CALIFORNIA SYPHILIS INTERVIEW RECORD

Interview Record ID

Lot #:

STAGE OF SYPHILIS

Working:

Final:

Neurosyphilis? C P S N U

Neurologic Symptoms? Y N U

Current Co-Infections? 1) ______ 2) ______ 3) ______ N U

PHONE / CONTACT

Home Phone

Work Phone

Cellular Phone/Pager

E-mail Address/Chatroom & ID #1

E-mail Address/Chatroom & ID #2

Emergency Contact Name

Emergency Contact Relationship

Emergency Contact Phone

NAME

Last Name | First Name | Middle Initial

Preferred Name / AKA | Maiden Name

ADDRESS

Residence Street (Apt. #)

City | Zip

Jurisdiction/County name (State/Country if non-CA case) | Census Tract

Colonia/District (Bi-national only)

Living With: ______

Relationship: ______

Time

at Address?	U	______	W M Y
in State?	U	______	W M Y
In U.S.?	U	______	W M Y

Residence Type: ☐ House/Condo ☐ Apartment ☐ Dorm ☐ Homeless ☐ Hotel/Motel ☐ Unknown ☐ Institution (if checked, complete the section below) ☐ Migrant Camp ☐ Group Home ☐ Other: ______

Institutionalized at diagnosis? Y N If Yes, Jurisdiction #: ______ Since when: ______ U Institution ID #: ______

Facility Name: ______ Type Facility: ☐ Juvenile Det. ☐ Jail ☐ Prison ☐ Mental Health ☐ Drug Treatment/Rehab

DEMOGRAPHICS

Date of Birth | Age

Race (Select All That Apply) W B A NH/PI AI/AN U O ______ (Please Specify Other)

Hispanic/Latino? Y N U

Gender at birth: M F U

Current Gender: M F MTF FTM U

Marital Status: S M C D Sep W U

Patient has sex with: *(check all that apply)* ☐ Male ☐ Female ☐ MTF ☐ FTM ☐ Unknown

FEMALES ONLY: Currently pregnant? Y N U → **If Yes**, No. of weeks: ______ Currently in prenatal care? Y N U

Other pregnancy in last 12 months? Y N U → **If Yes**, outcome: D S M A U Date of outcome: ______ U

REPORTING OF CASE

Date of Specimen Collection: ______

Date Lab Report received: ______ ☐ No lab report rec'd

Date Provider First Reported/Contacted: ______

Via *(check only one)*:
☐ Telephone call/referral from PMD
☐ CMR from PMD
☐ DIS/Public Health staff contacted PMD

CASE MANAGEMENT LOG

Was this case initially reported to or interviewed in another jurisdiction? No Rpt Ix

→ **If reported or interviewed elsewhere**, Jurisdiction #: ______

Date case was first assigned: ______ DIS: ______

Date of original interview: ______ DIS: ______

Type of original interview: ☐ No interview *(complete reason below)*
☐ Clinic ☐ Field ☐ Telephone ☐ Jail / Prison ☐ Internet

IF NOT INTERVIEWED, REASON: *(check one only)*
☐ Declined Interview
☐ Incarceration Barrier → Describe: ______
☐ Language Barrier → Identify language: ______
☐ Bad/no locating information
☐ Correct locating information; no patient response
☐ Initial contact made; no interview
☐ Other: ______

Date case was received / re-assigned in LHJ: ______ DIS: ______

Jurisdiction # of Responsibility: ______

Date assigned for re-interview: ______ DIS: ______

Date of re-interview: ______ DIS: ______

BASIS FOR EARLY STAGE – complete at case closure

☐ Lesion Present *(710 dx only)*

☐ Secondary Symptoms Present *(720 dx only)*

☐ History, Past 12 Months *(730 dx only)* *(check all that apply below)*
☐ Negative STS ☐ 4-Fold Titer Increase
☐ P&S Symptoms ☐ Exposure to Independently Confirmed Early Infection

☐ **No basis, late diagnosis**

Date Case Closed | **DIS** | **Sup**

Local Use: A B C

Interview Record ID

CLINICAL/LAB INFORMATION

REPORTING PROVIDER

Reporting Provider Name

Facility Name

City

State

METHOD OF EARLIEST CASE DETECTION

Method of Case Detection?
(check only one main category)

