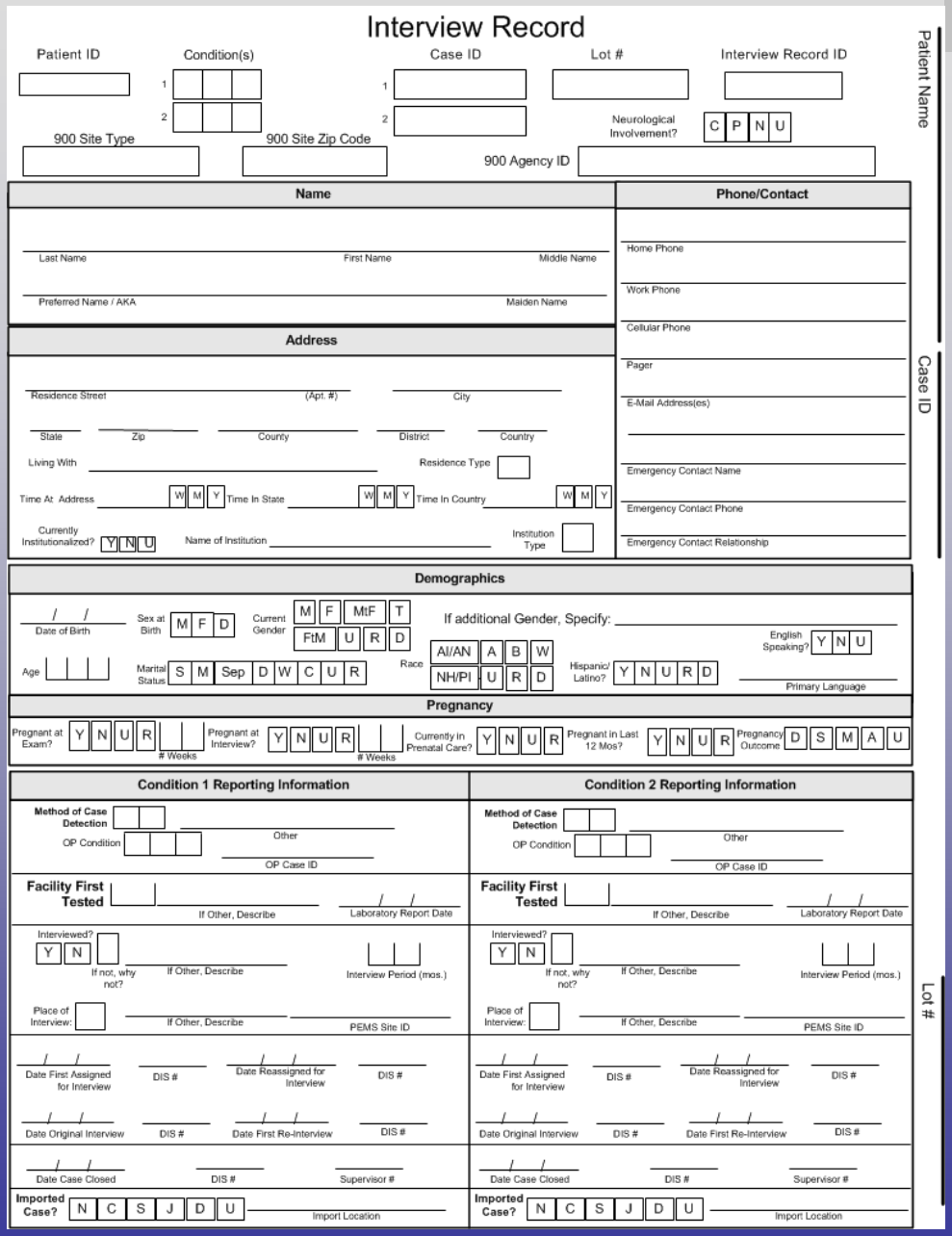


Interview Record

Patient ID | Condition(s) 1 2 | Case ID 1 2 | Lot # | Interview Record ID

900 Site Type | 900 Site Zip Code | Neurological Involvement? C P N U | 900 Agency ID

Patient Name | Case ID | Lot #

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

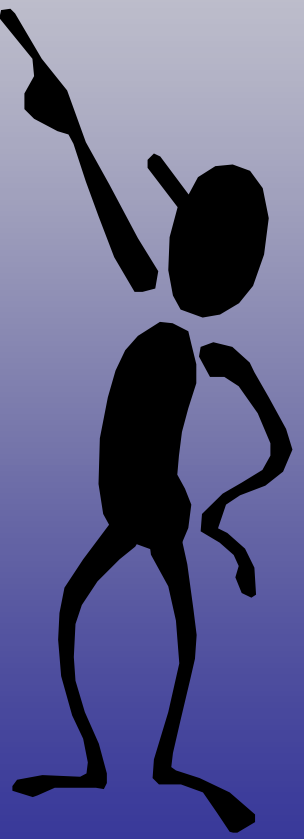
Date of Birth | Sex at Birth M F D | Current Gender M F MtF T FtM U R D | If additional Gender, Specify:

Age | Marital Status S M Sep D W C U R | Race AI/AN A B W NH/PI U R D | Hispanic/ Latino? Y N U R D | English Speaking? Y N U | 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	Condition 2 Reporting Information
Method of Case Detection; OP Condition; Other; OP Case ID	Method of Case Detection; OP Condition; Other; OP Case ID
Facility First Tested; If Other, Describe; Laboratory Report Date	Facility First Tested; If Other, Describe; Laboratory Report Date
Interviewed? Y N; If not, why not?; If Other, Describe; Interview Period (mos.)	Interviewed? Y N; If not, why not?; If Other, Describe; Interview Period (mos.)
Place of Interview:; If Other, Describe; PEMS Site ID	Place of Interview:; If Other, Describe; PEMS Site ID
Date First Assigned for Interview; DIS #; Date Reassigned for Interview; DIS #	Date First Assigned for Interview; DIS #; Date Reassigned for Interview; DIS #
Date Original Interview; DIS #; Date First Re-Interview; DIS #	Date Original Interview; DIS #; Date First Re-Interview; DIS #
Date Case Closed; DIS #; Supervisor #	Date Case Closed; DIS #; Supervisor #
Imported Case? N C S J D U; Import Location	Imported Case? N C S J D U; Import Location



