

Interview Record																									Patient Name:
Patient ID					Condition 1					Case ID 1					Lot # 1										
Interview Record ID					Condition 2					Case ID 2					Lot # 2										
Neurological Involvement					900 Information																				
<div>C</div> <div>P</div> <div>N</div> <div>U</div>					900 Site Type					900 Site Zip Code					900 Agency ID					Case ID:					
Patient Name										Phone Contact															
Last Name					First Name\Middle Name										Home Phone										
Preferred Name/AKA										Maiden Name											Work Phone				
Patient Address										Cellular Phone															
Patient Address (Street\Apt. #)										City					Pager										
State		Zip Code			County					District			Country			Email Address(es)									
Living With										Residence Type					Emergency Contact Name										
Time at Address					Time in State					Time in Country					Emergency Contact Phone										
<div>W</div> <div>M</div> <div>Y</div>					<div>W</div> <div>M</div> <div>Y</div>					<div>W</div> <div>M</div> <div>Y</div>															
Currently Institutionalized?					Name of Institution										Institution Type					Emergency Contact Relationship					
<div>Y</div> <div>N</div> <div>U</div>																									
Demographics																									
DOB				Sex at Birth				Current Gender				If additional gender, specify:						English Speaking?							
				<div>M</div> <div>F</div> <div>D</div>				<div>M</div> <div>F</div> <div>MtF</div> <div>T</div> <div>FtM</div> <div>U</div> <div>R</div> <div>D</div>										<div>Y</div> <div>N</div> <div>U</div>							
Age		Marital Status						Race				Hispanic/Latino				Primary Language									
		<div>S</div> <div>M</div> <div>Sep</div> <div>D</div> <div>W</div> <div>C</div> <div>U</div> <div>R</div>						<div>AI/AN</div> <div>A</div> <div>B</div> <div>W</div> <div>O</div> <div>NH/PI</div> <div>U</div> <div>R</div> <div>D</div>				<div>Y</div> <div>N</div> <div>U</div> <div>R</div> <div>D</div>													
Pregnancy																									
Pregnant at Exam?					Pregnant at Interview?					Currently in Prenatal Care?					Pregnant in Last 12 mos?					Pregnancy Outcome					
<div>Y</div> <div>N</div> <div>U</div> <div>R</div>					<div>Y</div> <div>N</div> <div>U</div> <div>R</div>					<div>Y</div> <div>N</div> <div>U</div> <div>R</div>					<div>Y</div> <div>N</div> <div>U</div> <div>R</div>					<div>D</div> <div>S</div> <div>M</div> <div>A</div> <div>U</div>					
# weeks					# weeks																				
Condition 1 Reporting Information												Condition 2 Reporting Information													
Method of Case Detection				Other								Method of Case Detection				Other									
OP Condition				OP Case ID								OP Condition				OP Case ID									
Facility First Tested				If Other, Describe				Laboratory Report Date				Facility First Tested				If Other, Describe				Laboratory Report Date					
Interviewed?		If not, why not?		If Other, Describe				Interview Period		Interviewed?		If not, why not?		If Other, Describe				Interview Period							
<div>Y</div> <div>N</div>								<div>months</div>		<div>Y</div> <div>N</div>								<div>months</div>							
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?				Import Location								Imported Case?				Import Location									
<div>N</div> <div>C</div> <div>S</div> <div>J</div> <div>D</div> <div>U</div>												<div>N</div> <div>C</div> <div>S</div> <div>J</div> <div>D</div> <div>U</div>													

