Cluster Interview Template

Person Being Interviewed: _____

OP Case # & DX _____ ☐☐☐ _____ ☐☐☐

Relationship to OP: _____

Partner ☐ Social ☐ Associate ☐ Type: _____

Worker ☐☐☐

Interview Date ___/___/___

Lot No.

Medical Status/Hist. of Interviewee:

AKAs/internet info (Screen names, e-mail address, etc):

Cluster Interview Instructions:

P = Pursue
C = Covered

	P	C			P	C	
1	☐	☐		7	☐	☐	
2	☐	☐		8	☐	☐	
3	☐	☐		9	☐	☐	
4	☐	☐		10	☐	☐	
5	☐	☐		11	☐	☐	
6	☐	☐		12	☐	☐	

Risk Factors

Within the last 12 months, has the client reported:

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

Y/O/U/N/R/D		Y/N/R/D	
☐	No risk identified.	☐	Sex without using a condom?
☐	Sex with male?	☐	Engaged in injection drug use?
☐	Sex with female?	☐	Shared injection drug equipment?
☐	Sex with transgender?		

Optional for 900 negative contacts

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

900 PS Information — **Complete on all 900 Partners regardless of testing status**

Interviewed?: ☐☐

Sex at Birth: M F D

If additional Gender, Specify: _____

Notifiability: ☐☐

Notification Plan: ☐☐

Actual Notification Method Used: ☐☐

Self-Reported Results: ☐☐

___/___/___
Date of Last 900

Referred to Testing: ☐

___/___/___
Referral Date

Testing Performed: ☐

Referral Test Result: ☐

900 Result Provided: ☐

Interview Notes

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

Additional Notes