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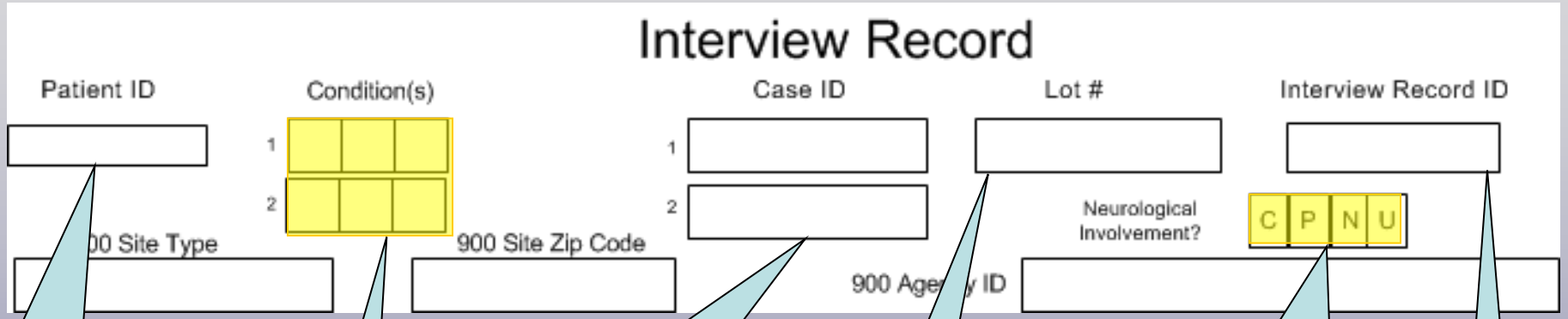


Patient ID

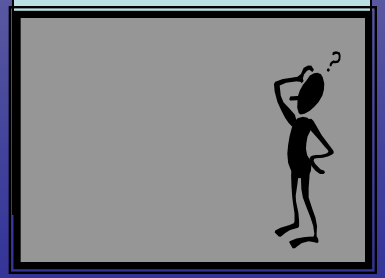
Case ID

Neurological Involvement

Condition(s)

Lot #

Interview Record ID



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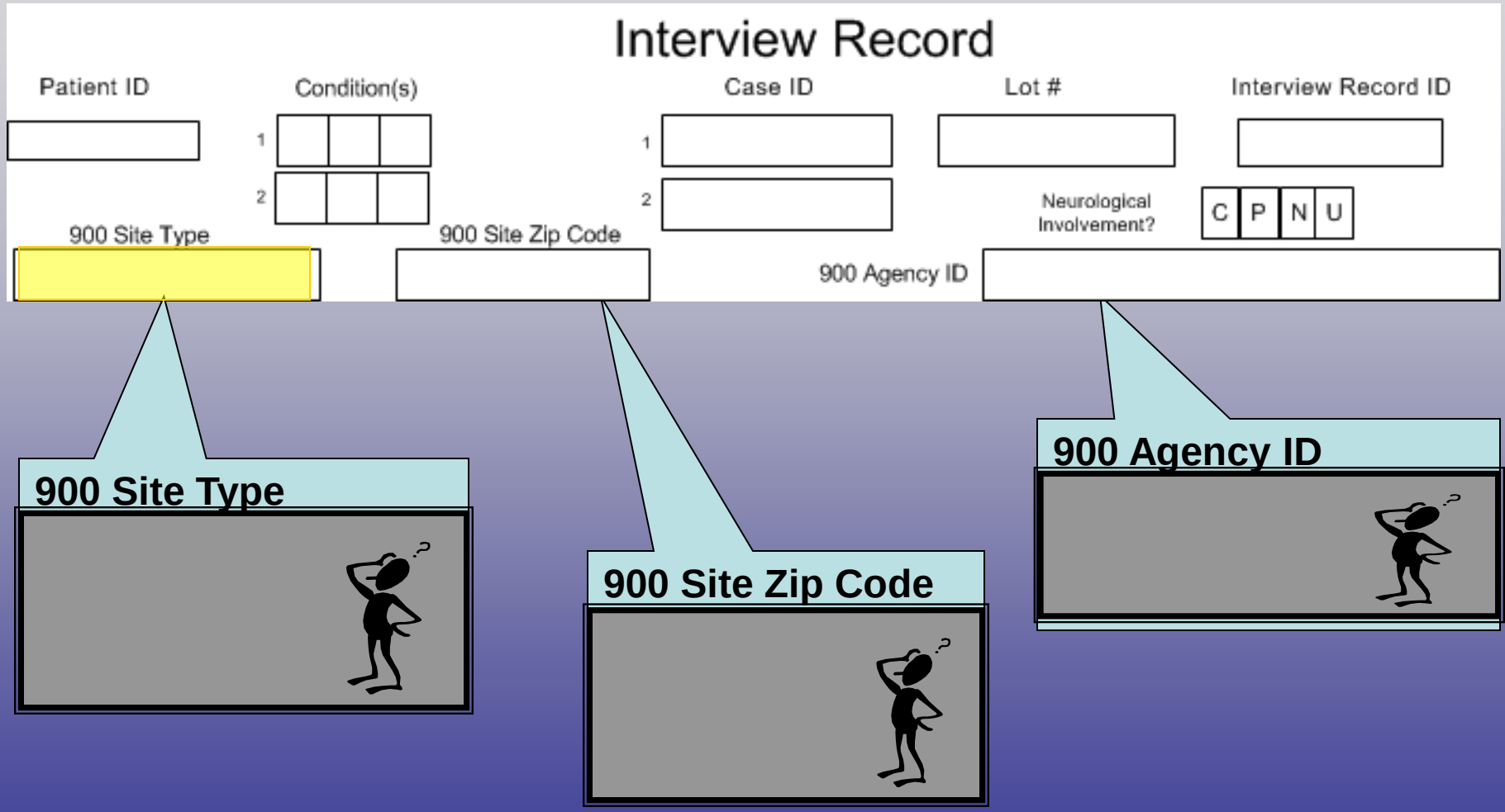
Interview Record
Patient ID
Condition(s)
1
2
Case ID
1
2
Lot #
Interview Record ID
Neurological Involvement?
C
P
N
U
900 Site Type
900 Site Zip Code
900 Agency ID
900 Site Type
900 Site Zip Code
900 Agency ID

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Menu

Name

Last Name | First Name | Middle Name

Preferred Name / AKA | Maiden Name

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

Name

Address

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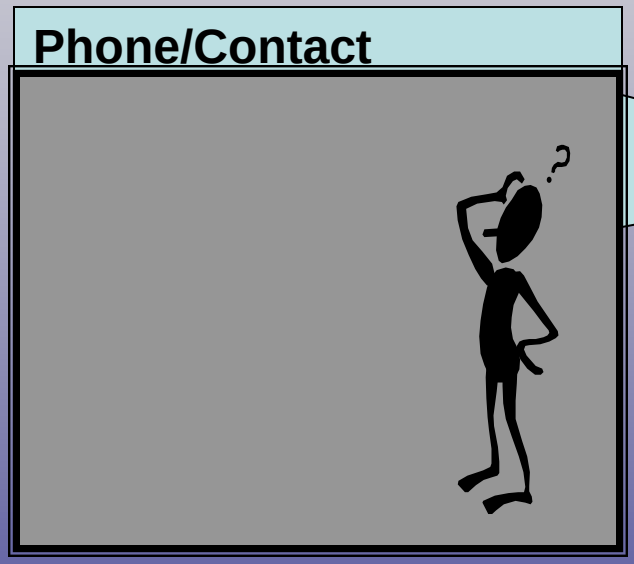