- ☐ Self-referred (check one)
  - ☐ Syphilis symptoms
  - ☐ Other STD symptoms
  - ☐ High risk (asymptomatic)
- ☐ Screening
- ☐ Patient Referred Partner
- ☐ Health Department Referred Partner
- ☐ Cluster Related/Sexual Network

OP Interview Record ID

OP Lot # **OP Dx**

Type of Facility where patient was INITIALLY tested (or test was ordered) for syphilis? ***(check only one)*** ☐ 99-Unknown

- ☐ 1-Categorical STD Clinic
- ☐ 2-HIV Care
- ☐ 3-HIV Counseling & Testing
- ☐ 4-Early Intervention Program (EIP)
- ☐ 5-Women's Health/GYN Practice
- ☐ 6-Prenatal
- ☐ 7-Labor & Delivery
- ☐ 8-Hospital Inpatient
- ☐ 9-Hospital Outpatient
- ☐ 10-Emergency Dept.
- ☐ 11-Urgent Care
- ☐ 12-Local Public Health Clinic
- ☐ 13-Community Health Clinic
- ☐ 14-Community Based Organization
- ☐ 15-Migrant Health Clinic
- ☐ 16-Primary Care/Intern. Med/Family Practice
- ☐ 17-Family Planning/Planned Parenthood
- ☐ 18-Indian Health Services
- ☐ 19-Drug Treatment Facility
- ☐ 20-Juvenile Detention
- ☐ 21-Jail
- ☐ 22-Prison
- ☐ 23-Military
- ☐ 24-Field Blood – individual draw
- ☐ 25-Field Blood – Health Dept Screening
- ☐ 26-Sex Venue
- ☐ 27-Blood Bank
- ☐ 28-Mobile Clinic
- ☐ 88-Other: ______________________

Name of Facility/Provider who ordered test: ____________________ **Date:** ______________

CLINICAL EVALUATION

Name of Facility/Provider where exam took place: ☐ No exam

Facility Type

Date of Physical Exam: ______________

Clinical evaluation data collected from provider via: ***(check all that apply)***

- ☐ CMR
- ☐ Provider Interview
- ☐ Fax Back
- ☐ Chart Review by Public Health Staff

Clinical Syphilis Diagnosis

- ☐ Primary
- ☐ Secondary
- ☐ Early Latent
- ☐ Late Latent
- ☐ Latent, Unknown Duration
- ☐ Stage Unknown/No diagnosis
- ☐ Neurosyphilis

Clinician Observed Syphilis Signs? Y N U

	Symptom Code	Observation Date	Anatomic Site
1.			
2.			
3.			

If Symptom Code = X or O, **OR** Anatomic Site = O, specify

LABORATORY INFORMATION

Reporting Laboratory Name

City

State

Historical, Screening, Treatment, and Follow-up Serologies, and Other Testing for Current Diagnosis

	Date Collected	Requesting Facility	Laboratory Name	Quantitative (Non-Trep) Test	Quantitative Result	Qualitative (Treponemal) Test	Qualitative Result
Last Neg. STS:					XXXXX		P N I U
Last Pos. STS:							P N I U
S T F							P N I U
S T F							P N I U
S T F							P N I U
S T F							P N I U

TREATMENT INFORMATION

Drug/Dosage #1 ***(select one drug only)*** ☐ NOT TREATED

- ☐ Benzathine penicillin G 2.4 mu
  - ☐ x1 ☐ x2 ☐ x3 ☐ Other: __________
- ☐ Doxycycline 100 mg po bid
  - ☐ 14 days ☐ 28 days ☐ ______ days
- ☐ Tetracycline 500 mg po qid
  - ☐ 14 days ☐ 28 days ☐ ______ days
- ☐ Ceftriaxone ☐ 1g IM/IV ☐ 2g IM/IV ☐ Other: ________
  - ☐ 8-10 days ☐ _______ days
- ☐ Crystalline penicillin G 3-4 mu, IV Q4 hr
  - ☐ 10-14 days ☐ _______ days
- ☐ Other: ______________________ *(include drug, dose, and duration)*

