

Interview Record

Patient Name

Patient-ID: Condition(s): 1 9 0 0 2

Neurological Involvement?: C P N U Case-ID: 1 2 Lot #: Interview Record-ID:

Name			Phone/Contact		
Last-Name			Home-Phone		
First-Name		Middle-Name	Work-Phone		
Preferred-Name / AKA			Cellular-Phone		
Maiden-Name			Pager		
Address					
Residence-Street		(Apt. #)	City		
State	Zip	County	District	Country	
Living-With			Residence-Type <input type="checkbox"/>		
Time-At-Address		W-M-Y	Time-In-State		W-M-Y
Time-In-Country		W-M-Y	E-Mail-Address(es)		
Currently Institutionalized? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U			Emergency-Contact-Name		
Name of Institution: <u>i.e. NMC Portsmouth</u>			Emergency-Contact-Phone		
Institution Type <input type="checkbox"/>			Emergency-Contact-Relationship		

Demographics	Pregnancy
Date of Birth: / / Sex at Birth: <input type="checkbox"/> M <input type="checkbox"/> F Current Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MTF <input type="checkbox"/> FTM <input type="checkbox"/> U <input type="checkbox"/> R	Pregnant at Exam? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R # Weeks: <input type="text"/> <input type="text"/> <input type="text"/> Pregnant in Last 12 Mos? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R
Age: <input type="text"/> <input type="text"/> <input type="text"/> Marital Status: <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	Pregnant at Interview? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R # Weeks: <input type="text"/> <input type="text"/> <input type="text"/> Pregnancy Outcome: <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> U
Hispanic/Latino? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R Race: <input type="checkbox"/> AI/AN <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> NH/PI <input type="checkbox"/> W <input type="checkbox"/> U <input type="checkbox"/> R	Currently in Prenatal Care? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R
English Speaking? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R Primary Language: <u>service/status</u>	
	<u>i.e. Navy/active</u>

Condition 1 Reporting Information	Condition 2 Reporting Information
Method of Case Detection: <input type="text"/> <input type="text"/> Other: _____ OP Condition: <input type="text"/> 9 <input type="text"/> 0 <input type="text"/> 0 <u>your local case#</u> OP Case ID: _____	Method of Case Detection: <input type="text"/> <input type="text"/> Other: _____ OP-Condition: <input type="text"/> <input type="text"/> <input type="text"/> OP-Case-ID: _____
Facility First Tested: <input type="text"/> where screened If Other, Describe: _____ Laboratory Report Date: / /	Facility First Tested: <input type="text"/> If Other, Describe: _____ Laboratory Report Date: / /
Interviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> If not, why not? _____ If Other, Describe: _____ Interview Period (mos.): <input type="text"/> <input type="text"/> <input type="text"/> Place of Interview: <input type="text"/> If Other, Describe: _____ PEMS-Site-ID: _____	Interviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> If not, why not? _____ If Other, Describe: _____ Interview Period (mos.): <input type="text"/> <input type="text"/> <input type="text"/> Place of Interview: <input type="text"/> 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? <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> D <input type="checkbox"/> U Import Location: _____	Imported Case? <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> D <input type="checkbox"/> U Import-Location: _____