Phone/Contact

Home Phone

Work Phone

Cellular Phone

Pager

E-Mail Address(es)

Emergency Contact Name

Emergency Contact Phone

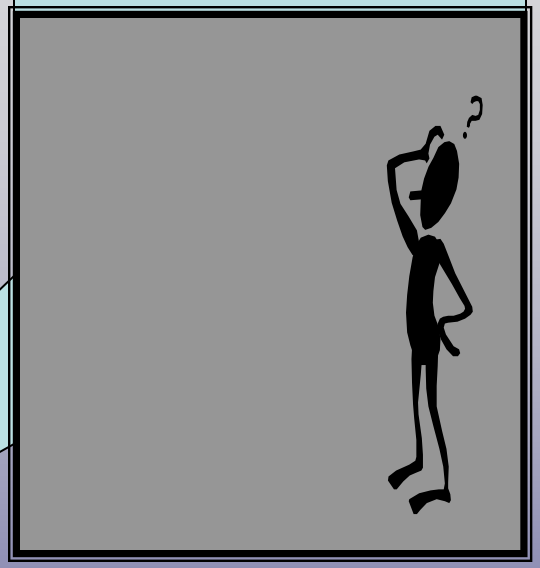
Emergency Contact Relationship

Page 1

Menu

Demographics

Sex at Birth
Current Gender



Demographics

/ / Date of Birth

Sex at Birth: M F D

Current Gender: M F MtF T FtM U R D

If additional Gender, Specify: _____

Age ___

Marital Status: S M Sep D W C U R

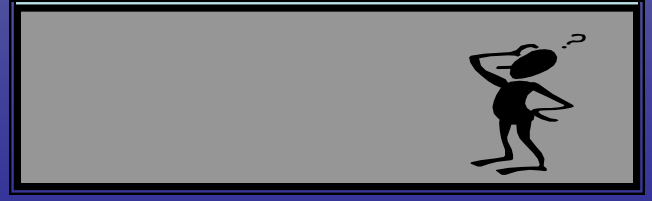
Race: AI/AN A B W NH/PI U R D

Hispanic/ Latino? Y N U R D

English Speaking? Y N U

_____ Primary Language

Race



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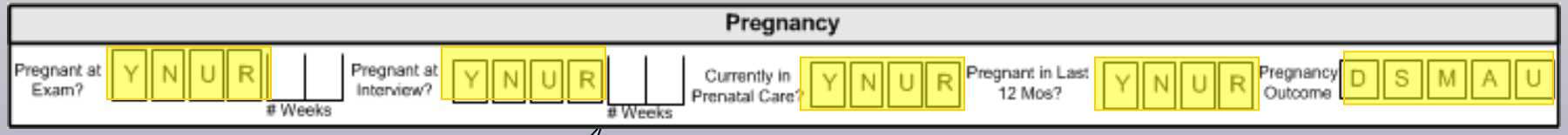
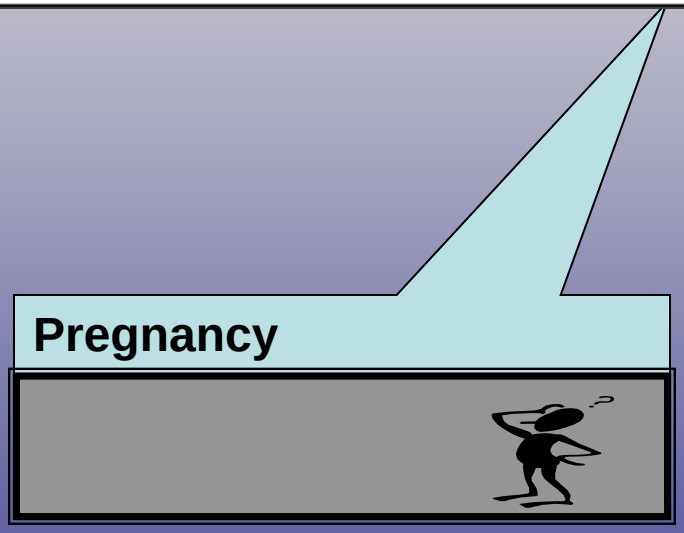
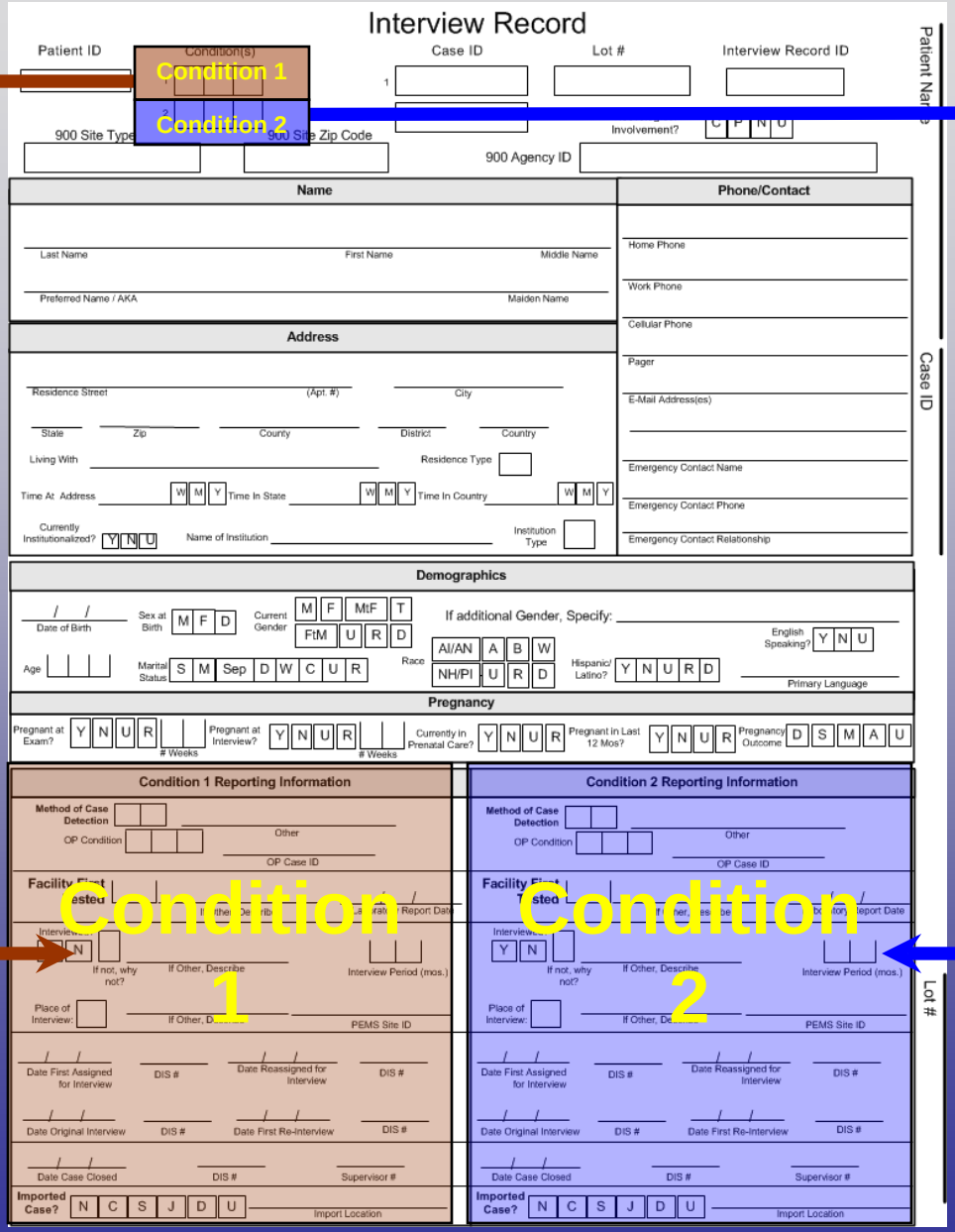