Page 2		Interview Record				Case ID 1:					
						Case ID 2:					
Risk Factors											
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							
Were behavioral risks assessed?				<input type="checkbox"/>							
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?		<input type="checkbox"/>		6. Had sex while intoxicated and/or high on drugs?		<input type="checkbox"/>					
2. Had sex with a female?		<input type="checkbox"/>		7. Exchanged drugs/money for sex?		<input type="checkbox"/>					
3. Had sex with a transgender person?		<input type="checkbox"/>		8.Had sex with a person who is known to her to be an MSM? [Females only]		<input type="checkbox"/>					
4. Had sex with an anonymous partner?		<input type="checkbox"/>		9. Had sex with a person known to him/her to be an IDU?		<input type="checkbox"/>					
5. Had sex without using a condom?		<input type="checkbox"/>									
Y- Yes   N-No   R-Refused to Answer   D-Did Not Ask											
Within the past 12 months, has the patient:				13. During the past 12 months, which of the following injection or non-injection drugs have been used? (Y/N/R/D)							
10. Been incarcerated?		<input type="checkbox"/>		<input type="checkbox"/>	None	<input type="checkbox"/>	Methamphetamines				
11. Engaged in injection drug use?		<input type="checkbox"/>		<input type="checkbox"/>	Crack	<input type="checkbox"/>	Nitrates/Poppers				
12. Shared injection drug equipment?		<input type="checkbox"/>		<input type="checkbox"/>	Cocaine	<input type="checkbox"/>	Erectile dysfunction medications (e.g., Viagra)				
				<input type="checkbox"/>	Heroin	<input type="checkbox"/>	Other, specify: _____				
Social History											
Places Met Partners		Places Had Sex		Partners in Last 12 Months							
Type	Name	Type	Name	Female		Male		Transgender			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> U Unknown <input type="checkbox"/> R Refused		<input type="checkbox"/> U Unknown <input type="checkbox"/> R Refused		<input type="checkbox"/> U Unknown <input type="checkbox"/> R Refused			
				Interview Period Partners							
				Condition 1		Condition 2					
				Unknown   Refused		Unknown   Refused					
<input type="checkbox"/>		<input type="checkbox"/>		Female		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> U <input type="checkbox"/> R	Female		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> U <input type="checkbox"/> R
<input type="checkbox"/>		<input type="checkbox"/>		Male		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> U <input type="checkbox"/> R	Male		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> U <input type="checkbox"/> R
<input type="checkbox"/> Did Not Ask		<input type="checkbox"/> Did Not Ask		Transgender		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> U <input type="checkbox"/> R	Transgender		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> U <input type="checkbox"/> R
<input type="checkbox"/> Refused to Answer		<input type="checkbox"/> Refused to Answer									
Partner Internet Information											
Were any of the sex partners met through the internet within the last 12 months?											
<input type="checkbox"/> Yes				<input type="checkbox"/> No		<input type="checkbox"/> Refused to Answer		<input type="checkbox"/> Did Not Ask			
Social History Comments											
Local Use:											
<input type="checkbox"/> A		<input type="checkbox"/> B		<input type="checkbox"/> C		<input type="checkbox"/> D		<input type="checkbox"/> E		<input type="checkbox"/> F	
<input type="checkbox"/> G		<input type="checkbox"/> H		<input type="checkbox"/> I		<input type="checkbox"/> J		<input type="checkbox"/> K		<input type="checkbox"/> L	

Page 3		Interview Record				Case ID 1:					
						Case ID 2:					
STD/HIV Testing											
Date Collected		Test		Result		Lab		Specimen Source			
HIV Testing											
Tested for HIV at this event?				<div>Y</div> <div>N</div> <div>U</div> <div>R</div> <div>D</div>		Previously Tested for HIV?		<div>Y</div> <div>N</div> <div>U</div> <div>R</div> <div>D</div>			
Self-Reported HIV Test Result:				<div>01</div> <div>02</div> <div>03</div> <div>04</div> <div>66</div> <div>77</div> <div>99</div>		Date of Self-Reported Test:					
Signs & Symptoms				STD History							
Signs/ Symptoms		Earliest Observation Date		Anatomic Site	Clinician Observed?	Patient Described?	Duration (Days)	Previous STD History? <div>Y</div> <div>N</div> <div>U</div> <div>R</div>			
1.	<div></div>		<div></div>	<div></div>	<div></div>	<div></div>					
2.	<div></div>		<div></div>	<div></div>	<div></div>	<div></div>					
3.	<div></div>		<div></div>	<div></div>	<div></div>	<div></div>					
If Other, Please Describe:											
STD/HIV Treatment/Counseling											
Date/Drugs/Dosage/Provider											
Treatment Comments:											
Incidental Antibiotic Treatment in Last 12 Months?				<div>Y</div> <div>N</div> <div>U</div>							
Date/Drugs/Dosage/Provider				Condition							
Anti-Retroviral Therapy for Diagnosed HIV Infection?											
In Last 12 Months?		<div>Y</div> <div>N</div> <div>U</div> <div>R</div>		Ever?		<div>Y</div> <div>N</div> <div>U</div> <div>R</div>		Results Provided:		<div>Y</div> <div>N</div>	
900+ Only											
Referred to Medical Care?				<div>Y</div> <div>N</div>				If yes, did client attend first appointment?		<div></div> <div></div>	