RX Date #1 RX Date #2 RX Date #3 Facility/Provider Facility Type

Drug/Dosage #2 ***(select one drug only)***

- ☐ Benzathine penicillin G 2.4 mu
  - ☐ x1 ☐ x2 ☐ x3 ☐ Other: __________
- ☐ Doxycycline 100 mg po bid
  - ☐ 14 days ☐ 28 days ☐ ______ days
- ☐ Tetracycline 500 mg po qid
  - ☐ 14 days ☐ 28 days ☐ ______ days
- ☐ Ceftriaxone ☐ 1g IM/IV ☐ 2g IM/IV ☐ Other: ________
  - ☐ 8-10 days ☐ _______ days
- ☐ Crystalline penicillin G 3-4 mu, IV Q4 hr
  - ☐ 10-14 days ☐ _______ days
- ☐ Other: ______________________ *(include drug, dose, and duration)*

RX Date #1 RX Date #2 RX Date #3 Facility/Provider Facility Type

PATIENT INFORMATION

(Information on this page can be obtained from the patient **OR** provider/medical record)

Interview Record ID ________________

ADDITIONAL DEMOGRAPHICS

Country of birth: [R]
☐ USA ☐ Mexico ☐ Other: ________________

Frequency of US-Mexico Border Crossing: [R]
☐ Daily/weekly ☐ At least 1 time per month ☐ Few times per year ☐ 1 time per year ☐ Every 2-3 years ☐ Rarely ☐ Never

Primary language: [R]
☐ English ☐ Spanish ☐ Other: ________________

Occupation/Means of Support: [ ] Code ________________ Describe

SYMPTOMS

Patient Described Syphilis Symptoms? [Y] [N] [R] → **If Yes, did you previously seek care for any of these symptoms?** [Y] [N] [R]

	Symptom Code	Onset Date	Duration (Days)	Anatomic Site
1.				
2.				
3.				

____
If Symptom Code = X or O, **OR** Anatomic Site = O, specify

→ **If Yes,** Facility/Provider Name: ________________ [U]

Facility Type: [ ]

Exam Date: ________________ [U]

Diagnosis: ________________ [U]

Referred for follow-up to STD-specialty care? [Y] [N] [R]

PREVIOUS STD HISTORY

Other than your current diagnosis, have you been previously diagnosed with any of the following infections in your **lifetime**?

	Infection	
[Y] [N] [R]	Chlamydia	→ **If Yes**, in past 12 mos.? [Y] [N] [R]
[Y] [N] [R]	Gonorrhea	→ **If Yes**, in past 12 mos.? [Y] [N] [R]
[Y] [N] [R]	Herpes	→ **If Yes**, in past 12 mos.? [Y] [N] [R]
[Y] [N] [R]	HPV / Genital Warts	→ **If Yes**, in past 12 mos.? [Y] [N] [R]
[Y] [N] [R]	Trichomoniasis	→ **If Yes**, in past 12 mos.? [Y] [N] [R]
[Y] [N] [R]	Hepatitis A	→ **If Yes**, in past 12 mos.? [Y] [N] [R]
[Y] [N] [R]	Hepatitis B	→ **If Yes**, in past 12 mos.? [Y] [N] [R]
[Y] [N] [R]	Hepatitis C	→ **If Yes**, in past 12 mos.? [Y] [N] [R]
[Y] [N] [R]	Other: __________	→ **If Yes**, in past 12 mos.? [Y] [N] [R]

Have you ever been vaccinated for:
[Y] [N] [U] [R] Hepatitis A (2 shots) [Y] [N] [U] [R] Hepatitis B (3 shots)

Have you ever been previously diagnosed with syphilis? [Y] [N] [R]

→ **If Yes**, how many times? ________

Date of most recent diagnosis: ________________

Stage at diagnosis: [ ]

Treated with: ________________

Date Treated: ________________

Name of Treating Facility/Provider: ________________

Titer at diagnosis: ________

Jurisdiction where diagnosed: ________ ☐ Unable to confirm most recent diagnosis

Interview/Field Record ID: ________________

RISKS / SOCIAL HISTORY

Substance Use:
In the **12 months** prior to your syphilis diagnosis, did you use ...

- [Y] [N] [R] Methamphetamine
- [Y] [N] [R] Heroin
- [Y] [N] [R] Cocaine
- [Y] [N] [R] Crack
- [Y] [N] [R] Ecstasy
- [Y] [N] [R] Marijuana
- [Y] [N] [R] Erectile dysfunction drugs
- [Y] [N] [R] Nitrates/Poppers
- [Y] Other: ________________
- [Y] Other: ________________

Were any of the above drugs injected? [Y] [N] [R] → **If Yes**, did you share needles? [Y] [N] [R]

Risk Factors/Social History:
In the **12 months** prior to your syphilis diagnosis, have you ...

