

# Interview Record

Patient ID <input type="text" value="1"/>	Condition(s) 1 <input type="text" value="2"/> 2 <input type="text"/>	Case ID 1 <input type="text" value="3"/> 2 <input type="text"/>	Lot # <input type="text" value="4"/>	Interview Record ID <input type="text" value="5"/>
900 Site Type <input type="text" value="7"/>	900 Site Zip Code <input type="text" value="8"/>	900 Agency ID <input type="text" value="9"/>	Neurological Involvement? C <input type="text" value="6"/> U	

Patient Name

Case ID

Name	Phone/Contact
<input type="text" value="10"/>	
Last Name <input type="text"/>	Home Phone <input type="text"/>
First Name <input type="text"/>	Work Phone <input type="text"/>
Middle Name <input type="text"/>	Cellular Phone <input type="text"/>
Preferred Name / AKA <input type="text"/>	Maiden Name <input type="text"/>
<b>Address</b>	
<input type="text" value="11"/>	
Residence Street <input type="text"/>	City <input type="text"/>
(Apt. #) <input type="text"/>	State <input type="text"/>
State <input type="text"/>	Zip <input type="text"/>
County <input type="text"/>	District <input type="text"/>
District <input type="text"/>	Country <input type="text"/>
Country <input type="text"/>	Living With <input type="text" value="12"/>
Living With <input type="text"/>	Residence Type <input type="text" value="13"/>
Time At Address <input type="text" value="14"/> W M Y	Time In State <input type="text"/> W M Y
Time In State <input type="text"/>	Time In Country <input type="text"/> W M Y
Time In Country <input type="text"/>	Currently Institutionalized? <input type="text" value="15"/> Y
Currently Institutionalized? <input type="text"/>	Name of Institution <input type="text"/>
Name of Institution <input type="text"/>	Institution Type <input type="text"/>
Institution Type <input type="text"/>	Emergency Contact Name <input type="text"/>
Emergency Contact Name <input type="text"/>	Emergency Contact Phone <input type="text"/>
Emergency Contact Phone <input type="text"/>	Emergency Contact Relationship <input type="text"/>
Emergency Contact Relationship <input type="text"/>	<input type="text" value="16"/>

Case ID

Demographics	
Date of Birth <input type="text" value="17"/>	Sex at Birth <input type="text" value="18"/> M F Current Gender <input type="text"/> M F MtF T
Age <input type="text"/>	If additional Gender, Specify: <input type="text"/>
Marital Status <input type="text" value="19"/> S Sep D W C U R	Race <input type="text" value="20"/> A/W A B W N U R D
Race <input type="text"/>	Hispanic/Latino? <input type="text" value="21"/> Y N U
Hispanic/Latino? <input type="text"/>	English Speaking? <input type="text" value="22"/> Y
English Speaking? <input type="text"/>	Primary Language <input type="text"/>

Pregnancy	
Pregnant at Exam? <input type="text" value="23"/> Y N U R	Pregnant at Interview? <input type="text"/> Y N U R
# Weeks <input type="text"/>	# Weeks <input type="text"/>
Currently in Prenatal Care? <input type="text"/> Y N U R	Pregnant in Last 12 Mos? <input type="text"/> Y N U R
Pregnant in Last 12 Mos? <input type="text"/>	Pregnancy Outcome <input type="text"/> D S M A U

Condition 1 Reporting Information	Condition 2 Reporting Information
Method of Case Detection <input type="text" value="24"/>	Method of Case Detection <input type="text"/>
OP Condition <input type="text"/>	OP Condition <input type="text"/>
Other <input type="text"/>	Other <input type="text"/>
OP Case ID <input type="text"/>	OP Case ID <input type="text"/>
Facility First Tested <input type="text" value="25"/>	Facility First Tested <input type="text"/>
If Other, Describe <input type="text"/>	If Other, Describe <input type="text"/>
Laboratory Report Date <input type="text" value="26"/>	Laboratory Report Date <input type="text"/>
Interviewed? <input type="text" value="27"/> Y	Interviewed? <input type="text"/> Y N
If not, why not? <input type="text"/>	If not, why not? <input type="text"/>
If Other, Describe <input type="text"/>	If Other, Describe <input type="text"/>
Interview Period (mos.) <input type="text" value="28"/>	Interview Period (mos.) <input type="text"/>
Place of Interview: <input type="text" value="29"/>	Place of Interview: <input type="text"/>
If Other, Describe <input type="text"/>	If Other, Describe <input type="text"/>
PEMS Site ID <input type="text" value="30"/>	PEMS Site ID <input type="text"/>
Date First Assigned for Interview <input type="text" value="31"/>	Date First Assigned for Interview <input type="text"/>
DIS # <input type="text"/>	DIS # <input type="text"/>
Date Reassigned for Interview <input type="text" value="32"/>	Date Reassigned for Interview <input type="text"/>
DIS # <input type="text"/>	DIS # <input type="text"/>
Date Original Interview <input type="text" value="33"/>	Date Original Interview <input type="text"/>
DIS # <input type="text"/>	DIS # <input type="text"/>
Date First Re-Interview <input type="text"/>	Date First Re-Interview <input type="text"/>
DIS # <input type="text"/>	DIS # <input type="text"/>
Date Case Closed <input type="text" value="34"/>	Date Case Closed <input type="text"/>
DIS # <input type="text"/>	DIS # <input type="text"/>
Supervisor # <input type="text"/>	Supervisor # <input type="text"/>
Imported Case? <input type="text" value="35"/> N S J D U	Imported Case? <input type="text"/> N C S J D U
Import Location <input type="text"/>	Import Location <input type="text"/>

Lot #

4



STD Testing						
Date Collected	Provider	(45)	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? <input type="checkbox"/> Y <input checked="" type="checkbox"/> (46) <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R <input type="checkbox"/> Not Asked	Previously Tested for HIV? <input type="checkbox"/> Y <input checked="" type="checkbox"/> (47) <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R <input type="checkbox"/> Not Asked														
Self Reported HIV Test Result: <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">6</td><td style="border: 1px solid black; padding: 2px;">7</td><td style="border: 1px solid black; padding: 2px;">9</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">1</td><td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">3</td><td style="border: 1px solid black; padding: 2px;">4</td><td style="border: 1px solid black; padding: 2px;">6</td><td style="border: 1px solid black; padding: 2px;">7</td><td style="border: 1px solid black; padding: 2px;">9</td></tr> </table> <span style="margin-left: 20px;">(48)</span>	0	0	0	0	6	7	9	1	2	3	4	6	7	9	Date of Self Reported Test: ___ / ___ / ___
0	0	0	0	6	7	9									
1	2	3	4	6	7	9									

Date Collected	Provider	(49)	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	(50)	Anatomic Site	Clinician Observed?	Patient Described?	Duration (Days)
1. □	___ / ___ / ___		□	□	□	_____
2. □	___ / ___ / ___		□	□	□	_____
3. □	___ / ___ / ___		□	□	□	_____
If Other, Please Describe: _____						

STD History			
Previous STD History? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R <span style="float: right;">(51)</span>			
Condition	Dx Date (mm/yyyy)	Rx Date (mm/yyyy)	Confirmed?
1. □ □ □	___ / ___ / ___	___ / ___ / ___	□
2. □ □ □	___ / ___ / ___	___ / ___ / ___	□
3. □ □ □	___ / ___ / ___	___ / ___ / ___	□

STD/HIV Treatment/Counseling (52)		
Treatment Date	Provider	Drug and Dosage
___ / ___ / ___	_____	_____
___ / ___ / ___	_____	_____
___ / ___ / ___	_____	_____

Treatment Comments: \_\_\_\_\_

Incidental Antibiotic Treatment in Last 12 Months? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <span style="float: right;">(53)</span>
Rx Date (mm/yyyy)                      Drug/Dosage/Duration                      Condition
___ / ___ / ___                      _____                      _____
___ / ___ / ___                      _____                      _____

Anti-Retroviral Therapy for Diagnosed HIV Infection? In Last 12 Months? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R <span style="float: right;">(54)</span> Ever? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R
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Results Provided: <input type="checkbox"/> Y <input type="checkbox"/> N <span style="float: right;">(55)</span>	900+ Only:	Referred to Medical Care: <input type="checkbox"/> Y <input type="checkbox"/> N <span style="float: right;">(56)</span>	If Yes, did Client Attend First Appt.: <input type="checkbox"/> <input type="checkbox"/>
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**Interview / Investigation Comments** (76)

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**Travel History and Internet Use** (77)