Page 4													Interview Record										Case ID 1:									
																												Case ID 2:				
Partner, Social Contact, & Associate Information																																
1	Last Name					First Name					AKA					Jurisdiction																
	Referral Basis		First Exposure		Frequency			Last Exposure		Gender					Pregnant				Spouse													
											<div>M</div> <div>F</div> <div>T</div> <div>U</div> <div>R</div>		<div>Y</div> <div>N</div> <div>U</div> <div>R</div>		<div>Y</div> <div>N</div> <div>U</div> <div>R</div>																	
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		Frequency			Last Exposure		Gender					Pregnant				Spouse													
											<div>M</div> <div>F</div> <div>T</div> <div>U</div> <div>R</div>		<div>Y</div> <div>N</div> <div>U</div> <div>R</div>		<div>Y</div> <div>N</div> <div>U</div> <div>R</div>																	
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		Frequency			Last Exposure		Gender					Pregnant				Spouse													
											<div>M</div> <div>F</div> <div>T</div> <div>U</div> <div>R</div>		<div>Y</div> <div>N</div> <div>U</div> <div>R</div>		<div>Y</div> <div>N</div> <div>U</div> <div>R</div>																	
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		Frequency			Last Exposure		Gender					Pregnant				Spouse													
											<div>M</div> <div>F</div> <div>T</div> <div>U</div> <div>R</div>		<div>Y</div> <div>N</div> <div>U</div> <div>R</div>		<div>Y</div> <div>N</div> <div>U</div> <div>R</div>																	
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		Frequency			Last Exposure		Gender					Pregnant				Spouse													
											<div>M</div> <div>F</div> <div>T</div> <div>U</div> <div>R</div>		<div>Y</div> <div>N</div> <div>U</div> <div>R</div>		<div>Y</div> <div>N</div> <div>U</div> <div>R</div>																	
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.																																

Page 5	Interview Record	Case ID 1:
		Case ID 2:
Interview/Investigation Comments		
Travel History and Internet Use		

Page 6			Interview Record			Case ID 1:		
						Case ID 2:		
Investigation Plans & Supervisory Review								
Date Submitted:					Initial Review Date:			
DIS #	Date	DIS Investigation Plans			DIS #	Date	Supervisory Comments	