Special Note:
If the patient's condition is syphilis and responds 'Yes' to Pregnant at Exam or Pregnant in Last 12 Mos, complete the Congenital Syphilis Form in accordance with local practices/procedures.

Page 1

Menu



Special Note:

For patients with two conditions, space is provided to document key information about each condition. All fields for both conditions are identical.

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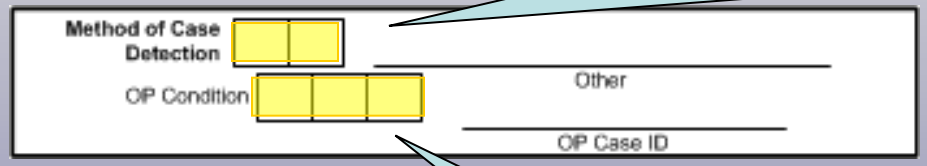
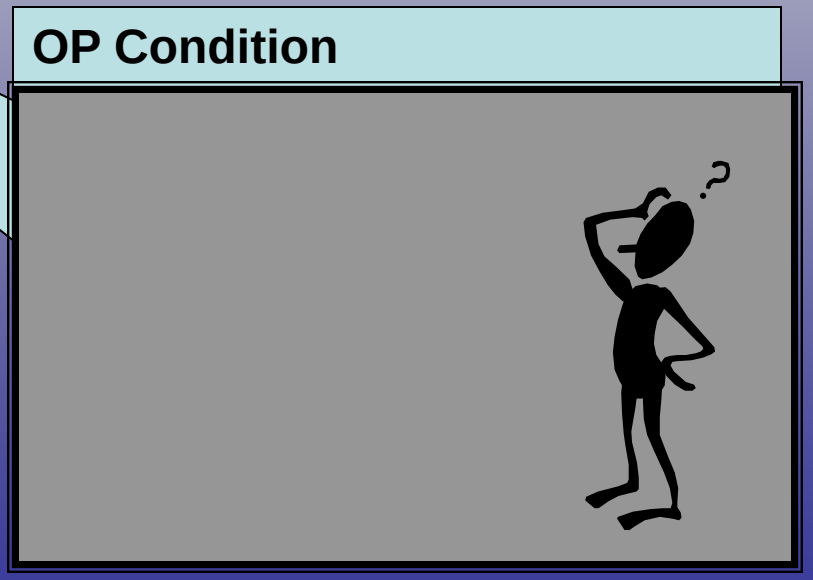


Method of Case Detection

OP Condition



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Facility First Tested

Facility First Tested _____ If Other, Describe _____ / / Laboratory Report Date

Laboratory Report Date

Special Note: If subsequent lab results are available, they should be documented on page 3 in the Testing sections.

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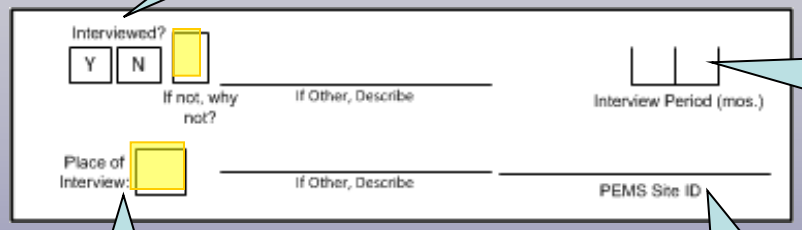
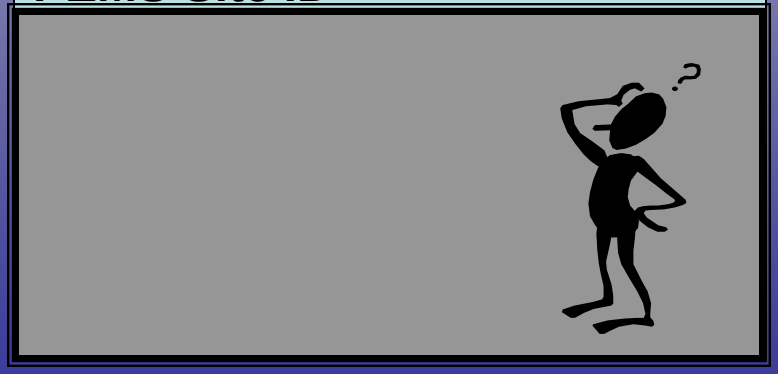
Interviewed? If not, why not



Interview Period (mos.)

