



Navy and Marine Corps Public Health Center; Sexual Health and Responsibility Program (SHARP)

DRSi STI Case Data Collection Worksheet

(version: August 2016)



**NOTE: THIS IS NOT AN OFFICIAL NAVY FORM. FOR INSTRUCTIONAL PURPOSES ONLY;
OFFICIAL DATA ARE ENTERED INTO THE DEFENSE REPORTABLE SURVEILLANCE SYSTEM – INTERNET (DRSi)**

Case# _____ Date this form initiated: _____

SSAN	
FMP	
First name	
MI	
Lastname	
Race	
Service	
Duty status	
Rank	
Permanent duty station	
Diagnosis	
Date of Onset	
Method of confirmation	
Case status : confirmed ; probable ; suspect	
Date of confirmation or probable/suspect report	
Syphilis: RPR or VDRL positive; pending; negative	
Syphilis: FTA-ABS or MHA-TP positive; pending; negative	
Syphilis: Demonstration of T. pallidum: positive; pending; negative	
Syphilis: Other labs:	
Syphilis stage: primary; secondary; early latent; late latent; tertiary; congenital	
Syphilis Case Comment Box – Optional Entries / helpful information regarding syphilis stage	
one or more chancres (ulcers / primary chancre)?	
localized or diffuse mucocutaneous lesions (with or without generalized lymphadenopathy or primary chancre)?	
no syphilis signs or symptoms?	
cardiac, neurologic, ophthalmic, auditory conditions or gummatous lesions:	
evidence of seroconversion during the past 12 months?	
evidence of 4-fold increase in RPR or VDRL titer during the past 12 Months?	
symptoms of primary or secondary syphilis within the past year?	
had a sexual partner with primary, secondary or early latent syphilis with past 12 months?	

Case # _____

Risk Behavior Last 12 Months: Sex with:

	Yes	No	Refused to Answer
Male partner			
Female partner			
Anonymous partner			
Injection drug user			
While intoxicated or high			
Exchanged money or drugs for sex			
Sex without a condom			
(female patients only – sex with a man who has sex with men			
Were prevention counseling and partner services provided to this patient?			

Other Case Considerations:

	Yes	No	n/a
HIV test now?			
RPR now?			
Contraception referral now?			
HPV vaccination now?			
HAV vaccination now?			
HBV vaccination now?			
HIV PrEP Candidate and Referral now?			
Recommend annual or more frequent HIV / syphilis screening?			

Case # _____

Sexual Partner Data

Partner Info	Date of last contact and place	Within tracing period?	Exposure type	DoD healthcare eligible?	Notification option selected	Identifying, locating, and "contract" info	Disposition
<p><u>Partner #1:</u></p> <p><u>Relationship:</u> (check one) <input type="checkbox"/> spouse <input type="checkbox"/> other main <input type="checkbox"/> casual or periodic <input type="checkbox"/> anonymous <input type="checkbox"/> CSW <input type="checkbox"/> unknown <input type="checkbox"/> refused</p> <p><u>Gender:</u></p>	<p><u>Date:</u></p> <p><u>Place:</u> (check all that apply): <input type="checkbox"/> home station <input type="checkbox"/> underway <input type="checkbox"/> on leave / liberty <input type="checkbox"/> deployed <input type="checkbox"/> prior to enlistment <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS <input type="checkbox"/> other: _____</p>	<p>Yes</p> <p>No</p>	<p>Sex</p> <p>Needle-sharing</p> <p>both</p>	<p>Yes</p> <p>No</p>	<p>Provider</p> <p>Client</p> <p>Dual</p> <p>Contract</p> <p>Other:</p>	<p>NOTE: this info is NOT entered into DRSi</p>	<p>Notified? Date: _____</p> <p>Testing and Treatment Confirmed? Date: _____</p> <p>Confirmed infected? Yes / No</p> <p>Date case closed: _____</p> <p>Final Disposition Code: _____</p>
<p><u>Partner #2:</u></p> <p><u>Relationship:</u> (check one) <input type="checkbox"/> spouse <input type="checkbox"/> other main <input type="checkbox"/> casual or periodic <input type="checkbox"/> anonymous <input type="checkbox"/> CSW <input type="checkbox"/> unknown <input type="checkbox"/> refused</p> <p><u>Gender:</u></p>	<p><u>Date:</u></p> <p><u>Place:</u> (check all that apply): <input type="checkbox"/> home station <input type="checkbox"/> underway <input type="checkbox"/> on leave / liberty <input type="checkbox"/> deployed <input type="checkbox"/> prior to enlistment <input type="checkbox"/> CONUS <input type="checkbox"/> OCONUS <input type="checkbox"/> other: _____</p>	<p>Yes</p> <p>No</p>	<p>Sex</p> <p>Needle-sharing</p> <p>both</p>	<p>Yes</p> <p>No</p>	<p>Provider</p> <p>Client</p> <p>Dual</p> <p>Contract</p>	<p>NOTE: this info is NOT entered into DRSi</p>	<p>Notified? Date: _____</p> <p>Testing and Treatment Confirmed? Date: _____</p> <p>Confirmed infected? Yes / No</p> <p>Date case closed: _____</p> <p>Final Disposition Code: _____</p>

Disposition Codes:

A-preventive treatment B-refused preventive treatment C-infected and brought to treatment D-Infected-not treated E-previously treated for this infection
 F-not infected G-insufficient info to begin investigation H-unable to locate J-located and refused exam and treatment K-out of jurisdiction L-other