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	C – College/University G - Group Home J - Jail O - Other P – Prison Q - Mental Health Center	R - Rehabilitation Center S – School (Non-College/University) X - Drug Treatment/ Detox Center Y - Juvenile Detention	Y - Yes N - No U/UN - Unknown R - Refused to Answer D – Did not ask	W - Weeks M - Months Y - Years		
	Marital Status		Method of Case Detection			
	S - Single, Never Married M - Married SEP - Separated D - Divorced W - Widowed C - Cohabitation U - Unknown R - Refused to Answer		20 - Screening 21 - Self-Referred (symptomatic patients seeking testing) 22 - Patient Referred Partner 23 - Health Department Referred Partner 24 - Cluster Related (Social Contact (Suspect) or Associate) 88 - Other			
	Race		Reasons Not Interviewed	Place of Interview		
	AI/AN - American Indian or Alaskan Native A - Asian B - Black or African American NH/PI - Native Hawaiian or Other Pacific Islander W - White U - Unknown R - Refused to Answer D – Did not ask		U - Unable to locate P - Physician Refusal R - Refused to Answer D - Deceased L - Language Barrier O - Other	C - Clinic F - Field T - Telephone I - Internet O - Other		
	Hispanic/Latino		Imported Case			
	Y - Yes, Hispanic/Latino N - No, not Hispanic/Latino U - Unknown R - Refused to Answer D – Did not ask		N - Not an imported case C - Yes, imported from another <u>country</u> S - Yes, imported from another <u>state</u> J - Yes, imported from another <u>county/jurisdiction</u> in the state D - Yes, imported but not able to determine source county, state, and/or country U - Unknown			
	Pregnancy Outcome		Specimen Source		Anatomic Site	
	D - Live Birth S - Stillborn M - Miscarriage A - Abortion U - Unknown		01 - Cervix/Endocervix 02 - Lesion - Genital 03 - Lesion – Extra Genital 04 - Lymph Node Aspirate 05 - Oropharynx 06 - Ophthalmia/Conjunctiva 07 - Other 08 - Other Aspirate 09 - Rectum 10 - Urethra 11 - Urine 12 - Vagina 13 - Blood/Serum 14 - Cerebrospinal Fluid (CSF) 88 - Not Applicable 99 - 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	
	Type of Facility		Qualitative Lab Result			
	01 - HIV Counseling/Testing Site 02 - STD Clinic 03 - Drug Treatment 04 - Family Planning 05 – RETIRED (Not to be used) 06 - TB Clinic 07 - Other HD Clinic 08 - Private MD/HMO 09 - RETIRED (Not to be used) 10 - Hospital (ER) 11 - Correctional facility 12 – Lab 13 - Blood Bank 14 - Labor and Delivery 15 – Prenatal 16 - Job Corps 17 - School-based Clinic 18 - Mental Health Services 29 – Hospital – (Other) 66 - Indian Health Services 77 – Military 88 - Other 99 - Unknown		P - Positive N - Negative I - Indeterminate/Equivocal UN - Unknown/ No Result Q - Quantity Not Sufficient C - Contaminated specimen			
	Gender/Sex		Places met or had sex with partners			
	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		A - Adult Book Store/Cinema B - Bars C - Cruising in Automobile D - Dance Halls E - Escort Services F - Baths/Spas/Resorts G - Place of Worship H - Home I - Chat Rooms/Lines/Email/Internet J - Jail/Prison K - Clubs L - Beach M - Motel/Hotel N - Shopping Mall O - Other P - Project/Shelter Q - School R - Gyms/Health Clubs S - Partner’s Home T - Street U - Circuit Party V - Cruise (Boat) W - Work X - Park/Rest Area			
Self Reported HIV Test Results						
01 - <u>Positive</u> The patient reports that his/her HIV serostatus is positive based on a confirmatory test result. 02 - <u>Negative</u> The patient reports that his/her HIV serostatus is negative. 03 - <u>Preliminary positive</u> 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). 04 - <u>Indeterminate</u> 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). 66 - <u>Not asked</u> The provider did not ask the patient about his/her HIV serostatus. 77 - <u>Declined</u> The patient declines or is unwilling to report his/her HIV serostatus. 99 - <u>Don’t know</u> The patient reports that he/she is unaware of his/her HIV serostatus						

Interview Record Codes		
<b>Sexual Risk Responses</b>	<b>Y</b> -Yes, Anal or Vaginal Intercourse (with or without Oral Sex) <b>O</b> -Yes, Oral Sex Only <b>U</b> -Unspecified Type of Sex	<b>N</b> -No <b>R</b> -Refused to Answer <b>D</b> -Did Not Ask
<b>Signs/Symptoms</b>	<b>STD History</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 <b>Interview Type</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. <b>Referral</b> <b>1</b> - <u>Patient (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.	
<b>Referral Basis</b>	<b>900 Site Type</b>	<b>Did Client Attend 1<sup>st</sup> Medical Appointment</b>
<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>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>Source/Spread</b>	<b>Referred to Medical Care</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>0</b> No, client was not referred to HIV medical care/evaluation/treatment. <b>1</b> Yes, referred to HIV medical care/examination/treatment.
	<b>STD Dispositions</b>	<b>HIV Dispositions</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>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