**Chart review form Cluster:\_\_\_\_\_\_\_\_**

**STATENO:\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Names/Nicknames/Aliases:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient\_ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current age in years: \_\_\_\_\_\_**

**Date entered into Excel database: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person entering into Excel database: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A. Abstraction Log**

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| --- | --- | --- | --- | --- | --- |
| **Medical Chart Abstraction or PS Interview Record Abstraction?** | **Medical Record Number or PS Case Number** | **Facility name** | **Facility type** (1=Hospital, 2=Other inpatient, 3=Private physician’s office, 4=Adult HIV clinic, 5= Other outpatient, 6=CTS, 7=STD clinic, 8=other screening/ diagnostic/ referral facility, 9= Emergency room, 10=Corrections, 11=Other) | **Abstractor’s name** | **Abstraction date** |
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**B. Patient Demographics**

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| --- | --- | --- |
| **Question** | **Summary code** | **Variable name** |
| **Sex at birth** (1=Male, 2=Female, 99=missing): |  | Sex |
| **Current gender identity** (1=Male, 2=Female, 3=Transgender male-to-female, 4=Transgender female-to-male, 5=Unknown, 6=Other gender identity) |  | GenIdentity |
| **Sexual identity** (1=Gay/homosexual, 2=Bisexual, 3=Straight/heterosexual, 4=Other) |  | SexIdentity |
| **Ethnicity** (1=Hispanic/Latino, 2=Not Hispanic/Latino) |  | Ethnicity |
| **Race** (1= American Indian/Alaskan Native, 2=Asian, 3=Black/African American, 4= Native Hawaiian/Pacific Islander, 5=White, 6=Other, 7=Multiple races 99=Missing) |  | Race |
| **Marital Status:** (1=Single, 2=Married, 3=Widowed, 4=Divorced, 5=Separated, 6=Unknown) |  | Marital |
| **Current street address of residence** |  | CurrAddress |
| **Current city of residence** |  | CurrCity |
| **Current state of residence** |  | CurrState |
| **Current ZIP code of residence** |  | CurrZIP |
| **Current address type** (1=Residential, 2=Correctional facility, 3=Foster home, 4=Homeless, 5=Postal, 6=Shelter, 7=Temporary, 8=Other, 9=Unknown) |  | CurrAddType |
| **If current address type = other, describe** |  | CurrAddTypeOtherDesc |
| **Date of current address** (MM/DD/YYYY) |  | CurrAddDate |
| **Most current living situation** (1=Lives alone, 2=Lives with partner, 3=Lives with parents, 4=Lives with friends/ roommates, 5=Correctional setting, 6=Institutional setting, 7=No stable housing) |  | LivSituation |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Table of all addresses and phone numbers (Address type:** (1=Residential, 2=Correctional facility, 3=Foster home, 4=Homeless, 5=Postal, 6=Shelter, 7=Temporary, 8=Other, 9=Unknown))   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Date recorded/ documented** | **Street address** | **City** | **State** | **ZIP** | **Address type** | **Phone** | **Email** | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | | |
| **History of incarceration** (1=Yes, 2=No, 3=Unknown) |  | Incarc |
| **Incarceration comments:** Please note dates of incarceration, facilities, and any other pertinent details related to incarceration | | |
| **Country of Birth** (1=US, 2=US dependency, 3=Other country, 4=Unknown)  If not US, then specify dependency or country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | BirthCountry  BirthSpec |
| **Date of arrival** (MM/DD/YYYY): For patients born outside the United States, enter the date of arrival in the United States. |  | Arrival |
| **Primary language** (1= English, 2=Spanish, 3=Other) |  | Language |
| **Employment status** (1=Employed full-time, 2=Employed part-time, 3=Full-time student, 4=Unemployed, 5=Unable to work for health reasons, 6=Retired, 7=Other) |  | Employ |
| **Current student** (including full and part-time?) (1=Yes, 2=No, 9=Unknown) |  | Student |
| **Comments about socio-demographic characteristics** (include details of ethnicity, any indication about death, date of death, cause of death, schools and employment locations, and other notable findings not captured above): | | |