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Interview Record Codes			
Condition/Disease/Diagnosis	Institution Types	Y/N/U/R/D	Time
030 - HepB acute w/o delta 031 - HepB acute w/ delta 033 - HepB chronic w/o 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-Gonococcal Urethritis (NGU) 450 - Mucopurulent Cervicitis (MPC) 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 790 - Syphilis, congenital 800 - Genital Warts 850 - Herpes 900 - HIV Infection 950 - AIDS (Syndrome) 951 - Recounsel for previous AIDS case	<b>2</b> <b>24</b> <b>51</b> <b>72</b> <b>15</b> <b>19</b> <b>20</b> <b>21</b> <b>23</b> <b>25</b> <b>18</b> <b>61</b>	<b>14</b> <b>24</b> <b>27</b> <b>29</b> <b>35</b> <b>45</b> <b>49</b> <b>50</b> <b>45</b> <b>49</b> <b>39</b> <b>48</b>	<b>14</b> <b>24</b> <b>27</b> <b>29</b> <b>35</b> <b>45</b> <b>49</b> <b>50</b> <b>45</b> <b>49</b> <b>39</b> <b>48</b>
<b>Neurological Involvement</b>	<b>6</b>	<b>21</b>	<b>50</b>
C - Yes, Confirmed P - Yes, Probable N - No U - Unknown		Y - Yes, Hispanic/Latino N - No, not Hispanic/Latino U - Unknown R - Refused to Answer D - Did not ask	A - Anus/Rectum B - Penis C - Scrotum D - Vagina E - Cervix F - Naso-Pharynx G - Mouth/Oral Cavity H - Eye-Conjunctiva I - Head J - Torso K - Extremities (Arms, Legs, Feet, Hands) N - Not Applicable (N/A) O - Other U - Unknown
<b>Residence Type</b>	<b>13</b>	<b>23</b>	<b>50</b>
A - Apartment B - Mobile Home C - Migrant Camp D - Dorm G - Group Home H - House/Condo J - Jail M - Hotel/Motel N - Homeless O - Other P - Prison Q - Mental Health Center R - Rehabilitation Center U - Unknown X - Drug Treatment/Detox Center Y - Juvenile Detention		D - Live Birth S - Stillborn M - Miscarriage A - Abortion U - Unknown	A - Anus/Rectum B - Penis C - Scrotum D - Vagina E - Cervix F - Naso-Pharynx G - Mouth/Oral Cavity H - Eye-Conjunctiva I - Head J - Torso K - Extremities (Arms, Legs, Feet, Hands) N - Not Applicable (N/A) O - Other U - Unknown
<b>Gender/Sex:</b>	<b>18</b>	<b>25</b>	<b>50</b>
M - Male F - Female MtF - Male to Female Transsexual FtM - Female to Male Transsexual T - Transgender unspecified U - Unknown R - Refused to Answer D - Did not ask		<b>01</b> - HIV Counseling/Testing Site <b>02</b> - STD Clinic <b>03</b> - Drug Treatment <b>04</b> - Family Planning <b>05</b> - RETIRED (Not to be used) <b>06</b> - TB Clinic <b>07</b> - Other HD Clinic <b>08</b> - Private MD/HMO <b>09</b> - RETIRED (Not to be used) <b>10</b> - Hospital (ER) <b>11</b> - Correctional facility <b>12</b> - Lab <b>13</b> - Blood Bank <b>14</b> - Labor and Delivery <b>15</b> - Prenatal <b>16</b> - Job Corps <b>17</b> - School-based Clinic <b>18</b> - Mental Health Services <b>29</b> - Hospital - (Other) <b>66</b> - Indian Health Services <b>77</b> - Military <b>88</b> - Other <b>99</b> - Unknown	<b>50</b>
<b>Self Reported HIV Test Results</b>			<b>48</b>
<b>01 - Positive</b> The patient reports that his/her HIV serostatus is positive based on a confirmatory test result. <b>02 - Negative</b> The patient reports that his/her HIV serostatus is negative. <b>03 - Preliminary positive</b> The patient reports that he/she received a "Preliminary positive" test result (i.e., the patient had a reactive HIV rapid test but did not receive the results of the associated conventional confirmatory test). <b>04 - Indeterminate</b> The patient reports that he/she received an "Indeterminate" test result (i.e., the patient received results but those results did not conclusively indicate whether he/she is HIV-positive or HIV-negative). <b>66 - Not asked</b> The provider did not ask the patient about his/her HIV serostatus. <b>77 - Declined</b> The patient declines or is unwilling to report his/her HIV serostatus. <b>99 - Don't know</b> The patient reports that he/she is unaware of his/her HIV serostatus			<b>48</b>

Interview Record Code				
Sexual Risk Responses	Y-Yes, Anal or Vaginal Intercourse (with or without Oral Sex)	N-No	37	
	O-Yes, Oral Sex Only	R-Refused to Answer		
	U-Unspecified Type of Sex	D-Did Not Ask		
Signs/Symptoms		STD History		
<b>50</b> <b>A</b> - Discharge or MPC <b>B</b> - Chancre, Sores, Lesions, or Ulcers <b>C</b> - Rash <b>D</b> - Dysuria <b>E</b> - Itching <b>F</b> - Alopecia (Hair loss) <b>G</b> - Condylomata Lata <b>H</b> - Bleeding <b>I</b> - Pharyngitis (Sore Throat) <b>J</b> - Painful Sex <b>K</b> - Abdominal Pain <b>L</b> - Swelling/Inflammation <b>M</b> - Mucous Patch <b>N</b> - Lymphadenopathy <b>O</b> - Other <b>P</b> - Balanitis <b>Q</b> - Fever <b>R</b> - Cervical Friability <b>S</b> - Ectopy <b>T</b> - Epididymitis <b>V</b> - Proctitis <b>W</b> - Adnexal tenderness/Cervical motion tenderness		<b>51</b> <b>Y</b> - Yes, patient has a history of STD <b>N</b> - No, patient has never had a prior STD <b>U</b> - Unknown if patient has had a prior STD <b>R</b> - Patient refused to answer any questions regarding prior STD History		
		Interview Type		
		<b>67</b> <b>O</b> - <i>Original Interview</i> the initial interview with an infected patient. <b>R</b> - <i>Re-Interview</i> any interview after the Original Interview of an infected patient. <b>C</b> - <i>Cluster Interview</i> any interview of a partner, social contact, or associate to better understand a social/sexual network. <b>U</b> - <i>Unable to interview</i> may include situations where the original patient was not interviewed, but partner, social contact, or associate were initiated from other activities.		
Referral		<b>68</b> <b>1</b> - <u>Client</u> : No health department involvement in the referral of this partner, social contact, or associate. <b>2</b> - <u>Provider</u> : DIS or other health department staff were involved in the referral of this partner, social contact, or associate. <b>3</b> - <u>Dual</u> : The HIV-infected patient informs the partner of his/her serostatus in the presence of the PS provider. <b>4</b> - <u>Contract</u> : The PS provider and HIV-infected patient negotiate a time frame for the patient to inform his or her partners of their possible exposure to HIV. If the patient is unable to inform a partner within an agreed-upon time, the provider has the permission to notify and refer partners to HIV counseling, testing, and other support services. <b>5</b> - <u>Third Party</u> : Notification of patient conducted by non-health department provider.		
Referral Basis <b>59</b>		900 Site Type		
<b>PARTNER</b> -Persons having sexual activities (of any type) or sharing needles with the Index patient. <b>P1</b> - Sex Partner <b>P2</b> - Needle sharing Partner <b>P3</b> - Both Sex and Needle sharing Partner  <b>SOCIAL CONTACT</b> - Persons named by an infected person (e.g., the Index patient or an infected partner or cluster) <b>S1</b> - Person who has or had symptoms suggestive of the Condition(s) documented. <b>S2</b> - Person who is named as a sex partner of a known infected person. <b>S3</b> - Any other person who would benefit from an exam  <b>ASSOCIATE</b> -Persons named by an uninfected partner or cluster <b>A1</b> - Person who has or had symptoms suggestive of the Condition(s) documented. <b>A2</b> - Person who is named as a sex partner of a known infected person. <b>A3</b> - Any other person who would benefit from an exam  <b>Cohort - C1</b> - A person identified through outreach screening efforts as a result of case investigation (i.e., common geographical area of residence or hangout). The person was <b>not individually named</b> by anyone interviewed during case investigation.		<b>F01.01</b> Clinical – Inpatient hospital <b>F02.12</b> Clinical – TB clinic <b>F02.19</b> Clinical – Substance abuse treatment facility <b>F02.51</b> Clinical – Community health clinic <b>F03</b> Clinical – Emergency department <b>F08</b> Clinical – Primary Care Clinic (other than CHC) <b>F09</b> Clinical – Pharmacy or other retail-based clinic <b>F10</b> Clinical – STD clinic <b>F11</b> Clinical – Dental clinic <b>F12</b> Clinical – Correction facility clinic <b>F13</b> Clinical – Other <b>F04.05</b> Non-clinical – HIV testing site <b>F06.02</b> Non-clinical – School/educational facility <b>F06.03</b> Non-clinical – Community setting – Church/mosque/synagogue/temple <b>F06.04</b> Non-clinical – Community setting – Shelter/transitional housing <b>F06.05</b> Non-clinical – Community setting – Commercial facility <b>F06.07</b> Non-clinical – Community setting – Bar/club/adult entertainment <b>F06.08</b> Non-clinical – Community setting – Public area <b>F06.12</b> Non-clinical –Community setting – Individual residence <b>F06.88</b> Non-clinical – Community setting - Other	<b>F07</b> Non-clinical – Correctional facility – non-healthcare <b>F14</b> Non-clinical – Health department – field visit <b>F15</b> Non-clinical – Community setting – Syringe exchange program <b>F88</b> Non-clinical – Other	<b>7</b>
		<b>Did Client Attend 1<sup>st</sup> Medical Appointment</b> <b>1</b> - Pending <b>2</b> - Confirmed - Accessed service <b>3</b> - Confirmed - Did not access service <b>4</b> - Lost to follow-up after 90 days of referral date <b>5</b> - No follow-up <b>99</b> - Don't know		<b>56</b>
		Source/Spread		
		<b>74</b> <b>SO</b> - The source of infection for the original patient <b>SP</b> - A spread from the original patient. <b>U</b> - Partner infection is <u>not related to the original patient</u> . <b>UN</b> (Unknown) - It is unknown whether a partner infection is related to the original patient.	<b>56</b> <b>0</b> No, client was not referred to HIV medical care/evaluation/treatment. <b>1</b> Yes, referred to HIV medical care/examination/treatment.	
		Referred to Medical Care		
		STD Dispositions		
		<b>70</b> <b>A</b> - Preventative Treatment <b>B</b> - Refused Preventative Treatment <b>C</b> - Infected, Brought to Treatment <b>D</b> - Infected, Not Treated <b>E</b> - Previously Treated for This Infection <b>F</b> - Not Infected <b>G</b> - Insufficient Information to Begin Investigation <b>H</b> - Unable to Locate <b>I</b> - Successful Interview/Recounsel <b>J</b> - Located, Not Examined, Treated, and/or Interview <b>K</b> - Sent Out Of Jurisdiction <b>L</b> - Other <b>Q</b> - Administrative Closure <b>V</b> - Domestic Violence Risk <b>X</b> - Patient Deceased <b>Z</b> - Previous Preventative Treatment	<b>HIV Dispositions</b> <b>1</b> - Previous Positive <b>2</b> - Previous Negative, New Positive <b>3</b> - Previous Negative, Still Negative <b>4</b> - Previous Negative, Not Re-tested <b>5</b> - Not Previously Tested, New Positive <b>6</b> - Not Previously Tested, New Negative <b>7</b> - Not Previously Tested, Not Tested Now <b>G</b> - Insufficient Information to Begin Investigation <b>H</b> - Unable to Locate <b>J</b> - Located, Refused Counseling and/or Testing <b>K</b> - Out Of Jurisdiction <b>L</b> - Other	