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

Case ID

Lot #

RISK FACTORS		
I. Sexual Behaviors	Within past 3 months	Within past 12 months
<p><i>Sex is defined as having engaged in oral, anal or vaginal contact with partners.</i></p> <p>Y - Yes N - No R - Refused to Answer D - Did not Ask</p>		
<p>Has the patient:</p> <p>1. Had sex with a male?</p>	<p>Y/N/R/D</p> <p><input type="text"/></p>	<p>Y/N/R/D</p> <p><input type="text"/></p>
2. Had sex with a female?	<input type="text"/>	<input type="text"/>
3. Had sex with an anonymous partner?	<input type="text"/>	<input type="text"/>
4. Had sex with a person known to him/her to be an IDU?	<input type="text"/>	<input type="text"/>
5. Had sex while intoxicated and/or high on drugs?	<input type="text"/>	<input type="text"/>
6. Exchanged drugs/money for sex?	<input type="text"/>	<input type="text"/>
7. [Females only] Had sex with a person who is known to her to be an MSM?	<input type="text"/>	<input type="text"/>
II. Drug Use Behaviors	Within past 3 months	Within past 12 months
<p>Y - Yes N - No R - Refused to Answer D - Did not Ask</p>		
8. Engaged in injection drug use?	<p>Y/N/R/D</p> <p><input type="text"/></p>	<p>Y/N/R/D</p> <p><input type="text"/></p>
9. During the past 12 months, which of the following injection or non-injection drugs have been used?		<p><input type="checkbox"/> Crack <input type="checkbox"/> Methamphetamines</p> <p><input type="checkbox"/> Cocaine <input type="checkbox"/> Nitrates/Poppers</p> <p><input type="checkbox"/> Heroin <input type="checkbox"/> Erectile dysfunction medications (e.g., Viagra)</p> <p><input type="checkbox"/> None <input type="checkbox"/> Other, specify:</p> <p>_____</p> <p>_____</p>
III. Other Risk Factors	Within past 3 months	Within past 12 months
<p>Y - Yes N - No R -- Refused to Answer D - Did not Ask</p>		
10. Been incarcerated?	<p>Y/N/R/D</p> <p><input type="text"/></p>	<p>Y/N/R/D</p> <p><input type="text"/></p>

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"/>			Unknown <input type="checkbox"/> U	Refused <input type="checkbox"/> R	Unknown <input type="checkbox"/> U	Refused <input type="checkbox"/> R	Unknown <input type="checkbox"/> U	Refused <input type="checkbox"/> R		
<input type="checkbox"/>			<input type="checkbox"/>										
<input type="checkbox"/>			<input type="checkbox"/>										
<input type="checkbox"/>			<input type="checkbox"/>										
<input type="checkbox"/>	Did not ask		<input type="checkbox"/>	Did not ask									
<input type="checkbox"/>	Refused to answer		<input type="checkbox"/>	Refused to answer									
						Interview Period Partners							
						Condition 1 HIV			Condition 2				
						Unknown Refused			Unknown Refused				
						Female	<input type="checkbox"/> U	<input type="checkbox"/> R			Female	<input type="checkbox"/> U	<input type="checkbox"/> R
						Male	<input type="checkbox"/> U	<input type="checkbox"/> R			Male	<input type="checkbox"/> U	<input type="checkbox"/> R
						Transgender	<input type="checkbox"/> U	<input type="checkbox"/> R			Transgender	<input type="checkbox"/> U	<input type="checkbox"/> R

Partner/Cluster Information

1	Last-Name			First-Name			AKA			Jurisdiction		
	P/CL <input type="checkbox"/>	First Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Freq. <input type="checkbox"/>	Last Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> R			Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R			Spouse <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R	
Condition 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Ix-Type	Referral <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	FR#	Dispo	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cond.	<input type="checkbox"/>	SO/SP	
Condition 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Ix-Type	Referral <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	FR#	Dispo	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cond.	<input type="checkbox"/>	SO/SP	

2	Last-Name			First-Name			AKA			Jurisdiction		
	P/CL <input type="checkbox"/>	First Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Freq. <input type="checkbox"/>	Last Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> R			Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R			Spouse <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R	
Condition 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Ix-Type	Referral <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	FR#	Dispo	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cond.	<input type="checkbox"/>	SO/SP	
Condition 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Ix-Type	Referral <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	FR#	Dispo	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cond.	<input type="checkbox"/>	SO/SP	

3	Last-Name			First-Name			AKA			Jurisdiction		
	P/CL <input type="checkbox"/>	First Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Freq. <input type="checkbox"/>	Last Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> R			Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R			Spouse <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R	
Condition 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Ix-Type	Referral <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	FR#	Dispo	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cond.	<input type="checkbox"/>	SO/SP	
Condition 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Ix-Type	Referral <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	FR#	Dispo	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cond.	<input type="checkbox"/>	SO/SP	

4	Last-Name			First-Name			AKA			Jurisdiction		
	P/CL <input type="checkbox"/>	First Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Freq. <input type="checkbox"/>	Last Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> R			Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R			Spouse <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R	
Condition 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Ix-Type	Referral <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	FR#	Dispo	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cond.	<input type="checkbox"/>	SO/SP	
Condition 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Ix-Type	Referral <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	FR#	Dispo	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cond.	<input type="checkbox"/>	SO/SP	