**C. Medical Care Preceding Diagnosis**

|  |  |  |
| --- | --- | --- |
| **Question** | **Summary code** | **Variable name** |
| **Health insurance status at diagnosis** (1=Private health plan, 2=Medicaid, 3=Medicare, 4=TRICARE, 5=Uninsured, 6=Other plan (specify), 9=Unknown)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Insurance  InsSpec |
| **Did patient have a primary care provider pre-diagnosis?** (1=Yes, 2=No, 9=Unknown) |  | PCP |
| **>>If yes, what is the name of the primary care provider?** |  | PCPName |
| **>>If yes, what is the City and State of the primary care provider’s office?** |  | PCPCityState |
| **>> If Yes, when was last visit (pre-diagnosis)** (MM/DD/YYYY) |  | PCPlastDate |
| **>> Purpose of Visit** |  | PCPlastPurpose |
| **Evidence that patient accessed medical care in 12 months before HIV diagnosis?** (1=Yes, 2=No, 9=Unknown) |  | HCpreDx |
| **>> If yes, number of health care visits in 12 months prior to HIV diagnosis?** |  | NoHCVisitsPreDx |
| **Was patient ever on PrEP?** (1=Yes, 2=No, 9=Unknown) |  | PrEP |
| **Comments about Medical Care Preceding Diagnosis:** | | |

**D. HIV Diagnosis and Testing**

|  |  |  |
| --- | --- | --- |
| **Question** | **Summary code** | **Variable name** |
| **Date of first positive HIV test** (Date of specimen collection -- enter (MM/DD/YYYY) ) |  | FirstPosDate |
| **Test type of first positive HIV test – list all that apply** ((1=Quantitative VL, 2=Qualitative VL, 3=p24 antigen, 4=WB, 5=HIV-1 EIA, 6=HIV-1/2 EIA, 7=HIV-1/2 Ag/Ab, 8=HIV-1/2 type differentiating assay, 9=Unknown) |  | FirstPosTestType |
| **Type of facility of diagnosis** (1=Hospital, 2=Other inpatient, 3=Private physician’s office, 4=Adult HIV clinic, 5= Other outpatient, 6=CTS, 7=STD clinic, 8=other screening/ diagnostic/ referral facility, 9= Emergency room, 10=Corrections, 11=Other, 99=Unknown) |  | DiagSetting |
| **Why did the patient present for the HIV test that led to diagnosis?** (1=symptoms, 2=partner services, 3=routine testing initiated by patient, 4=screening test (e.g., jail, ER), 5=other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 9=unknown) |  | CasePresent  CasePresentspec |
| **Were diagnostic test results suggestive of acute infection?\*** 1. Neg ab or virologic test within 90 days before first pos test. 2. Neg ab test on or after the first pos ab test and on or before the first pos virologic test, or 3. Neg ab test within 90 days after the first pos virologic test (1=Yes, 2=No) |  | AcuteTest |
| **Did the patient experience symptoms of acute HIV infection?** (fever, fatigue, rash, headache, lymphadenopathy, sore throat, achiness, GI symptoms, night sweats) (1=Yes, 2=No)(If so, provide details in comment box). |  | AcuteSx |
| **>>If Yes, Onset date** (MM/DD/YYYY) |  | AcuteSxOnsetDate |
| **>>If Yes, Duration of symptoms** (in number of days) |  | AcuteSxDuration |
| **Does this patient meet case definition for Stage 0 at the time of diagnosis?** (Stage 0: a documented neg or indeterminate result within 180 days before or after a positive result.)(1=Yes, 2=No, 3=Unknown) |  | StageZero |
| **Had the patient been tested for HIV prior to the first positive test?** (1=Yes, 2=No, 9=Unknown) |  | PriorHIVTest |
| **>>If yes, date of last negative HIV test** (MM/DD/YYYY) |  | LastNegDate |
| **>>If yes, last negative test self-reported or documented?** (1=Self-reported, 2=Documented, 9=Unknown) |  | LastNegConf |
| **>> If yes, test type of last negative HIV test -- list all that apply**(1=Quantitative VL, 2=Qualitative VL, 3=p24 antigen, 4=WB, 5=HIV-1 EIA, 6=HIV-1/2 EIA, 7=HIV-1/2 Ag/Ab, 8=HIV-1/2 type differentiating assay) |  | LastNegTestType |
| **HIV test results from diagnosis and preceding diagnosis.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Specimen collection date** | **Ordering facility name** | **Test type** (1=Quant VL, 2=Qual VL, 3=p24 antigen, 4=WB, 5=HIV-1 EIA, 6=HIV-1/2 EIA, 7=HIV-1/2 Ag/Ab, 8=HIV-1/2 type differentiating assay) | **Result** | **Laboratory** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |
| **Comments about HIV diagnosis and testing** (include details of symptoms of acute infection and timing of those symptoms, and other notable findings not captured above): | | |