### Interview Record Instructions

The Centers for Disease Control and Prevention (CDC) Interview Record is primarily designed for use by state and local Disease Intervention Specialists (DIS) who interview individuals with sexually transmitted diseases (STDs), including HIV/AIDS and other related conditions, and conduct sex and needle sharing partner notifications and referrals. This instrument is meant to assist DIS and their managers in documenting and evaluating case management activities according to local program priorities and/or regulations. State and local program priorities and regulations will also determine what types of information should be documented and retained on this form. A small portion of the information recorded within this document will be transmitted to CDC.

Though some data elements (excluding personal identifiers, i.e. names, addresses, telephone numbers, etc.) will be forwarded to CDC, this form does not represent a document that is to be used for federal data collection purposes in its entirety. Also, this form and accompanying documentation is an example of an Interview Record that can be used by local and state programs and is made available for local and state program use and adaptation.

These instructions describe how to complete the interview record form. Each numbered item in the instructions corresponds to a number on the sample interview record form.

**NOTE:** The "Month/Day/Year" (MM/DD/YYYY) format should be utilized for **all** date fields on this record, unless otherwise specified.

**1 Patient ID Number:** Document the patient ID number for this person, if known or applicable.  
**NOTE:** If using a computerized system, this number may be assigned by the software system.

**2 Condition:** Document the specific disease code for the diagnosed and/or interviewed condition. Conditions will be interviewed for and/or documented on an interview form depending on local programmatic procedures and policies in place.

030 - HepB acute w/o delta	450 - Mucopurulent Cervicitis (MPC)
031 - HepB acute w/ delta	490 - PID Syndrome
033 - HepB chronic w/o delta	500 - Granuloma Inguinale
034 - HepB chronic w/ delta	600 - Lymphogranuloma Venereum (LGV)
042 - Hepatitis delta	710 - Syphilis, primary
051 - Hepatitis C, acute	720 - Syphilis, secondary
053 - Hepatitis E	730 - Syphilis, early latent
054 - Hepatitis C, chronic	740 - Syphilis, unknown duration
070 - Hepatitis, unknown	745 - Syphilis, late latent
100 - Chancroid	750 - Syphilis, late w/ symptoms
200 - Chlamydia	800 - Genital Warts
300 - Gonorrhea (uncomplicated)	850 - Herpes
350 - Resistant Gonorrhea	900 - HIV Infection
400 - Non-Gonococcal Urethritis (NGU)	950 - AIDS (Syndrome)

**Second Condition:** Document a 2<sup>nd</sup> Condition, if one exists, using same list as above for disease(s) interviewed.

**3 Case ID(s) Number:** Document the case ID number(s) for the corresponding condition(s).  
**NOTE:** If using a computerized system, this number may be assigned by the software system.

**4 Lot #:** Document the locally assigned lot number, if applicable.

**5 Interview Record ID Number:** Document the interview record number for this case, if known. This number is used for data processing/control purposes to link related cases.

**NOTE:** If using a computerized system, this number may be assigned by the software system.

**6 Neurological Involvement?:** Document the appropriate response of Yes, Confirmed; Yes, Probable; No; or Unknown.

**NOTE:** This field is only needed if the patient's condition is Syphilis. A reactive CSF-VDRL is needed for confirmation of neurological involvement.

**7 900 Site Type:** The setting in which HIV prevention services are provided. Select the site type from the list provided that best represents the setting and/or primary type of services offered at the site service delivery even though a number of services may be offered there. You can only choose one site type. Select the site type that best represents the primary services that are provided. You may select a primary category for the site type; however, only one site type may be selected.

**Note:** HIV/AIDS cases only. See page 19 for site definitions.

<b>F01.01</b>	Clinical - Inpatient hospital
<b>F02.12</b>	Clinical - TB clinic
<b>F02.19</b>	Clinical - Substance abuse treatment facility
<b>F02.51</b>	Clinical - Community health center
<b>F03</b>	Clinical - Emergency department
<b>F04.05</b>	Non-clinical - HIV testing site
<b>F06.02</b>	Non-clinical - Community setting - School/educational facility
<b>F06.03</b>	Non-clinical - Community setting - Church/mosque/synagogue/temple
<b>F06.04</b>	Non-clinical - Community Setting - Shelter/transitional housing
<b>F06.05</b>	Non-clinical - Community setting - Commercial facility
<b>F06.07</b>	Non-clinical - Community setting - Bar/club/adult entertainment
<b>F06.08</b>	Non-clinical - Community setting - Public area
<b>F06.12</b>	Non-clinical - Community setting - Individual residence
<b>F06.88</b>	Non-clinical - Community setting - Other
<b>F07</b>	Non-clinical - Correctional facility - Non-healthcare
<b>F08</b>	Clinical - Primary care clinic (other than CHC)
<b>F09</b>	Clinical - Pharmacy or other retail-based clinic
<b>F10</b>	Clinical - STD clinic
<b>F11</b>	Clinical - Dental clinic
<b>F12</b>	Clinical - Correctional facility clinic
<b>F13</b>	Clinical - Other
<b>F14</b>	Non-clinical - Health department - field visit
<b>F15</b>	Non-clinical - Community Setting - Syringe exchange program
<b>F88</b>	Non-clinical - Other

**8 900 Site Zip Code:** Document the zip code of the agency where the case was assigned. **Note:** HIV/AIDS cases only.

**9 900 Agency ID:** Document the unique NHM&E Identification Number that corresponds to the agency where the case was assigned. **Note:** HIV/AIDS cases only.

**Name**

**10 Name:** Document the patient's last, first and middle names, any aliases or nicknames (AKAs), and maiden name (as applicable).

**Address**

**11 Address:** Document the complete address where the patient currently resides. *If the patient is currently*

### Address

*institutionalized (e.g., in jail, in a group home, in a mental health facility, etc.), do not document the address of the institution unless it is determined that the condition was acquired in the institution (see item 15). Include apartment number, city, county, 2-letter abbreviation for the state, 5-digit zip code, district or region (if applicable), and country for the address where the patient resides.*

**NOTE:** If this is a temporary address, record the patient's permanent address and any other interview period addresses in the Comments section on page 5. For an institutionalized person, list the last known address where the person resided.

**12 Living With:** Document the RELATIONSHIP (such as spouse, parents, sibling, partner, roommate, etc., *not the name*) of those living with the patient.

**13 Residence Type:** Document the appropriate code in the box for the type of residence for the above address.

<b>A</b> - Apartment	<b>N</b> - Homeless
<b>B</b> - Mobile Home	<b>O</b> - Other
<b>C</b> - Migrant Camp	<b>P</b> - Prison
<b>D</b> - Dorm	<b>Q</b> - Mental Health Center
<b>G</b> - Group Home	<b>R</b> - Rehabilitation Center
<b>H</b> - House/Condo	<b>U</b> - Unknown
<b>J</b> - Jail	<b>X</b> - Drug Treatment/Detox Center
<b>M</b> - Hotel/Motel	<b>Y</b> - Juvenile Detention

**14 Time At Address:** Document the length of time the patient has lived at the current address, in this state/territory, and in the country. Also, place an "X" in the appropriate box to indicate whether the time at the corresponding location is in (**W**) weeks, (**M**) months, or (**Y**) years. If length of time is unknown, please document "UNK".

**15 Currently Institutionalized?:** Place an "X" in the appropriate box to indicate if the patient *is* institutionalized (i.e., in jail, in a group home, in a mental health facility, etc.). If institutionalized, document the *name* of the facility.

