

Field Record

Patient				Interview Only Field Record: <input type="checkbox"/> Yes <input type="checkbox"/> No				Disease 1	
Last Name		First Name		Nickname		Referral Basis		Disease 1	Disease 2
						<input type="checkbox"/> Partner		<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> S/A		<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> Positive Lab Test		<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> OOJ/ICCR		<input type="checkbox"/>	<input type="checkbox"/>
Patient Address (Street\Apt. #)						Pregnant?		900 Case Status	
						<input type="checkbox"/> Y _____ weeks <input type="checkbox"/> N <input type="checkbox"/> U		<input type="checkbox"/>	
City		State	Zip Code	Patient Phone		Original Patient ID Number			
Age	D.O.B.	Race	Hispanic						
		<input type="checkbox"/> AI/AN <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> W	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R <input type="checkbox"/> D						
		<input type="checkbox"/> O <input type="checkbox"/> NH/PI <input type="checkbox"/> U <input type="checkbox"/> R <input type="checkbox"/> D							
Current Gender		Marital Status							
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MtF <input type="checkbox"/> T		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> Sep <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> R							
<input type="checkbox"/> FtM <input type="checkbox"/> U <input type="checkbox"/> R <input type="checkbox"/> D									
Height	Size/Build	Hair	Complexion		Exposure				
					First	Frequency	Last		
Place of Employment		Hours	Phone						
Internet Alias/Email Address	Internet Site/System								
Other Identifying, Locating, or Medical Information									
Treatment									
Date\Drug\Dosage\Provider									
Exam									
Date	Test	Result				Lab			
Field Record #	OOJ #	OOJ Area	Due Date	Initiating Agency	Investigating Agency	Clinic Code	Internet Outcome	Post-Test Counseled	
							<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Surveillance Notes									

Field Record

900 PS Information

(Complete on all 900 Sexual Contacts)

Interviewed? <div></div>	900 PS Interview Date	Sex at Birth <div>M</div> <div>F</div> <div>D</div>	Additional, Specify
Notifiability <div></div>	Plan <div></div>	Actual Method <div></div>	
Self-Reported Results <div></div>		Date of Last 900	
Referral 1 <div></div>	Referral Date	Test <div></div>	Result <div></div>
Post <div></div>	900+ Only	Referral 2 <div></div>	First Appointment? <div></div>

Risk Factors

Was behavioral risk assessed?

(Optional for 900 negative contacts)

Factors	Y/O/U/N/R/D		Y/N/R/D
Male	<div></div>	IDU	<div></div>
Female	<div></div>	Share Equipment	<div></div>
Transgender	<div></div>	NIR	<div></div>
Condom	<div></div>	Other	<div></div>

- Standard Documentation Abbreviations**
- Bic - Bicillin
 - C/B - Call back/Called back
 - CLIX - Cluster Interview
 - CX - Contact
 - CL - Cluster
 - CSW - Commercial Sex Worker
 - FB - Field Blood
 - FR - Field Record
 - FV - Field Visit
 - HX - History
 - IM - Intramuscular
 - IP - Index Patient
 - IX - Interview
 - LX - Lesion
 - MSM - Men who have Sex with Men
 - OI - Original Interview
 - OP - Original Patient
 - P/C - Phone Call
 - Pt - Patient
 - RI - Reinterview
 - RS - Record Search
 - SX - Symptoms
 - TX - Treatment
 - PTC - Post-test counsel
 - W/ - With
 - WBI - Will be in
 - W/O - Without