Stage 0 can be established either:

Based on testing history (previous negative/indeterminate test results): a negative or indeterminate HIV test (antibody, combination antigen/antibody, or nucleic acid test) result within 180 days before the first confirmed positive HIV test result of any type. The first positive test result could be any time before the positive supplemental test result that confirms it or

Based on a testing algorithm: a sequence of tests performed as part of a laboratory testing algorithm that demonstrate the presence of HIV-specific viral markers such as p24 antigen or nucleic acid (RNA or DNA) 0–180 days before or after an antibody test that had a negative or indeterminate result. Examples of algorithms that would fulfill this requirement include:

— A positive initial HIV immunoassay result (e.g., antigen/antibody or antibody only) followed by a negative or indeterminate supplemental antibody test result (e.g., HIV-1/HIV-2 antibody differentiation assay or Western blot) and a positive NAT result. All three tests are usually performed as part of the same testing algorithm but time might elapse between tests if additional specimens must be obtained for definitive supplemental testing.

— A negative initial HIV immunoassay result followed by a positive NAT result that might have been done to evaluate the presence of acute HIV infection (19,20).

Exception

A confirmed case of HIV infection is not in stage 0 if the negative or indeterminate HIV test used as the criterion for it being a recent infection was preceded >60 days by evidence of HIV infection, such as a confirmed positive HIV test result, a clinical (physician-documented) diagnosis of HIV infection for which the surveillance staff have not found sufficient laboratory evidence, a CD4+ T-lymphocyte test result indicative of stage 3 (Table), or an opportunistic illness indicative of stage 3 (Appendix).

Classifying a case as stage 0 depends on documenting negative HIV antibody test results in the specific situations described above. Negative test results from testing algorithms that have concluded that the person is not infected need not be reported to HIV surveillance programs.

**E. HIV Care and Treatment**

|  |  |  |
| --- | --- | --- |
| **Question** | **Summary code** | **Variable name** |
| **Was patient linked to HIV care following diagnosis** (1=Yes, 2=No, 9=Unknown) |  | LinkedToCare |
| **Date of first HIV Medical care visit following diagnosis** (MM/DD/YYYY) |  | DateFirstHIVCare |
| **Initial CD4 count value** |  | FirstCD4 |
| **Initial CD4 count date** (MM/DD/YYYY) |  | FirstCD4date |
| **Initial VL value** |  | FirstVL |
| **Initial VL date** (MM/DD/YYYY) |  | FirstVLdate |
| **Most recent VL value** |  | RecentVL |
| **Most recent VL date** (MM/DD/YYYY) |  | RecentVLdate |
| **Was a genetic resistance test ordered for this patient?** (1=Yes, 2=No, 9=Unknown) |  | DRtest |
| **Has patient begun ARV treatment for HIV?** (1=Yes, 2=No, 9=Unknown) |  | ARVs |
| **Date ARV treatment initiated** (MM/DD/YYYY) |  | ARVstartdate |
| **Any evidence of treatment interruption or poor adherence?** (1=Yes, 2=No) If so, provide dates and describe in comment box. |  | Interrupt |
| **As of last visit, was patient currently on ARVs?** (1=Yes, 2=No) |  | CurrARV |
| **Date of most recent visit** |  | RecentVisit |
| **Has patient had a viral load test demonstrating a viral load ≤200?** (1=Yes, 2=No) |  | FirstSupp |
| **>>If yes, date of first suppressed viral load** (MM/DD/YYYY) |  | FirstSuppDate |
| **Has patient had any viral load tests demonstrating viral loads >200 after the first test indicating viral load ≤200?** (1=Yes, 2=No) |  | UnSuppVL |
| **Test results from care**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date** | **Ordering facility** | **Type** (1=CD4 count, 2=Viral load, 3=genotypic resistance test, 5=Other test (Describe)) | **Result** | **Laboratory** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **Date** | **Ordering facility** | **Type** (1=CD4 count, 2=Viral load, 3=genotypic resistance test, 5=Other test (Describe)) | **Result** | **Laboratory** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |
| **Medical visits (Document all visits after HIV diagnosis)**   |  |  |  | | --- | --- | --- | | **Visit date** | **Reason** (1=routine visit, 2=urgent concern, 3=labs only, 4=other) | **Facility** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | |
| **Comments about HIV care** (include mentions of adherence, details of treatment interruption, and other notable findings not captured above): | | |