**Institution Type:** Document the appropriate code in the box for the type of facility where the patient is currently institutionalized.

<b>C</b> - College/University	<b>Q</b> - Mental Health Center
<b>G</b> - Group Home	<b>R</b> - Rehabilitation Center
<b>J</b> - Jail	<b>S</b> - School (Non-College/University)
<b>O</b> - Other	<b>X</b> - Drug Treatment/Detox Center
<b>P</b> - Prison	<b>Y</b> - Juvenile Detention

### Phone/Contact

**16 Phone/Contact:** Document the phone number(s) where the patient can be reached and the patient's e-mail address(es) if applicable. Include an emergency contact name, phone number, and relationship to patient, if available.

**NOTE:** Work address(es) can be documented within the comment section.

### Demographics

**17 Date of Birth:** Document the patient's date of birth. Leave blank if unknown.

**Age:** Document the patient's age at the time of initial exam for the earliest condition reported on this interview record. Document '0' if age is less than one year or '999' if unknown.

**18 Sex at Birth:** Place an "X" in the appropriate box for the patient's biologic sex *at birth*: male or female. Leave

blank if unknown.

**M** – Male  
**F** – Female  
**D** – Did not ask

**Current Gender:** Place an “X” in the appropriate box to indicate patient’s self identified gender.

**M** - Male  
**F** - Female  
**MTF** - Male to Female Transgender  
**FTM** - Female to Male Transgender  
**T** – Transgender unspecified  
**U** - Unknown  
**R** - Refused to Answer  
**D** - Did not ask

**If additional Gender, Specify:** Document the specific gender information of the index patient if other selections do not apply (i.e. intersex, two-spirited, etc.).

19

**Marital Status:** Place an “X” in the appropriate box indicating marital status at the time of the interview or morbidity report.

<b>S</b> - Single, Never Married	<b>W</b> - Widowed
<b>M</b> - Married	<b>C</b> - Cohabitation
<b>SEP</b> - Separated	<b>U</b> - Unknown
<b>D</b> - Divorced	<b>R</b> - Refused to Answer

20

**Race:** Place an “X” in as many boxes as applicable. Base on the racial group(s) with which the *patient* self identifies.

**AI/AN (American Indian or Alaska Native):** A person having origins in any of the original peoples of North and South America (including Central America).

**A (Asian):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**B (Black or African American):** A person having origins in any of the black racial groups of Africa.

**NH/PI (Native Hawaiian or Other Pacific Islander):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**W (White):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**U (Unknown):** The patient could not answer this question for any reason.

**R (Refused):** The patient refused to answer this question.

**D (Did not ask):** The patient was not asked racial identification.

21

**Hispanic or Latino:** Place an “X” in the appropriate box to identify the ethnic group with which the *patient* self identifies. Hispanic origin means a person of Spanish, Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Y** - Yes, Hispanic/Latino  
**N** - No, not Hispanic/Latino  
**U** - Unknown  
**R** - Refused to answer  
**D** - Did not ask

22

**English Speaking?:** Place an “X” in the appropriate box to indicate whether the patient can speak/understand English. **Y** - Yes, **N** - No, and **U** - Unknown.

**Primary Language:** Document the patient’s primary language if it is NOT English.

### Pregnancy

23

**Pregnant at Exam?:** Place an “X” in the appropriate box to indicate the patient’s pregnancy status at initial exam for the condition(s) documented on this interview record. If the patient was pregnant at the time of the initial exam, document the duration of the pregnancy in weeks at exam. **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer.

**Pregnant at Interview?:** Place an “X” in the appropriate box to indicate the patient’s pregnancy status at the time of interview for the condition(s) documented on this interview record. If the patient was pregnant at the time of the interview, document the duration of the pregnancy in weeks at interview. If the duration of the pregnancy is not known, document the patient’s best estimate. **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer.

*If the patient’s condition is syphilis and answers ‘Yes’ to either of the above questions, complete the Congenital Syphilis Form according to local practices/procedures.*

**Currently in Prenatal Care?:** Place an “X” in the appropriate box to indicate whether the patient is receiving/received prenatal care for this pregnancy. **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer.

**Pregnant in Last 12 Months?:** Determine if the patient has been pregnant during the last 12 months and place an “X” in the appropriate box. If currently pregnant, a “Yes” answer indicates that the patient had *another* pregnancy within the past 12 months, not including her current pregnancy. **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer.

**Pregnancy Outcome:** If pregnant in the last 12 months, place an “X” in the appropriate box to indicate the outcome of that pregnancy.

**D** - Live Birth  
**S** - Stillborn  
**M** - Miscarriage  
**A** - Abortion  
**U** - Unknown

### Condition(s) Reporting Information

24

**Method of Case Detection:** Document the specific method of case detection code, i.e., how the patient first came to the attention of the health department, for each condition(s).

**20 - Screening:** An asymptomatic patient was identified through screening (routine testing of populations who are asymptomatic in order to identify those with disease). Examples of screening programs include health department outreach to high-risk populations (e.g., commercial sex-workers), HIV care clinics, family planning, blood donation, corrections-based, and prenatal. This includes STD and other health department clinic visits by a client who tests positive for a condition with which they were unaware (e.g., asymptomatic walk-ins) of before being seen at the clinic.

**21 - Self-Referred:** Refers to patient who sought health services because of signs of an STD and were subsequently tested for the disease being reported. This includes symptomatic STD clinic testing.

**22 - Patient Referred Partner:** Patient referred by another infected person. This may be a named or unnamed partner. No health department involvement was necessary for this referral.

**23 - Health Department Referred Partner:** This patient is a named partner of a known case. Patient identified through DIS, or other health department personnel, activity following an

interview of another known case. The health department was involved in the referral of this individual (e.g., the DIS contacted, called, visited, sent letter, etc., the patient to inform them of their need to be tested).

**24 - Cluster Related:** Patient was originally identified as a Social Contact (Suspect) or Associate. Cluster brought to the attention of the program as a result of a DIS interview.

**88 - Other:** In the event of NONE of the above being applicable, accurately describe how the patient came to the attention of the health department.

**OP Condition:** If Patient Referred Partner, Health Department Referred Partner, or Cluster Related is selected as Method of Case Detection, indicate the Index patient's Condition Code (i.e., 710, 720, 200, 300, etc.) and Case ID Number in the space provided if known.

**25 Type Facility First Tested:** Document the specific *type of facility* code where the patient was first tested for each condition. If '88' (Other) please describe as specifically as possible in the space provided.

- |   |                                    |
|---|------------------------------------|
| <b>01</b> - HIV Counseling/Testing Site | <b>13</b> - Blood Bank             |
| <b>02</b> - STD Clinic                  | <b>14</b> - Labor and Delivery     |
| <b>03</b> - Drug Treatment              | <b>15</b> - Prenatal               |
| <b>04</b> - Family Planning             | <b>16</b> - Job Corps              |
| <b>05</b> - RETIRED                     | <b>17</b> - School-based Clinic    |
| <b>06</b> - TB Clinic                   | <b>18</b> - Mental Health Services |
| <b>07</b> - Other HD Clinic             | <b>29</b> - Hospital (Other)       |
| <b>08</b> - Private MD/HMO              | <b>66</b> - Indian Health Services |
| <b>09</b> - RETIRED                     | <b>77</b> - Military               |
| <b>10</b> - Hospital (ER)               | <b>88</b> - Other                  |
| <b>11</b> - Correctional facility       | <b>99</b> - Unknown                |
| <b>12</b> - Lab                         |                                    |

**26 Date of Laboratory Report:** Document the date the first **laboratory** report related to the interviewed condition documented on this interview record was initially received at the health department (or any authorized public health agency, e.g., the STD clinic) for each condition(s).

**27 Interviewed?:** Place an "X" in the appropriate box to indicate whether patient was interviewed.

- Y** - Yes, patient was interviewed  
**N** - No, patient was not interviewed

**If not, why not?:** Document the specific Reason Not Interviewed Code for each condition(s). If "Other" is chosen, accurately describe why the patient was not interviewed in space provided.

**U (Unable to locate)** - The patient was not located to be interviewed.

**P (Physician Refusal)** - The patient's physician refused permission to allow the patient to be contacted and/or interviewed.

**R (Refused)** - The patient was located but refused to be interviewed.

**D (Deceased)** - The patient expired before an interview could be conducted.

**L (Language Barrier)** - The patient could not be interviewed due to a difference in spoken language.

**O (Other)** - Use if none of the other reasons listed apply.

**28 Interview Period:** Document the interview period in months for each condition.

**Note:** Item 40, Interview Period Partners, should be answered with this time period in mind.

**29 Place of Interview:** Document the specific Location of Interview Code indicating where the interview took

place for each condition. If “Other” is chosen, accurately describe where the patient was interviewed.

**C (Clinic)** - The patient was interviewed in the clinic/facility where diagnosed or treated.

**F (Field)** - The patient was interviewed in the field, i.e., anywhere outside of a clinic/facility setting.

**T (Telephone)** - The patient was interviewed over the telephone.

**I (Internet)** - The patient was interviewed over the internet.

**O (Other)** - Use if none of the other places listed is applicable.

**30 PEMS Site ID:** For HIV/AIDS cases only. Document the PEMS Site ID of the location of the original interview.

**31 Date First Assigned for Interview:** Document the date this case was initially assigned for interview and the worker number of the DIS to whom it was assigned for each condition.