Place of Interview

PEMS Site ID



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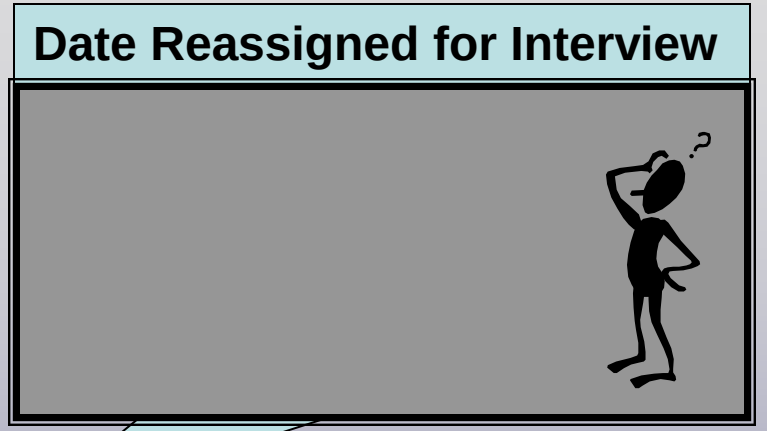
Date First Assigned for Interview

Date Reassigned for Interview



Date First Assigned for Interview	DIS #	Date Reassigned for Interview	DIS #
Date Original Interview	DIS #	Date First Re-Interview	DIS #

Date Original Interview

Date First Re-Interview

Page 1

Menu

Date Case Closed, DIS and Supervisor

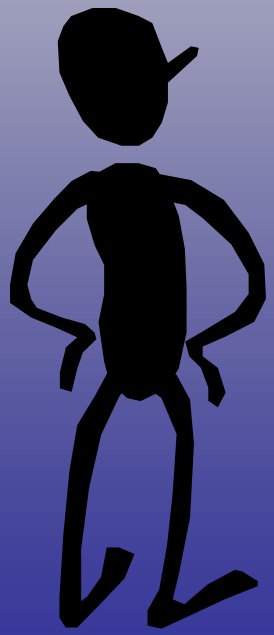
Date Case Closed _____ DIS # _____ Supervisor # _____

Imported Case? N C S J D U

Import Location _____

Imported Case?

Page 2



Page 2 Case ID

RISK FACTORS

Was behavioral risks assessed? ☐
1 Client completed a behavioral risk profile.
66 Client was not asked about behavioral risk factors
5 Client was asked but no behavioral risks were identified
77 Client declined to discuss behavioral 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: _____

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 ☐☐☐ Unknown U Refused R
Male ☐☐☐ Unknown U Refused R
Transgender ☐☐☐ 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

Partner Internet Information

Were any of the sex partners met through the internet within the last 12 months? ☐ Yes ☐ No ☐ Refused to answer ☐ Did not ask

Social History Comments

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

Page 2

Risk Factors

RISK FACTORS

Was behavioral risks assessed? ☐
1 Client completed a behavioral risk profile.
66 Client was not asked about behavioral risk factors
5 Client was asked but no behavioral risks were identified
77 Client declined to discuss behavioral 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
- ☐ Crack
- ☐ Cocaine
- ☐ Heroin
- ☐ Methamphetamines
- ☐ Nitrates/Poppers
- ☐ Erectile dysfunction medications (e.g., Viagra)
- ☐ Other, specify: _____

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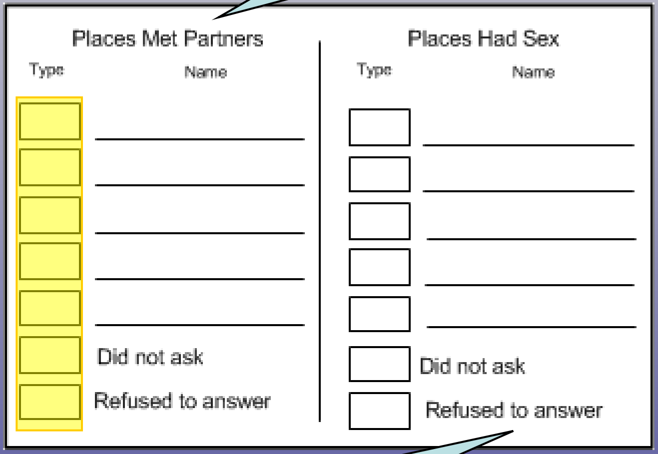
Places Met Partners



Places Met Partners		Places Had Sex	
Type	Name	Type	Name
☐	____________	☐	____________
☐	____________	☐	____________
☐	____________	☐	____________
☐	____________	☐	____________
☐	____________	☐	____________
☐	Did not ask	☐	Did not ask
☐	Refused to answer	☐	Refused to answer

Places Had Sex

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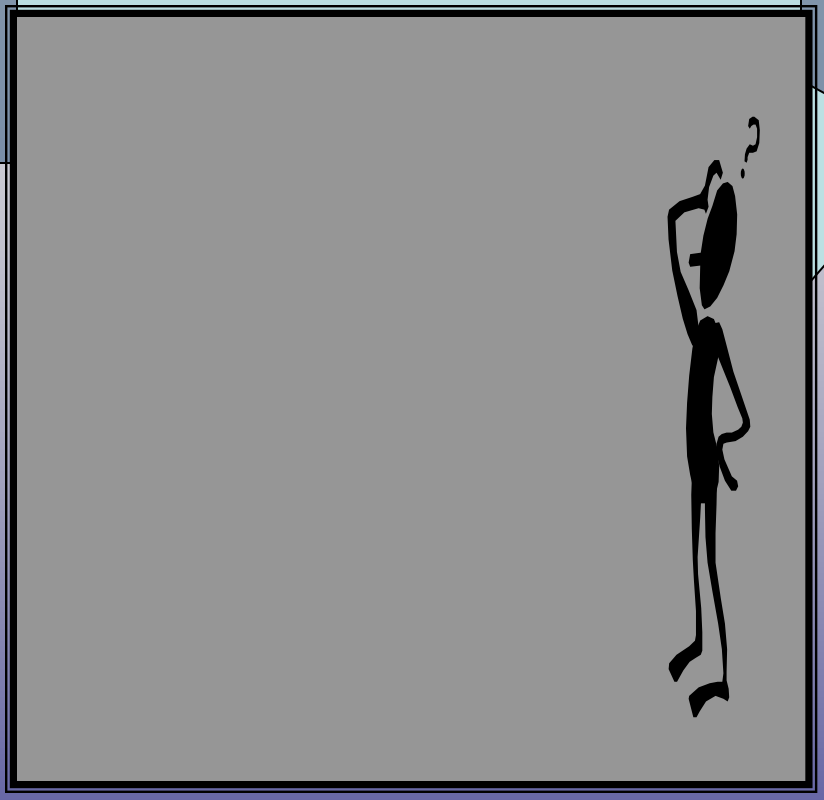
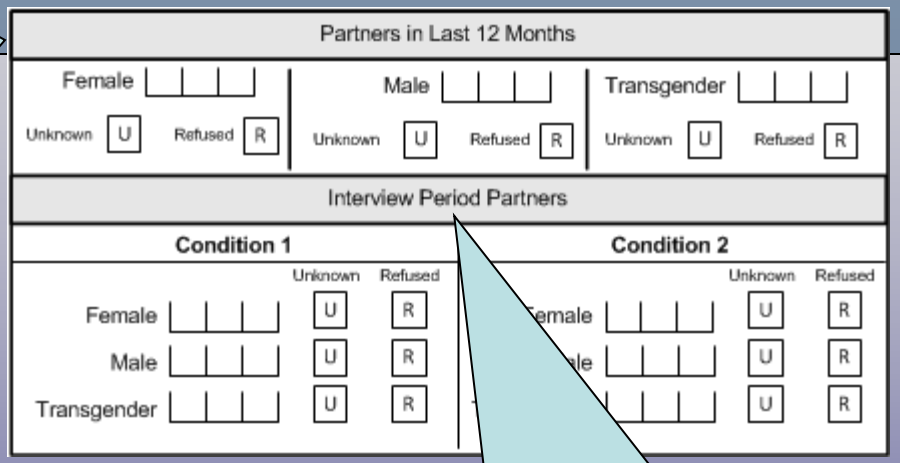
Partners in the Last 12 Months





Interview Period Partners

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Partner Internet Information							
Were any of the sex partners met through the internet within the last 12 months?	☐	Yes	☐	No	☐	Refused to answer	☐ Did not ask

Internet Partner Information

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Menu

Additional Social History Comments

Social History Comments

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

Local Use

Page 3

Menu

Page 3

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.:**

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Menu

STD Testing

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:

Special Note: HIV testing is *NOT* documented here.