**F. STD coinfections**

|  |  |  |
| --- | --- | --- |
| **Question** | **Summary code** | **Variable** |
| **Did patient have STDs diagnosed within 30 days before or after HIV diagnosis?** (1=Yes, 2=No, 9=Unknown) |  | ConcSTD |
| **Did patient have STDs diagnosed during 12 months before HIV diagnosis (more than 30 days prior)?** (1=Yes, 2=No, 9=Unknown) |  | PrevSTD |
| **Did patient have STDs diagnosed more than 30 days after HIV diagnosis?** (1=Yes, 2=No, 9=Unknown) |  | RecentSTD |
| **STD diagnoses**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Diagnosis date** | **STD** (1=Syphilis, 2=Gonorrhea, 3=Chlamydia, 4=Other (specify)) | **Site of Infection** | **How diagnosed** (1=presented with symptoms, 2=partner services, 3=routine screening, 4=other) | **Initiated for Partner Services?** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |
| **Comments about STD coinfections** (include other notable findings not captured above): | | |

**G. Sexual Risk Behaviors**

|  |  |  |
| --- | --- | --- |
| **Question** | **Summary code** | **Variable** |
| **Gender of partners:** |  |  |
| **Any evidence of sex with male partners?** (1=Yes, 2=No) |  | MalePart |
| **Any evidence of sex with female partners?** (1=Yes, 2=No) |  | FemPart |
| **Any evidence of sex with transgender partners?** (1=Yes, 2=No) |  | TGPart |
| **Transactional sex** (1=Yes, 2=No, 9=Unknown) |  | Transactional |
| **Sex while under influence of drugs/alcohol?** (1=Yes, 2=No, 9=Unknown) |  | AlcDrugSex |
| **Sex with person known to be IDU** (1=Yes, 2=No, 9=Unknown) |  | SexIDU |
| **Anonymous sex?** (1=Yes, 2=No, 9=Unknown) |  | AnonSex |
| **Sex parties/group sex?** (1=Yes, 2=No, 9=Unknown) |  | SexParties |
| **Use of condoms** (1=Always,2=Sometimes, 3=Never, 9 = Unknown) |  | CondomUse |
| **Type of Sex** |  |  |
| Oral Sex (1=Yes, 2=No, 9=Unknown) |  | OralSex |
| Vaginal sex (1=Yes, 2=No, 9=Unknown) |  | VagSex |
| Insertive anal sex (1=Yes, 2=No, 9=Unknown) |  | InsertSex |
| Receptive anal sex (1=Yes, 2=No, 9=Unknown) |  | RecepSex |
| **Lifetime number of sex partners** (enter number) |  | LifePart |
| **Meet partners using:** |  |  |
| **Grindr** (1=Yes, 2=No, 9=Unknown) |  | MeetGrindr |
| **Jack’d** (1=Yes, 2=No, 9=Unknown) |  | MeetJackd |
| **Scruff** (1=Yes, 2=No, 9=Unknown) |  | MeetScruff |
| **Growlr** (1=Yes, 2=No, 9=Unknown) |  | MeetGrowlr |
| **Craigslist** (1=Yes, 2=No, 9=Unknown) |  | MeetCraigslist |
| **Facebook** (1=Yes, 2=No, 9=Unknown) |  | MeetFacebook |
| **Bars** (1=Yes, 2=No, 9=Unknown) |  | MeetBars |
| **>If yes, bar names** |  | BarNamesDesc |
| **Bath houses** (1=Yes, 2=No, 9=Unknown) |  | MeetBathHouse |
| **>If yes, bath house names** |  | BathHouseNames |
| **Internet chatroom** (1=Yes, 2=No, 9=Unknown) |  | MeetChatroom |
| **Other (describe)** |  | MeetOtherDesc |
| **Before testing positive, did patient have sex with a known HIV positive person?** (1=Yes, 2=No, 9=Unknown) |  | SexHIVPos |
| **>> If yes, was partners HIV status known to patient prior to sexual contact?** (1=Yes, 2=No, 9=Unknown) |  | SexPosKnown |
| **Comments on sex with known HIV positive person** (Include dates, whether condoms were used, whether they knew if partner was on treatment, and any other pertinent details): | | |
| **List of frequented venues:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Venue/app** | **Venue Type** | **Date identified** | **Met or Had Sex at Venue (Y/N)** | **Comments** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |
| **Travel periods:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Travel To (during interview period)** | **Purpose of Trip (personal/business)** | **Start date** | **End date** | **Companions** | **Stayed With** | **Number of Local Sex Partners** | **Comments** | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | | |
| **Comments about risk behaviors** (include details of openness of sexual identity, whether active in the MSM community, partner meeting locations, partners outside of home city, other notable findings not captured above): | | |