**32 Date Reassigned for Interview:** If applicable, document the date the case was reassigned for interview and the worker number of the DIS to whom it was reassigned for each condition.

**33 Date Original Interview:** Document the date of the initial interview and the worker number of the DIS that performed the interview for each condition.

**Date First Re-interview:** Document the date of the first re-interview and the worker number of the DIS that performed the re-interview for each condition.

**34 Date Case Closed:** Document the date of case closure as well as the worker numbers of the investigating DIS and supervisor, if applicable, responsible for the management of this case for each condition(s). The determination of closure should be made by the DIS and supervisor, if applicable, after all reasonable efforts have been expended on the case.

**35 Imported Case?:** Place an ‘X’ in the appropriate box, selecting from the following categories. Note that an imported case refers to a case that was acquired OUTSIDE the jurisdiction *where the patient resides*. In other words, it should be ‘N - Not imported’ unless during the course of the interview or case management it is found that the person acquired the disease outside of *where the patient resides*’ jurisdiction, or it is a morbidity sent in by another jurisdiction.

**N** - Not an imported case

**C** - Yes, imported from another country

**S** - Yes, imported from another state

**J** - Yes, imported from another county/jurisdiction in the state

**D** - Yes, imported but not able to determine source county, state, and/or country

**U** - Unknown

**Import Location:** If the case was imported, document the *name* of the city, county, state, and/or country where the case was acquired.

36

### Risk Factors

**Was Behavioral Risk Assessed:** 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.

**NOTE:** Each risk factor should be addressed for last 12 months prior to the date of the original interview.

37

**NOTE:** For each risk 1 – 9, the patient should be asked what type of sexual exposure occurred. Document the appropriate response, one response per risk factor.

**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

Anonymous Risk item 4 - a sex partner whose name is unknown (e.g., met at a sex party, website, bathhouse, etc.).

Exchanged sex for drugs/money Risk item 7 - A person who has either given or received oral, anal and/or vaginal sex for drugs, money or other services/payment (e.g., food, housing, protection, etc.).

MSM Risk item 8 - Man who has ever had sex with other males (includes oral and anal contact).

IDU Risk item 9 - Injection Drug User, a person who has injected recreational drugs (e.g., heroin, steroids, etc.).

38

**NOTE:** For each risk 10 – 12, document the appropriate response, one response per risk factor.

**Y** – Yes

**N** – No

**U** – Unknown

**R** - Refused to Answer

**D** – Did Not Ask.

**Drug Use Behaviors (Risk Item 13):** Document **all** recreational drug types used within the last 12 months, one response per risk factor. **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer, **D** – Did Not Ask.

### Social History

39

**Places Met Partners:** Document the codes for the types of places where the patient met sex partners within the last 12 months (document as many as apply):

<b>A</b> - Adult Book Store/Cinema	<b>J</b> - Jail/Prison	<b>S</b> - Partner's Home
<b>B</b> - Bars	<b>K</b> - Clubs	<b>T</b> - Street
<b>C</b> - Cruising in Automobile	<b>L</b> - Beach	<b>U</b> - Circuit Party
<b>D</b> - Dance Halls	<b>M</b> - Motel/Hotel	<b>V</b> - Cruise (Boat)
<b>E</b> - Escort Services	<b>N</b> - Shopping Mall	<b>W</b> - Work
<b>F</b> - Baths/Spas/Resorts	<b>O</b> - Other	<b>X</b> - Park/Rest Area
<b>G</b> - Place of Worship	<b>P</b> - Project/Shelter	
<b>H</b> - Home	<b>Q</b> - School	
<b>I</b> - Chat Rooms/Lines/Email/Internet	<b>R</b> - Gyms/Health Clubs	

Document the names (or descriptions) of places the patient goes to meet sex partners. Document 'did not ask' or 'refused to answer' if applicable. If additional space is needed, document within the Social History Comments (item 40).

**Places had Sex:** Document the codes (from above list in item #37) for the types of places where the patient *had* sex with partners within the last 12 months (document as many as apply); document the names (or descriptions) of the places the patient *had* sex with partners. Document 'did not ask' or 'refused to answer' if applicable. If additional space is needed, document within the Social History Comments (item 40).

**40 Partners in the Last 12 Months:** Document the number of female sex or needle-sharing partners claimed by the patient in the last 12 months, the number of male sex partners claimed by the patient in the last 12 months, and the number of transgender partners claimed by the patient in the last 12 months. **Note:** This includes initiated partners, marginal partners, and anonymous partners. Select 'unknown' if patient is unsure or 'refused' if the patient would not answer the question. Document "0" if there are no partners for corresponding gender field.

**41 Interview Period Partners:** Document the total number of female, male, and transgender sex or needle-sharing partners claimed by this patient during the interview period (item # 28) for each Condition. Note that this includes initiated partners, marginal partners, and anonymous partners. For example, the patient may claim 10 sex partners during a 3-month interview period (Primary Syphilis), while there is only enough information to initiate 3; the total of 10 (rather than 3) should be documented for interview period partners. Select 'unknown' if patient is unsure or 'refused' if the patient would not answer the question. Document "0" if there are no partners for corresponding gender field.

**42 Partner Internet Information:** Place an "X" in the appropriate box to indicate whether the client met any sexual partners through the internet (social network, chat group, phone application, etc.).  
**Yes** – One or more sex partners were met through the internet  
**No** – No sex partners were met through the internet  
**Refused to Answer** – Client refused to answer  
**Did Not Ask** – Client was not asked about sex partners met through the internet

**43 Additional Social History Comments:** This space is provided to document any relevant social history that did not fit into the space allotted above.

**44 Local Use:** This area is provided for special data collection needs of individual program areas.

### STD Testing

**45 Test Results:** Summarize all STD lab results relevant to this case, noting at least the last negative result, the first positive result, and the most recent test if applicable.

**NOTE:** HIV testing is not to be documented here but in HIV Testing Section, item numbers 43 - 46.

**NOTE:** Hepatitis testing can be documented within this section.

Date Collected - Document the date the specimen was obtained from the patient.

Provider - Document the specific name or code of the provider (physician, clinic, hospital, etc.) who ordered the testing.

Test - Document the name (or type) of the test performed (e.g., RPR, TP-PA, darkfield, STARHS, etc.). Ensure that the test type and condition (disease) being asked for is clear.

Source - Document the code from the list below for the source of specimen collection.

<b>01</b> - Cervix/Endocervix	<b>09</b> - Rectum
<b>02</b> - Lesion-Genital	<b>10</b> - Urethra
<b>03</b> - Lesion-Extra Genital	<b>11</b> - Urine
<b>04</b> - Lymph Node Aspirate	<b>12</b> - Vagina
<b>05</b> - Oropharynx	<b>13</b> - Blood/Serum
<b>06</b> - Ophthalmia/Conjunctiva	<b>14</b> - Cerebrospinal fluid (CSF)

07 - Other  
08 - Other Aspirate

88 - Not Applicable  
99 - Unknown

**Qualitative Results** – Place an “X” in the appropriate box to indicate the test result(s).

**P** - Positive  
**N** - Negative  
**I** - Indeterminate/Equivocal  
**U** - Unknown/No Result  
**Q** - Quantity not sufficient  
**C** - Contaminated specimen

**Quantitative Result** - If the test performed is quantifiable, document the quantitative result (e.g., if the RPR is positive, document the titer - example: 1:64).

### HIV Testing

**46** **Tested for HIV at this event?:** Place an “X” in the appropriate box to indicate whether the patient was tested for HIV at the time of the initial screening that led to the reported condition(s). **Y** - Yes, **N** - No, **U** – Unknown, **R** - Refused to Answer, or Not Asked.

**NOTE:** Relevant HIV testing and interview may occur on the same day. Also, the answer “No” for Tested for HIV at this event includes opt-out/routine HIV testing option where client was not tested.

**47** **Previously Tested for HIV?:** Place an “X” in the appropriate box to indicate whether the patient has tested for HIV prior to the event that led to the Original Interview. **Y** - Yes, **N** - No, **U** – Unknown, **R** - Refused to Answer, or Not Asked.

**48** **Self Reported HIV Test Result:** Document the partner’s self-reported HIV test result at the time of notification. When asking about the “Self-Reported Test Result” it is very important that the provider ask about the test result from the most recent HIV test. Ensure that the partner understands that he/she is being asked to report his/her test results and not what he/she believes their status is.

<b>01</b>	Positive	The patient reports that his/her HIV serostatus is positive based on a confirmatory test result.
<b>02</b>	Negative	The patient reports that his/her HIV serostatus is negative.
<b>03</b>	Preliminary positive	The patient reports that he/she received a “Preliminary positive” test result (i.e., the patient had a reactive HIV rapid test but did not receive the results of the associated conventional confirmatory test).
<b>04</b>	Indeterminate	The patient reports that he/she received an “Indeterminate” test result (i.e., the patient received results but those results did not conclusively indicate whether he/she is HIV-positive or HIV-negative).
<b>66</b>	Not asked	The provider did not ask the patient about his/her HIV serostatus.
<b>77</b>	Declined	The patient declines or is unwilling to report his/her HIV serostatus.
<b>99</b>	Don’t know	The patient reports that he/she is unaware of his/her HIV serostatus.