Field Follow-Up Notes

Field Supervisory Review Comments

Disease/Diagnosis 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	Referral Basis T1 - Positive Test Result T2 - Case Report T3 - Clinic Walk-In T4 - Second Positive Test F1 - Congenital Follow-Up F2 - 900 Re-Counsel F3 - Test of Cure F4 - Treatment Restart F5 - Treatment Only F6 - Vaccination M1 - Maternal Follow-up M2 - Infant Follow-up P1 - Sex Partner P2 - Needlesharing Partner P3 - Both Sex and Needle S1 - Symptomatic S2 - Named partner of infected S3 - Anyone A1 - Symptomatic A2 - Named partner of infected A3 - Anyone C1 - Unnamed person from a venue screening	Standard Documentation Abbreviations Bic - Bicillin C/B - Call back/Called back CLIX - Cluster Interview CX - Contact CL - Cluster CSW - Commercial Sex Worker FB - Field Blood FR - Field Record FV - Field Visit HX - History IM - Intramuscular IP - Index Patient IX - Interview LX - Lesion MSM - Men who have Sex with Men FR - Field Record OI - Original Interview OP - Original Patient P/C - Phone Call Pt - Patient RI - Reinterview RS - Record Search SX - Symptoms TX - Treatment PTC - Post-test counsel W/ - With WBI - Will be in W/O - Without	
Race AI/AN - American Indian or Alaskan Native A - Asian B - Black or African American NH/PI - Native Hawaiian or Other Pacific Islander W - White O - Other U - Unknown R - Refused to Answer D - Did not ask	Type of Interview O - Original Interview (OI) R - Reinterview Interview (RI) C - Cluster Interview P - Post-Test Counseling U - Unable to Interview but Partners, Social Contacts, and/or Associates were initiated	Disposition Date <u>Newly Examined and Treated</u> - Use the date of treatment. <u>Newly Examined, not Treated</u> - Use the date of examination. <u>Previously Examined and/or Treated</u> - Use the date the partner/cluster investigation is closed. <u>Not Examined</u> - Use the date the investigation is closed.	
Hispanic Y - Yes, Hispanic/Latino N - No, not Hispanic/Latino U - Unknown R - Refused to Answer D - Did not ask	Type Referral 1 - Patient (Client) 2 - Provider 3 - Dual 4 - Contract 5 - Third Party	Internet Outcome I1 - Informed-Urgent Matter I2 - Informed-General Exposure I3 - Informed-Disease Specific I4 - Demographics Found-routine Follow-up I5 - Unknown Outcome I6 - Not enough Info to Begin Investigation	
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	STD Dispositions A - Preventative Treatment B - Refused Preventative Treatment C - Infected, Brought to Treatment D - Infected, Not Treated E - Previously Treated for This Infection F - Not Infected G - Insufficient Information to Begin Investigation H - Unable to Locate I - Successful Interview/Recounsel J - Located, Not Examined, Treated, and/or Interview K - Sent Out Of Jurisdiction L - Other Q - Administrative Closure V - Domestic Violence Risk X - Patient Deceased Z - Previous Preventative Treatment HIV Dispositions STD Dispos G – X are applicable 1 - Previous Positive 2 - Previous Negative, New Positive 3 - Previous Negative, Still Negative 4 - Previous Negative, Not Re-tested 5 - Not Previously Tested, New Positive 6 - Not previously Tested, New Positive 7 - Not Previously Tested, Not Tested Now	Interviewed? 01 Accepted 02 Refused Notifiability 01 No - Partner is deceased 02 No - Partner is out of jurisdiction 03 No - Partner has a risk of domestic violence 05 No - Partner is known to be previously positive 06 Yes - Partner is notifiable 88 Other	
Marital Status S - Single, Never Married M - Married SEP - Separated D - Divorced W - Widowed C - Cohabitation U - Unknown R - Refused to Answer	900 Case Status 01 - <u>HIV Negative result</u> - The patient has tested HIV negative. 02 - <u>New HIV Case requiring partner services</u> - The patient is newly diagnosed HIV positive. 03 - <u>Prior-positive HIV case: New Partner services</u> - The patient is a previously known HIV positive case requiring partner services due to being not previously known to health department as a named case. 04 - <u>Prior-positive HIV case: New Partner Services</u> - The patient is a previously reported HIV positive case requiring partner services due to other new STD infection or pregnancy. 05 - <u>Prior-positive HIV case: New Partner Services</u> - The patient is a previously known or reported HIV positive case requiring partner services due to being identified as a sexual or social contact to an STD or HIV case. 06 - <u>Other</u> - None of the above 900 status apply to the patient but the status is known. Specify details within notes. 09 - <u>Unknown</u> - The patient HIV status is unknown.	Notification Plan 01 Client notification 02 Provider notification 03 Dual notification 04 Contract 05 Third-party notification	Notification Method 01 Client notification 02 Provider notification 03 Dual notification 05 Third-party notification 06 Refused notification
Sexual Risk Factors Y -Yes, Anal or Vaginal Intercourse (with or without Oral Sex) O -Yes, Oral Sex Only U -Unspecified Type of Sex N -No R -Refused to Answer D -Did Not Ask	Was behavioral risks assessed? 1 - Client completed a behavioral risk profile. 5 - Client was asked but no behavioral risks were identified 66 - Client was not asked about behavioral risk factors 77 - Client declined to discuss behavioral risk factors	Self-reported HIV Results 01 Positive 02 Negative 03 Preliminary positive 04 Indeterminate	Testing Confirmed 01 Positive/Reactive 02 NAAT-positive 03 Negative
Non-Sexual Risk Factors Y - Yes N - No R - Refused D - Did Not Ask		Referred to HIV Testing 0 No 1 Yes	HIV Testing Performed 0 No 1 Yes
		Referral Test Result 01 Positive/Reactive 03 Negative 04 Indeterminate 05 Invalid 06 No result	Results Provided 0 No 1 Yes
		Referred to Medical Care (Referral 2) 0 No, client was not referred to HIV medical care/evaluation/treatment. 1 Yes, referred to HIV medical care/examination/treatment. If yes, did client attend first appointment 1 - Pending 2 - Confirmed - Accessed service 3 - Confirmed - Did not access service 4 - Lost to follow-up after 90 days of referral date 5 - No follow-up 99 - Don't know	