**H. Drug/alcohol use**

|  |  |  |
| --- | --- | --- |
| **Question** | **Summary code** | **Variable** |
| **Any recreational drug use** (1=Yes, 2=No, 9=Unknown) |  | AnyDrug |
| **Injection drug use** (1=Yes, 2=No, 9=Unknown) |  | IDU |
| **Alcohol** (1=Yes, 2=No, 9=Unknown) |  | Alc |
| **Crack/cocaine/THC** (1=Yes, 2=No, 9=Unknown) |  | CrackCoc |
| **Herion/Opioid** (1=Yes, 2=No, 9=Unknown) |  | Heroin |
| **Marijuana** (1=Yes, 2=No, 9=Unknown) |  | MJ |
| **Liquid ecstasy/GHB** (1=Yes, 2=No, 9=Unknown) |  | GHB |
| **Methamphetamine** (1=Yes, 2=No, 9=Unknown) |  | Meth |
| **Viagra or Cialis or Levitra** (1=Yes, 2=No, 9=Unknown) |  | Viagra |
| **Benzodiazepines** (1=Yes, 2=No, 9=Unknown) |  | Benzo |
| **Poppers** (1=Yes, 2=No, 9=Unknown) |  | Poppers |
| **Others** (Describe) |  | OthDrugs |
| **Comments about drug/alcohol use**: | | |

**I. Partner Services**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question** | **Interview 1** | **Interview 2** | **Interview 3** | **Interview 4** | **Interview 5** |
| Diagnosis (HIV or other STD) |  |  |  |  |  |
| Diagnosis date |  |  |  |  |  |
| Was a partner services initiated for this patient? **(**1=Yes, 2=No, patient not infectious, 3=MD says CI not indicated, 99=Unknown) |  |  |  |  |  |
| Was partner interviewed? (1=Yes, 2=No, 3=Unknown) |  |  |  |  |  |
| Case ID number(s) |  |  |  |  |  |
| DIS Interviewer/Worker ID |  |  |  |  |  |
| Timeframe discussed in interview |  |  |  |  |  |
| Number of partners claimed in interview period |  |  |  |  |  |
| Number of anonymous partners |  |  |  |  |  |
| Number of marginal partners |  |  |  |  |  |
| Number of named partners |  |  |  |  |  |
| Number of named partners initiated |  |  |  |  |  |
| Number of partners located for partner services |  |  |  |  |  |
| Number of partners tested |  |  |  |  |  |
| Number positive |  |  |  |  |  |
| Number negative |  |  |  |  |  |
| Number not tested |  |  |  |  |  |
| Number of partners refusing to test |  |  |  |  |  |
| Number of partners not located for partner services |  |  |  |  |  |
| Number of partners out-of-state |  |  |  |  |  |
| Number of social contacts named |  |  |  |  |  |
| **Comments about partner services notes** (unexplained change in sexual pattern, exposure gaps, other): | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Associated Partners/Social Contacts (patient ID) | Case Number | Disease1  Disease2 | Referral Basis | Type of Sex | Positioning | Transmission Reduction Methods (Condoms, PrEP, VL Suppression) | Drugs during sex | Disposition | Diagnosis | If 900, cluster status.  Confirmed, Probable, Possible, Not Related | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |   **List of Partners/Social Contacts:** | | | | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Name | Age | Sex | Race | Ht. | Wt. | Hair | Exp Dates | Locations | Place of Encounter/Identifying-Locating/Other Risk Information | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |   **List of Marginals:** | | | | | |