**Date of Last HIV Test:** Document the date of the patient’s last HIV test.

**49** **HIV Test Results:** Summarize all HIV lab results relevant to this case, noting at least the last negative result, the first positive result, and the most recent test if applicable. Document the date collected, the provider name or code who ordered the test, the name of the test, the source, and the qualitative result (see item #42 for codes). Current and previous HIV testing information is to be documented here.

Provider Confirmed – Place a ‘Y’ for ‘Yes’ if HIV test result(s) has been provider confirmed by record search or direct contact with a provider. Place an ‘N’ for ‘No’ if based on interviewee responses only.

### Signs and Symptoms

50

**Signs and Symptoms:** Determine if there are signs or symptoms related to the condition(s) documented on this interview record. This includes all symptoms experienced by the patient and signs observed by a clinician. If observed by both patient and clinician, which can mean differing observation dates, document each observation separately on 2 or more lines. Additional signs and symptoms can be documented within the Interview/Investigation Comments (item 73).

Signs/Symptoms - Document the code for each sign/symptom observed on exam or described:

- |   |  |
|---|--|
| <b>A</b> - Discharge or Mucopurulent Cervicitis (MPC) | <b>L</b> - Swelling/Inflammation                         |
| <b>B</b> - Chancre, Sores, Lesions, or Ulcers         | <b>M</b> - Mucous Patch                                  |
| <b>C</b> - Rash                                       | <b>N</b> - Lymphadenopathy                               |
| <b>D</b> - Dysuria                                    | <b>O</b> - Other   |
| <b>E</b> - Itching                                    | <b>P</b> - Balanitis                                     |
| <b>F</b> - Alopecia (Hair loss)                       | <b>Q</b> - Fever   |
| <b>G</b> - Condylomata Lata                           | <b>R</b> - Cervical Friability                           |
| <b>H</b> - Bleeding                                   | <b>S</b> - Ectopy  |
| <b>I</b> - Pharyngitis (Sore Throat)                  | <b>T</b> - Epididymitis                                  |
| <b>J</b> - Painful Sex                                | <b>V</b> - Proctitis                                     |
| <b>K</b> - Abdominal Pain                             | <b>W</b> - Adnexal tenderness/Cervical motion tenderness |

Earliest Observation Date - Document the earliest date the symptom was first experienced by the patient and/or the date the sign was first observed by a clinician.

Anatomic Site - Document the code indicating the anatomic site of the sign/symptom.

- |                              |  |
|------------------------------|--|
| <b>A</b> - Anus/Rectum       | <b>H</b> - Eye-Conjunctiva                       |
| <b>B</b> - Penis             | <b>I</b> - Head                                  |
| <b>C</b> - Scrotum           | <b>J</b> - Torso                                 |
| <b>D</b> - Vagina            | <b>K</b> - Extremities (Arms, Legs, Feet, Hands) |
| <b>E</b> - Cervix            | <b>N</b> - Not Applicable                        |
| <b>F</b> - Naso-Pharynx      | <b>O</b> - Other                                 |
| <b>G</b> - Mouth/Oral Cavity | <b>U</b> - Unknown                               |

Clinician Observed - Place an “X” in this box if the clinician observed this sign.

Patient Described - Place an “X” in this box if the patient described this symptom.

Duration (Days) - Document the number of days signs/symptoms were present. Document “99” if unknown.

If Other, Please Describe - if sign/symptom code “O” is used, please describe in the space provided.

### STD History

51

**STD History:** Place an “X” in the appropriate box indicating if the patient has a history of STDs (prior to the condition(s) documented on this interview record). HIV testing history should be documented in the HIV Testing section (item #46).

- Y** - Yes, patient has a history of STD
- N** - No, patient has never had a prior STD
- U** - Unknown if patient has had a prior STD
- R** - Patient refused to answer any questions regarding prior STD History

If ‘Yes’, document the condition code(s), diagnosis date(s) (MM/YYYY), and treatment date(s) (MM/YYYY) in

the space provided.

030 - HepB acute w/o delta	450 - Mucopurulent Cervicitis (MPC)
031 - HepB acute w/ delta	490 - PID Syndrome
033 - HepB chronic w/o delta	500 - Granuloma Inguinale
034 - HepB chronic w/ delta	600 - Lymphogranuloma Venereum (LGV)
042 - Hepatitis delta	710 - Syphilis, primary
051 - Hepatitis C, acute	720 - Syphilis, secondary
053 - Hepatitis E	730 - Syphilis, early latent
054 - Hepatitis C, chronic	740 - Syphilis, unknown duration
070 - Hepatitis, unknown	745 - Syphilis, late latent
100 - Chancroid	750 - Syphilis, late w/ symptoms
200 - Chlamydia	800 - Genital Warts
300 - Gonorrhea (uncomplicated)	850 - Herpes
350 - Resistant Gonorrhea	900 - HIV Infection
400 - Non-Gonococcal Urethritis (NGU)	950 - AIDS (Syndrome)

**Confirmed:** Place a 'Y' for 'Yes' if both diagnosis and treatment of previous STD has been confirmed by record search or contact with a provider. Place an 'N' for 'No' if based on interviewee responses only.

### STD/HIV Treatment/Counseling

**52 Treatment:** Document all relevant treatment regimen(s). For the recommendations of adequate treatment, see the current CDC Treatment Guidelines.

Treatment Date - Document the date treatment was first started.

Provider - Document the name or code of the provider (physician, clinic, hospital, etc.) that provided the treatment.

Drug and Dosage - Document the name of the drug given, as well as the dosage and duration (e.g., 2.4 Bicillin x 3 weeks or Doxycycline 100mg bid x 28 days).

Treatment Comments - Place treatment related comments, if any, here.

**53 Incidental Antibiotic Treatment in Last 12 Months?:** Place an "X" in the appropriate box, **Y** - Yes, **N** - No, **U** - Unknown. If incidental **antibiotic** treatment occurred (that being an antibiotic that the patient did not receive to specifically treat this condition), document the date (MM/YYYY) the treatment began and the drug, dosage and duration used, and for what condition the treatment was prescribed, if known. If the date the treatment began is unknown, document "99/9999".

**54 Anti-Retroviral Therapy for Diagnosed HIV Infection?:** Place an "X" in the appropriate box corresponding to the patient taking anti-retrovirals within the last 12 months. Next place an "X" to indicate if the patient has **ever** (including past year) taken anti-retrovirals. **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer.

**55 Result Provided:** Document whether the patient was informed of their HIV test result.

No	The result of this HIV test was not provided to the partner.
Yes	The result of this HIV test was provided to the partner.

**56 Referred To Medical Testing:** Document whether the patient was referred to HIV medical care/evaluation/treatment.

<b>Y</b>	Yes, referred to HIV medical care/evaluation/treatment	A referral was made to medical care.
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<b>N</b>	No, patient was not referred to HIV medical care/ evaluation/treatment	No referral was made to medical care.
<b>If Yes, did Patient Attend First Appt.:</b> Document whether the patient attended the first appointment of the medical referral.		
<b>01</b>	Pending	The referring agency has not yet confirmed whether the patient accessed the service to which he or she was referred.
<b>02</b>	Confirmed- Accessed service	The referring agency has confirmed that the patient accessed the service to which they were referred.
<b>03</b>	Confirmed- Did not access service	The referring agency has confirmed that the patient had not accessed the service to which they were referred.
<b>04</b>	Lost to follow-up	After 90 days of the referral date, access of the service to which the client was referred can't be confirmed or denied.
<b>05</b>	No follow-up	The referral was not tracked to confirm whether the patient accessed the referred service.
<b>99</b>	Don't know	The referring agency doesn't know if the patient accessed the service to which they were referred.

### Partner/Cluster Information

This section of the form is used to record all interview activity and the results of investigations regarding partners and clusters. Guidelines for completing the partner/cluster initiation section are:

**NOTE:** If a patient is interviewed, complete at least one partner/cluster section. If no partners/clusters are added, document the date of interview (Item 61), the number of the DIS/worker who conducted the interview (Item 63), and the type of interview conducted (Item 64).

**NOTE:** Document only the names of sex/needle-sharing partners, social contacts and associates **for whom sufficient information has been obtained to initiate a Field Record.** Information on marginal contacts, social contacts, and associates should be documented in the space provided (item #72) and/or on a buff.

**NOTE:** Separate sections must be used to document results of each contact, social contact, and associate initiated. If there are more than 5 partners/clusters and/or interviews conducted, use the Contact, Social Contact, and Associate Continuation Template or a blank copy of this page (Interview Record page 4) to document additional contacts, social contacts, and associates. If using a copy of page 4 to document additional contacts, social contacts, and associates and interviews be sure to document the index patient's case number(s) at the top of the page (Item 3).

**NOTE:** All re-interview or cluster activity must be listed in separate sections. Use of Re-Interview and Cluster Interview Forms are encouraged for complete documentation.

**NOTE:** Social contacts, and associates generated from screenings directly related to the investigation at hand should have a referral basis of C1 (item 56).

**57 Name:** Document the Last and First name and, if applicable, known aliases of the contact, social contact, or associate.

**58 Jurisdiction:** Document the county, state or country code or name for where the contact, social contact, and

## Partner/Cluster Information

associate resides. Use of code or name depends on local programmatic discretion.