5	Last-Name			First-Name			AKA			Jurisdiction		
	P/CL <input type="checkbox"/>	First Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Freq. <input type="checkbox"/>	Last Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> R			Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R			Spouse <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> R	
Condition 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Ix-Type	Referral <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	FR#	Dispo	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cond.	<input type="checkbox"/>	SO/SP	
Condition 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Ix-Type	Referral <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	FR#	Dispo	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cond.	<input type="checkbox"/>	SO/SP	

Interview Record Codes					
Disease/Diagnosis Codes	Institution Types	Y/N/U/R	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/ symptoms 800 - Genital Warts 850 - Herpes 900 - HIV Infection 950 - AIDS (Syndrome)	G - Group Home J - Jail O - Other P - Prison Q - Mental Health Center R - Rehabilitation Center X - Drug Treatment/Detox Center Y - Juvenile Detention	Y - Yes N - No U/UN - Unknown R - Refused to Answer	W - Weeks M - Months Y - Years		
		Method of Case Detection			
		Marital Status			
		S - Single, Never Married M - Married SEP - Separated D - Divorced W - Widowed C - Cohabitation U - Unknown R - Refused to Answer			
		Hispanic/Latino			
		Y - Yes, Hispanic/Latino N - No, not Hispanic/Latino U - Unknown R - Refused to Answer			
		Race			
		A/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			
		Pregnancy Outcome			
		D - Live Birth S - Stillborn M - Miscarriage A - Abortion U - Unknown			
Type of Facility					
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					
Neurological Involvement					
C - Yes, Confirmed P - Yes, Probable N - No U - Unknown					
Residence Type					
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					
Gender/Sex:					
M - Male F - Female MTF - Male to Female Transsexual FTM - Female to Male Transsexual T - Transgender U - Unknown R - Refused to Answer					
		Reasons Not Interviewed:			
		Place of Interview			
		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		
		Imported Case			
		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			
		Specimen Source			
		Anatomic Site			
		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		
		Qualitative Lab Result			
		P - Positive N - Negative I - Indeterminate/Equivocal UN - Unknown/ No Result Q - Quantity Not Sufficient C - Contaminated specimen			
		Places met or had sex with partners			
		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		

Interview Record Codes		
Signs/Symptoms	STD History	
A - Discharge or MPC B - Chancre, Sores, Lesions, or Ulcers C - Rash D - Dysuria E - Itching F - Alopecia (Hair loss) G - Condylomata Lata H - Bleeding I - Pharyngitis (Sore Throat) J - Painful Sex K - Abdominal Pain L - Swelling/Inflammation M - Mucous Patch N - Lymphadenopathy O - Other P - Balanitis Q - Fever R - Cervical Friability S - Ectopy T - Epididymitis V - Proctitis W - Adnexal tenderness/Cervical motion tenderness	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	
	Interview Type	
	O - <i>Original Interview</i> the initial interview with an infected patient. R - <i>Re-Interview</i> any interview after the Original Interview of an infected patient. C - <i>Cluster Interview</i> any interview of a partner or cluster regarding the index case. U - <i>Unable to interview</i> (may include situations where the original patient was not interviewed, but sex partners and/or clusters were initiated from other activities).	
	Referral	
1 - <u>Patient (Client)</u> : No health department involvement in the referral of this partner/cluster. 2 - <u>Provider</u> : DIS or other health department staff were involved in the referral of this partner/cluster . 3 - <u>Dual (contract)</u> : A combination of provider and patient effort to bring contact/cluster to services.		
Source/Spread		
SO - The source of infection for the original patient SP - A spread from the original patient. U - Partner infection is <u>not related to the original patient</u> . UN (Unknown) - It is unknown whether a partner infection is related to the original patient.		
Partner/Cluster		
PARTNER - Persons having sexual activities (of any type) or sharing needles with the original patient. P1 - Sex Partner P2 - Needle sharing Partner P3 - Both Sex and Needle sharing Partner SOCIAL CONTACT (Suspect) - Persons named by an infected person (e.g., the original patient or an infected partner or cluster). 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 partner or cluster. 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).		
Dispositions		
STD Dispositions	HIV 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 J - Located, Refused Examination and/or Treatment K - Out Of Jurisdiction L - Other	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 Negative 7 - Not Previously Tested, Not Tested Now G - Insufficient Information to Begin Investigation H - Unable to Locate J - Located, Refused Counseling and/or Testing K - Out Of Jurisdiction L - Other	