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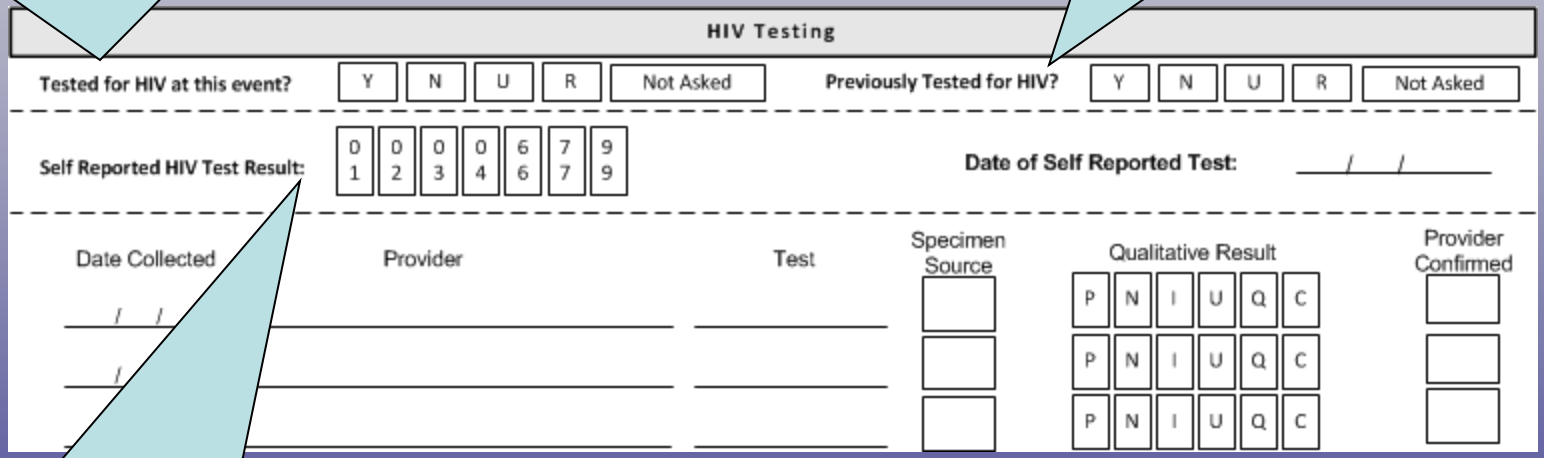
Menu

Tested for HIV at this Event?
Mark the appropriate box indicating if the patient was tested for HIV at the time of the initial screening that led to this reported condition(s)

Previously Tested for HIV?
Mark the appropriate box if the patient has tested for HIV prior to the event that led to the Original Interview



Self Reported HIV Test Result:

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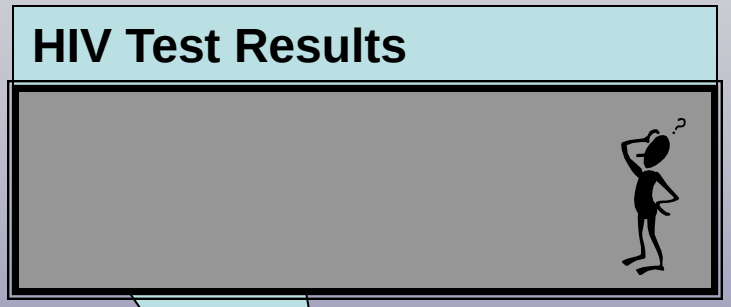
HIV Test Results



HIV Testing

Tested for HIV in the past 12 months? Y | N | U | R | Not Asked

Previously Tested for HIV? Y | N | U | R | Not Asked

Self Reported HIV 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	

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Menu

STD History

Signs and Symptoms

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.		/	/	

Page 3

Menu

STD/HIV Treatment/Counseling

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
/		
/		

Incidental Antibiotic Treatment in Last 12 Months?

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Anti-Retoviral Therapy for Diagnosed HIV Infection?

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.:			

Results Provided:

Referred to Medical Care:

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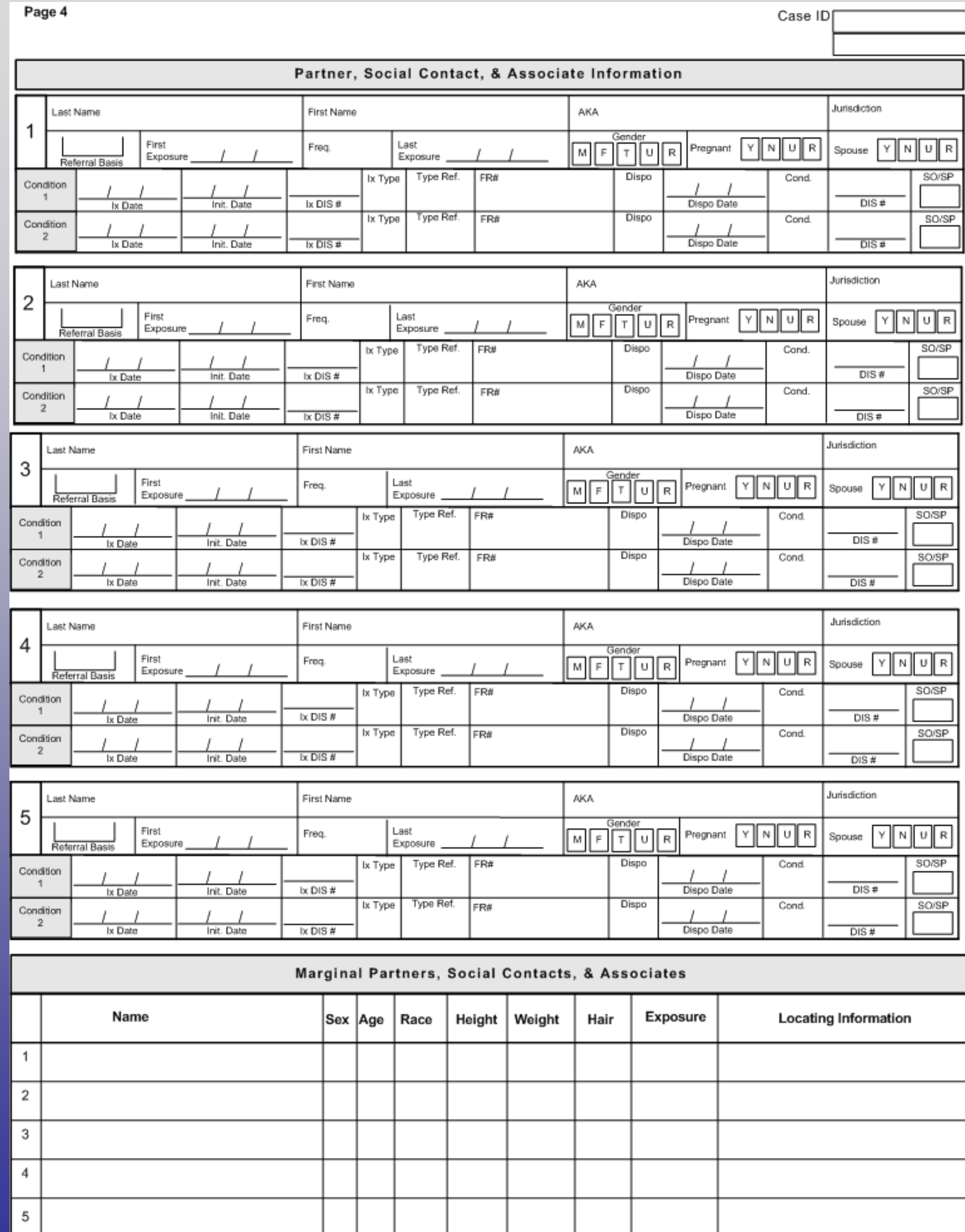

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Case ID

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									

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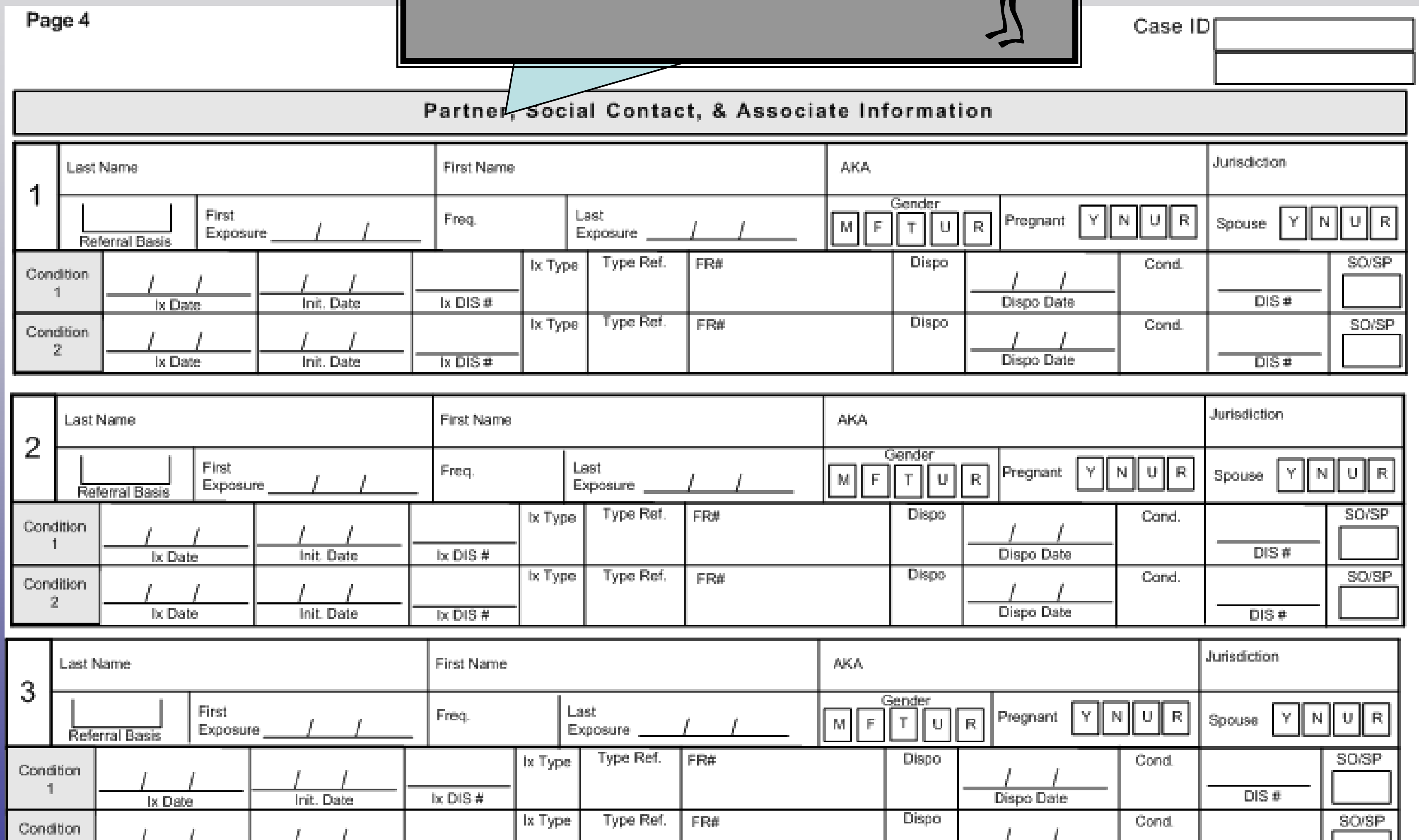
Partner/Cluster Information

Menu



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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

	Ix Date	Init. Date	Ix DIS #	Ix Type	Type Ref.	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	/ /	/ /						/ /			
Condition 2	/ /	/ /						/ /			

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

	Ix Date	Init. Date	Ix DIS #	Ix Type	Type Ref.	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	/ /	/ /						/ /			
Condition 2	/ /	/ /						/ /			

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

	Ix Date	Init. Date	Ix DIS #	Ix Type	Type Ref.	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	/ /	/ /						/ /			
Condition 2	/ /	/ /						/ /			

Special Note: If more than 5 partners, suspects or associates are initiated, another copy of Page 4 can be used.