- 59 Referral Basis:** Document the appropriate identifier for the specific type of partner, social contact and/or Associate.

*PARTNER/contact* - Persons having sexual activities (of any type) or sharing needles with the Index patient.

**P1** - Sex Partner

**P2** - Needle sharing Partner

**P3** - Both Sex and Needle sharing Partner

*SOCIAL CONTACT* - Persons named by an infected person (e.g., the Index patient or an infected contact, social contact, or associate).

**S1** - Person who has or had symptoms suggestive of the Condition(s) documented.

**S2** - Person who is named as a sex partner of a known infected person.

**S3** - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk).

*ASSOCIATE* - Persons named by an uninfected contact, social contact, or associates.

**A1** - Person who has or had symptoms suggestive of the Condition(s) documented.

**A2** - Person who is named as a sex partner of a known infected person.

**A3** - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk).

*Cohort - C1* - A person identified through outreach screening efforts as a result of case investigation (i.e., common geographical area of residence or hangout). The person was **not individually named** by anyone interviewed during case investigation.

- 60 Exposure to Original Patient:** Document the Index Patient's contact with the partner.

*First Exposure* - Document the date of the first sexual/needle-sharing exposure to the Index patient.

*Freq. (Frequency)* - Document the frequency (number) of sexual/needle-sharing exposure(s) to the Index patient between the first and last (most recent) exposure(s). This should be described as specifically as possible: 1x = one time, 2x/wk = two times a week, etc. If the frequency is unknown, document "99".

*Last Exposure* - Document the date of the last (most recent) sexual/needle-sharing exposure.

**NOTE:** Exposure information should only be documented for partners of the Index patient; only what the Index patient claimed as exposure should be documented, NOT what the partners claimed as exposure.

- 61 Sex:** Place an "X" in the appropriate box to indicate the gender of the partner, social contact, and associate, as identified by the person being interviewed: **M** - Male, **F** - Female, **T** - Transgender, **U** - Unknown, **R** - Refused.

**NOTE:** If transgender is marked, *MTF*, *FTM*, or *T* should be documented on the corresponding partner/cluster Field Record.

- 62 Pregnant:** Document if this partner/cluster is pregnant: **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer.

- 63 Spouse:** Document if this partner/cluster is the Index patient's spouse: **Y** - Yes, **N** - No, **U** - Unknown, **R** - Refused to Answer.

- 64 IX Date (Interview Date):** Document the date the original interview, re-interview or cluster interview was

## Partner/Cluster Information

performed. Document interview date even when no partners or clusters are initiated.

**65 Init. Date (Initiation Date):** Document the date this contact, social contact, or associate was initiated for field investigation.

**66 IX DIS # (Interview DIS):** Document the worker number of the DIS who conducted the interview for each condition (if multiple conditions). Also, document the worker number if no contacts or clusters are initiated.

**67 Type Interview:** Enter the code for the type of interview that provided sufficient information in order to initiate this Field Record. If this Field Record is not for a partner/cluster investigation, leave blank.

- O** -Original Interview (with the original patient)
- R** -Re-Interview (with the original patient)
- C** -Cluster Interview (original patient, partner, cluster)
- P** -Posttest Counseling Session (original patient)
- U** -Unable to Interview\*

\*Contacts, social contacts, associates, and cohorts were initiated although the original patient "was not interviewed" (includes those records initiated from a record search of previous cases).

**68 Type of Referral:** This describes how initiated contacts, social contacts, and associates are brought to examination, brought to treatment, and/or notified of exposure. This documentation will take place at the time of the disposition (closure) of the field record. Document the type of referral for each condition.

**1 - Patient (Client):** No health department involvement in the referral of this partner, social contact, or associate.

**2 - Provider:** DIS or other health department staff were involved in the referral of this partner, social contact, or associate.

**3 - Dual:** The HIV-infected patient informs the partner of his/her serostatus in the presence of the PS provider.

**4 - Contract:** The PS provider and HIV-infected patient negotiate a time frame for the patient to inform his or her partners of their possible exposure to HIV. If the patient is unable to inform a partner within an agreed-upon time, the provider has the permission to notify and refer partners to HIV counseling, testing, and other support services.

**5 - Third Party:** Notification of patient conducted by non-health department provider.

**69 FR # (Field Record Number):** Document the entire field record number(s) for the partner/cluster initiated. This number is located in the lower left corner of the field record, or may be generated by the software system.

**70 Dispo (Disposition):** Document the STD or HIV disposition code from the field record for each Condition(s):

### STD Dispositions

**A - Preventative Treatment** - The partner/cluster was examined and preventatively treated but the infection was not found by lab tests/clinical evidence.

**B - Refused Preventative Treatment** - The partner/cluster was examined and infection was not found; however, the partner/cluster refused preventive therapy.

**C - Infected, Brought to Treatment** - The patient was examined or treated (for the suspected infection) as, direct result of this field investigation. If the individual was treated prior to the initiation of this Field Record, the dispositions will be "E."

## Partner/Cluster Information

**D - Infected, Not Treated** - Information from a health care provider indicates the presence of an STD infection but adequate treatment was not administered.

**E - Previously Treated for This Infection** - The patient was adequately treated for the disease since the last exposure but prior to the initiation of a Field Record.

**F - Not Infected** - The tests/exam for the suspected disease is negative and preventive therapy was not required for this individual.

**G - Insufficient Information to Begin Investigation** - There is not sufficient information to begin an investigation. This disposition should always be discussed with a supervisor. This is an administrative disposition and should not be used if any investigative effort is expended. In such instances a disposition "H - Unable to Locate" is the correct one. When this disposition is used on a Field Record that was received from an out-of-jurisdiction location, it should also be transmitted to the initiating jurisdiction.

**H - Unable to Locate** - The patient was not found after a thorough DIS investigation. This disposition should always be reviewed with a supervisor. To ensure quality control, it is recommended that the following resources be exhausted before this disposition is used: Department of Motor Vehicles, detention centers, major hospital, probation authorities, major community health centers, community-based organizations, etc. If the infection status of the patient is known, use disposition "D".

**I - Successful Interview/Recounsel** – This disposition should be used in the situation where the only field activity required on a patient is to conduct an interview and the interview was conducted on the patient. If the interview was not conducted use another disposition, such as H - Unable to Locate or J – Located, Not Examined and/or Interviewed, to indicate why the interview was not conducted.

**J - Located, Not Examined and/or Interviewed** - The patient was found but refused examination and/or an Interview. This disposition should always be reviewed and initialed by a supervisor before being given as final.

**K - Sent Out Of Jurisdiction** - The patient resides or has moved outside of the local jurisdiction and locating information is available to forward it for continued investigation.

**Note:** Appropriate action should be taken to forward all necessary information to the new jurisdiction.

**L - Other** - is disposition is to be used when none of the other dispositions apply. Document the reason why this disposition was selected and discuss with a supervisor prior to using this disposition.

**Note:** patients that are deceased should receive a disposition of X – Patient Deceased.

**Q - Administrative Closure** - Though a field record was initiated through the course of the investigation it was determined that the field record should be closed administratively. This disposition should be discussed with the supervisor prior to use.

**V – Domestic Violence Risk** – No follow-up completed due to provider (private or public) assessed that contacting the partner or cluster could pose the risk of domestic violence to the index patient, partner, or cluster.

**X - Patient Deceased** - through the course of the investigation the patient was determined to be deceased.

**Z - Previous Preventative Treatment** – The patient has received prophylactic treatment relevant to the current investigation prior to the involvement of the DIS who is working the current field record. A patient can only receive preventative treatment once per incidence unless the patient is re-exposed to a condition.

### HIV Dispositions

**1 - Previous Positive** - The patient had a previous positive HIV test.

## Partner/Cluster Information

**2 - Previous Negative, New Positive** -The patient has seroconverted.

**3 - Previous Negative, Still Negative** -The patient still has a negative test result.

**4 - Previous Negative, Not Re- Tested** -The patient has a negative result, but is not retested at this time due to a recent test or other circumstances.

**5 - Not Previously Tested, New Positive** -The patient has no documented previous test and is a new HIV - positive.

**6 - Not Previously Tested, New Negative** -The patient has not been previously tested (or is unable to document previous test) and has tested negative for this investigation.

**7 - Not Previously Tested, Not Tested Now** -The patient has not been previously tested and is still not tested after investigation.

**G - Insufficient Information to Begin Investigation** - There is not sufficient information to begin an investigation. This disposition should always be discussed with a supervisor. This is an administrative disposition and should not be used if any investigative effort is expended. In such instances a disposition "H - Unable to Locate" is the correct one. When this disposition is used on a Field Record that was received from an out-of-jurisdiction location, it should also be transmitted to the initiating jurisdiction.

**H - Unable to Locate** - The patient was not found after a thorough DIS investigation. This disposition should always be reviewed with a supervisor. To ensure quality control, it is recommended that the following resources be exhausted before this disposition is used: Department of Motor Vehicles, detention centers, major hospital, probation authorities, major community health centers, community-based organizations, etc. If the infection status of the patient is known, use disposition "D".

**I - Successful Interview/Recounsel** – This disposition should be used in the situation where the only field activity required on a patient is to conduct an interview and the interview was conducted on the patient. If the interview was not conducted use another disposition, such as H - Unable to Locate or J – Located, Not Examined and/or Interviewed, to indicate why the interview was not conducted.

**J - Located, Not Examined and/or Interviewed** - The patient was found but refused examination and/or an Interview. This disposition should always be reviewed and initialed by a supervisor before being given as final.

**K - Sent Out Of Jurisdiction** - The patient resides or has moved outside of the local jurisdiction and locating information is available to forward it for continued investigation.

**Note:** Appropriate action should be taken to forward all necessary information to the new jurisdiction.

**L - Other** - is disposition is to be used when none of the other dispositions apply. Document the reason why this disposition was selected and discuss with a supervisor prior to using this disposition.

**Note:** patients that are deceased should receive a disposition of X – Patient Deceased.

**Q - Administrative Closure** -Though a field record was initiated through the course of the investigation it was determined that the field record should be closed administratively. This disposition should be discussed with the supervisor prior to use.

**V – Domestic Violence Risk** – No follow-up completed due to provider (private or public) assessed that contacting the partner or cluster could pose the risk of domestic violence to the index patient, partner, or cluster.

### Partner/Cluster Information

**X - Patient Deceased** - through the course of the investigation the patient was determined to be deceased.

**Note:** If HIV testing was conducted, the assumption for the disposition rationale is that pre-test counseling was conducted. Only in disposition "J" can "refusal of pre-test counseling" be documented. For the two dispositions where persons are "not re-tested" and "not tested now", that may be due to recent testing, acceptance of counseling, but refusal of testing, etc.

**71 Dispo Date (Disposition Date):** Document the appropriate date as it relates to the following examination or treatment situation for each Condition(s).

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 (i.e., the date the investigator became aware of the previous examination and/or treatment).

Not Examined - Use the date the investigation is closed.

**NOTE:** A partner/cluster **CAN NOT** be dispositioned *before* it is initiated. Therefore, if examination and/or treatment occurred prior to the partner/cluster being initiated (e.g., disposition 'A', 'Z' or 'E'), the disposition date can be no earlier than the initiation date.

**72 Cond. (Condition):** If partner/cluster is dispositioned as infected, whether previously or currently, document the diagnosis code for the condition.

030 - HepB acute w/o delta	450 - Mucopurulent Cervicitis (MPC)
031 - HepB acute w/ delta	490 - PID Syndrome
033 - HepB chronic w/o delta	500 - Granuloma Inguinale
034 - HepB chronic w/ delta	600 - Lymphogranuloma Venereum (LGV)
042 - Hepatitis delta	710 - Syphilis, primary
051 - Hepatitis C, acute	720 - Syphilis, secondary
053 - Hepatitis E	730 - Syphilis, early latent
054 - Hepatitis C, chronic	740 - Syphilis, unknown duration
070 - Hepatitis, unknown	745 - Syphilis, late latent
100 - Chancroid	750 - Syphilis, late w/ symptoms
200 - Chlamydia	800 - Genital Warts
300 - Gonorrhea (uncomplicated)	850 - Herpes
350 - Resistant Gonorrhea	900 - HIV Infection
400 - Non-Gonococcal Urethritis (NGU)	950 - AIDS (Syndrome)

**73 DIS #:** Document the worker number of the DIS who brought this partner or cluster to **disposition** for each Condition(s).

**74 SO/SP: (Source/Spread):** For infected partners only. Document "**SO**" in the box if the partner is determined to be the source of condition for the Index patient, document "**SP**" in the box if the partner's condition is determined to be a spread from the Index patient. (Use for STD conditions only, not HIV/AIDS.)

If partner condition is not related to the Index patient, document "**U**" (Unrelated) in the box. If it is unknown whether a partner condition is related to the Index patient, document "**UN**" (Unknown) in the box. Do not mark a box if a determination has not been made. Case management analysis would guide this determination.

**75 Marginal Partners, Social Contacts, & Associates:** Document the name, sex, age, race, height, weight, hair (description), exposure history, and locating information for those partners named by the Index patient for which not enough information is available to initiate a field record.

### Interview/Investigation Comments

**76 Interview/Investigation Comments:** This section is provided to record, in a narrative fashion, any additional information not included in the interview record, any relevant information discovered in the course of the

investigation (such as attitude of the patient, if he or she was high/intoxicated, etc.), or to note any inconsistencies during the interview or DIS analysis of interview information.

- 77 Travel History and Internet Use:** Document travel (by the Index patient) that occurred within the interview period, document the place, reason, dates, companions, and with whom the patient stayed in the notes section as well. This information may assist the DIS to identify exposure gaps, elicit out of jurisdiction partners/clusters, determine if case is imported, etc. Also use this space to document any related internet use information, including alternate email addresses, instant messenger usernames, chat sites, etc.

Also, note whether there were STD Clinic or provider accessibility/availability issues that affected service to the patient.

### Investigation Plans and Supervisory Review

- 78 Date Submitted:** Document the appropriate date when the DIS submitted the Interview Record for initial review to supervisor.
- 79 Initial Review Date:** Document the appropriate date when the DIS Supervisor initially reviewed the Interview Record. Each subsequent supervisory review should be documented in Supervisory Comments.
- 80 DIS Investigation Plans:** Upon completion of documentation of the original interview, the DIS should date this section, record his or her worker number, and document future planned actions. Each subsequent plan of action by the DIS and/or response to supervisory comment(s) should be dated and documented in this section.
- 81 Supervisory Comments:** Upon first review of the case by the supervisor, the supervisor should date this section, record his or her worker number, and place supervisory review comments of the initial write-up and investigative efforts of the case to date. Each subsequent review by the supervisor and/or response to DIS comment(s) should be dated and documented in this section.

### Site Type Value Codes

Code	Value Description	Value Definition
F01.01	Clinical - Inpatient hospital	A health facility that provides medical care to patients that reside within that facility while they are receiving those services.
F02.12	Clinical - TB clinic	A non-residential health care facility that specializes in the provision of tuberculosis treatment, care and prevention services.
F02.19	Clinical - Substance abuse treatment facility	A non-residential health care facility that provides alcohol and chemical dependency treatment services.
F02.51	Clinical - Community health center	A non-residential health care facility that provides primary and preventative health care services to the members of a community in which it is located.
F03	Clinical - Emergency department	A section of a hospital or clinic staffed and equipped to provide emergency care to persons requiring immediate medical treatment for sudden illness or trauma.
F04.05	Non-clinical - HIV testing site	A facility or non-facility based setting where HIV prevention counseling and testing services are provided.
F06.02	Non-clinical - Community setting - School/educational facility	A building or place where individuals receive knowledge through learning and instruction.
F06.03	Non-clinical - Community setting - church/mosque/synagogue/temple	A building where a group of people who adhere to a common faith gather for prayer.
F06.04	Non-clinical - Community Setting - Shelter/transitional housing	A building or facility that provides supportive housing temporarily or may be used to facilitate the movement of homeless individuals and families to permanent housing.
F06.05	Non-clinical - Community setting -	A business or commercial facility (e.g., beauty salon, grocery

<b>Code</b>	<b>Value Description</b>	<b>Value Definition</b>
	Commercial facility	store, shopping center) where HIV prevention services may also occur.
<b>F06.07</b>	Non-clinical - Community setting - Bar/club/adult entertainment	A place of entertainment, typically open at night, usually serves food and alcoholic beverages, and often provides music and space for dancing or having a floor show which may depict, describe, or relate to sexual conduct or sexual excitement.
<b>F06.08</b>	Non-clinical - Community setting - Public area	An area, environment or context that is open to the community as a whole such as a park or city street.
<b>F06.12</b>	Non-clinical – Community setting – Individual residence	An individual’s home or place of residence.
<b>F06.88</b>	Non-clinical - Community setting - Other	A defined area, environment or context (other than those already specified) in which a group of people live, work or congregate.
<b>F07</b>	Non-clinical - Correctional facility - Non-healthcare	A penal or correctional facility, prison, jail detention center, community-based rehabilitation center, or any similar institution designed for the confinement or rehabilitation of criminal offenders.
<b>F08</b>	Clinical - Primary care clinic (other than CHC)	A health care facility in which medical care is provided by a clinician to a patient as part of regular, ambulatory care, and sometimes followed by referral to other medical providers.
<b>F09</b>	Clinical - Pharmacy or other retail-based clinic	A health care facility or business in which prescription and nonprescription drugs and/or medical equipment are dispensed. Primary care clinical services may be provided by a practicing nurse or pharmacist at the facility.
<b>F11</b>	Clinical - Dental clinic	A health care facility in which care is provided for dental patients. The facility may provide various treatments for the teeth, e.g. cleaning, X-rays, fillings, extractions, and root canal surgery.
<b>F12</b>	Clinical - Correctional facility clinic	An area within a penal or correctional facility, , including adult or juvenile detention facilities, that provides medical or health services.
<b>F13</b>	Clinical - Other	A health care facility where medical services are provided, other than those specified.
<b>F14</b>	Non-clinical - Health department - field visit	Services are provided in an unspecified location away from the clinician’s usual place of business, except for Correctional Institution, Inpatient, or Residential Care for adults or children. An example may be the clients’ home or place of employment.
<b>F15</b>	Non-clinical - Community Setting - Syringe exchange program	A facility or center where clients may exchange used hypodermic needles for sterile needles.
<b>F88</b>	Non-clinical - Other	A site where prevention services are conducted other than those specified above.