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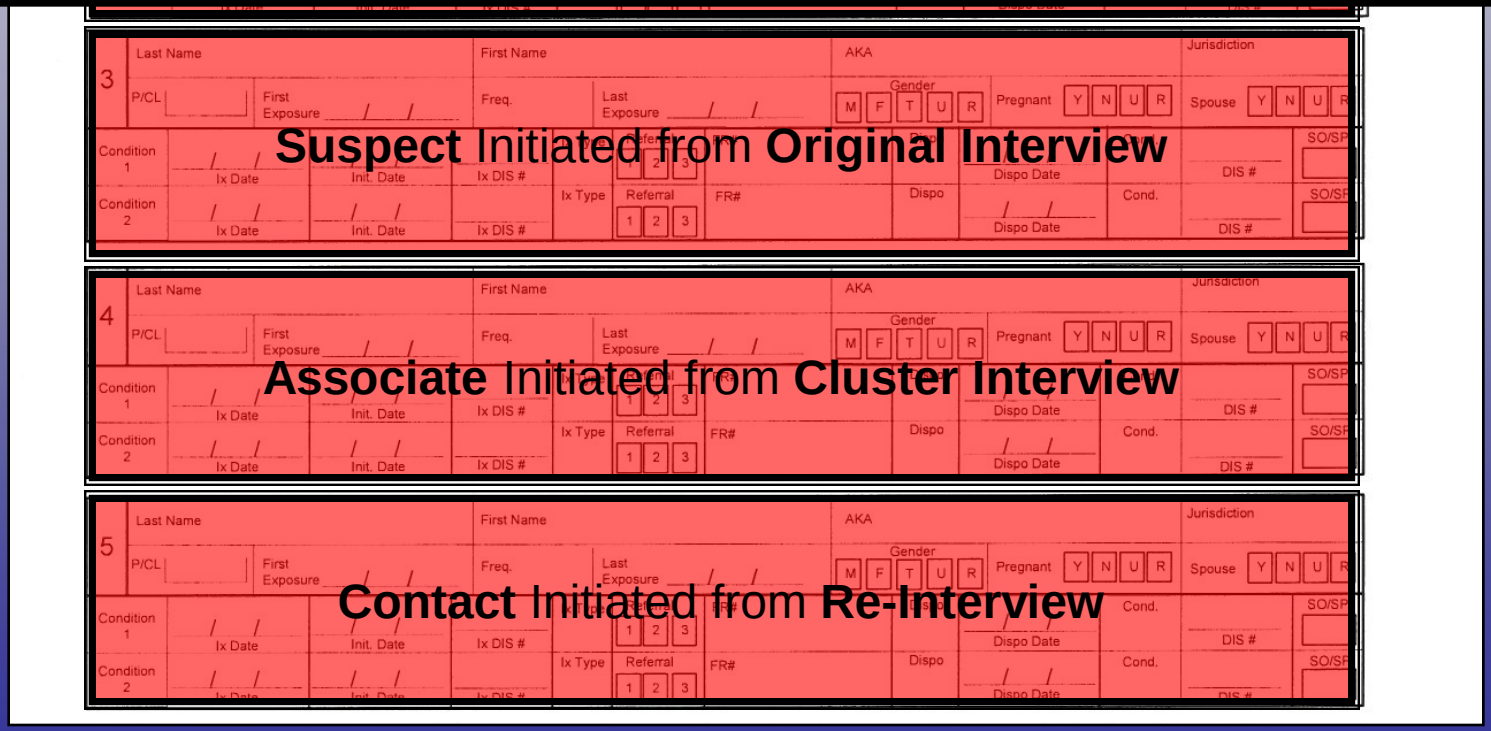
Special Note: Along with partners and suspects initiated from the Original Interview, Re-interview and cluster activities should be documented (each in a separate section).

Special Note: Clusters must be identified specifically during an interview activity (Original Interview, Re-interview, or Cluster Interview). Those identified from field screenings or other screening events should not be initiated as clusters.



Suspect Initiated from **Original Interview**

Associate Initiated from **Cluster Interview**

Contact Initiated from **Re-Interview**

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Menu

Marginal Partners

Marginal Partners, Social Contacts, & Associates									
	Name	Sex	Age	Race	Height	Weight	Hair	Exposure	Locating Information
1									
2									
3									
4									
5									

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Travel History and Internet Use

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Interview / Investigation Comments

Interview/Investigation Comments

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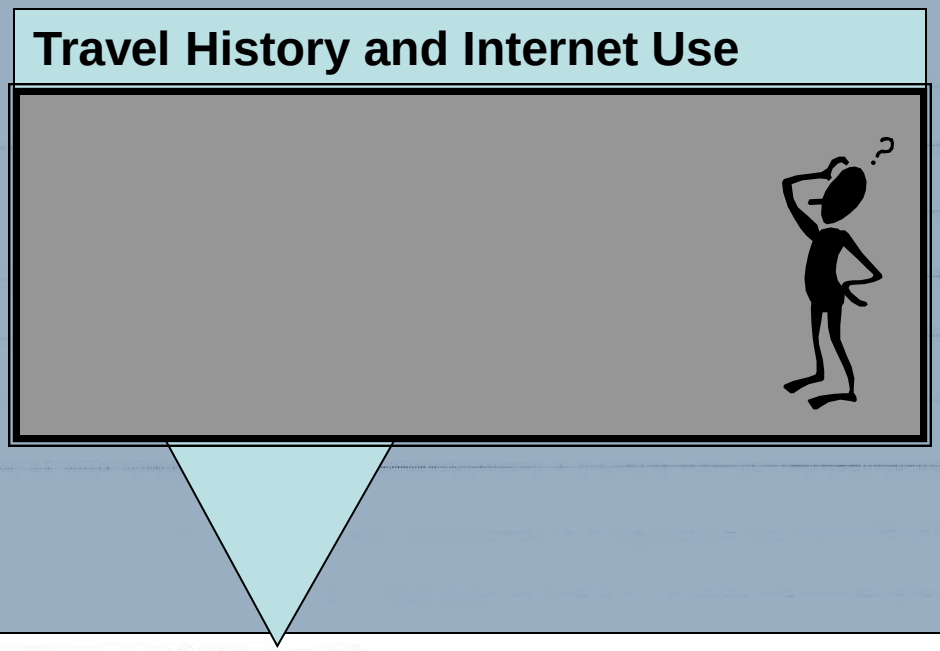
Travel History and Internet Use
Travel History and Internet Use

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Case ID

Investigation Plans & Supervisory Review

Date Submitted: ______________ Initial Review Date: ______________

Date	DIS #	DIS Investigation Plans	Date	Sup #	Supervisory Comments

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Date Submitted

Initial Review Date

Investigation Plans & Supervisory Review

Date Submitted: _____ Initial Review Date: _____

Date	DIS #	DIS Investigation Plans	Date	Sup #	Supervisory Comments

DIS Investigation Plans

Supervisor Comments

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Congratulations!

You have completed the training for the 2009 version of the Interview Record. It is recommended that you keep a copy of the *Instructions* and *Codes* readily available for quick reference.