- [Y] [N] [R] Given money/drugs for sex?
- [Y] [N] [R] Received money/drugs for sex?
- [Y] [N] [R] Had sex while intoxicated and/or high on drugs?
- [Y] [N] [R] Had anonymous sex partners?
- [Y] [N] [R] Been in a jail/juvenile detention facility?
- [Y] [N] [R] Been in a prison/long-term correctional facility?
- [Y] [N] [R] Had a gang association? → If Yes, Name of Gang: ________________
- [Y] [N] [R] FEMALES ONLY: Had sex with person known to you to be MSM?
- [Y] [N] [R] MALES ONLY: Had any pregnant partners?

HIV STATUS

Prior to this syphilis diagnosis, did you know your HIV status? [Y] [N] [R]

→ **If Yes**, status: ☐ Refused
☐ Positive → Date of Diagnosis (mm/yy): ________________ ☐ Negative → Date of Last Test (mm/yy): ________________

Did you have a current HIV test? [Y] [N] [R] → **If Yes**, date of current test (mm/yy): __________

Test result: ☐ Positive ☐ Negative ☐ Didn't return to get result ☐ Inconclusive/discordant/invalid ☐ Declined to disclose ☐ Other: ________________

Are you receiving HIV/EIP services? ☐ Declined referral ☐ Unknown
☐ Already in care ☐ No, linked to care → If already in care or linked to care, confirmed with provider? [Y] [N]

Facility/Provider Name: ________________

PATIENT INTERVIEW

Interview Record ID ____________

GENDER OF SEX PARTNERS IN PAST 12 MONTHS? *(check all that apply)* ☐ Male ☐ Female ☐ MTF Transgender (TG) ☐ FTM Transgender (TG) ☐ Refused

PAST 12 MONTHS PARTNERS

Males ________

Females ________

TG ________

INTERVIEW PERIOD PARTNERS

IX Period # months: ________

Total Partners		Syphilis Only* Disclosure Type: Hlth Dept	Dual	Self	Syphilis & HIV Disclosure Type: Hlth Dept	Dual	Self	Clusters Initiated
# Males	________	________	________	________	________	________	________	________
# Females	________	________	________	________	________	________	________	________
# TG	________	________	________	________	________	________	________	________
# Anonymous	________	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* If OP HIV+, partners not notified of HIV exposure because:

☐ Partners know they are HIV+: # _______ ☐ Patient will/did self-disclose: # _______ ☐ Patient declined: # _______

PARTNERS OUTSIDE THE INTERVIEW PERIOD

HIV Only Disclosure Type: Hlth Dept	Dual	Self
________	________	________
________	________	________
________	________	________
N/A	N/A	N/A

VENUES

In the past 12 months, where have you met/had sex with new/anonymous partners?

Meet Partners?	*Sex Onsite?*	*Name(s) of Venues*
Y N R	Y N R	Bars/Clubs: R ________
Y N R	Y N R	Bathhouses/Sex Clubs: R ________
Y N R	N/A	Internet/Chatroom: R ________
		Handles/ID: R ________
Y N R	Y N R	Adult Bookstore/Cinemas: R ________
Y N R	Y N R	Circuit Party: R ________
Y N R	Y N R	Gyms/Health Clubs: R ________
Y N R	Y N R	Jail/Prison: R ________
Y N R	Y N R	Motels/Hotels: R ________
Y N R	N/A	Phone/Chatline: R ________
Y N R	Y N R	Private Party: R ________
Y N R	Y N R	Parks/Beach/Rest Area: R ________
Y N R	Y N R	Resorts: R ________
Y N R	Y N R	School: R ________
Y N R	Y N R	Streets: R ________
Y N R	Y N R	Work: R ________
Y N R	N/A	Social Network (e.g., friends)
Y N R	Y N R	Other #1: R ________
Y N R	Y N R	Other #2: R ________

SEX PARTNER(S) RISKS

For the following questions, "recent" refers to sex partners that you had in the 12 months prior to your syphilis diagnosis

Of recent sex partners, what was their HIV status? *(check all that apply)*
☐ Positive ☐ Negative ☐ Unsure ☐ Refused

Have any recent sex partners been in jail, juvenile detention, or prison/long-term corrections in the **12 months** prior to your syphilis diagnosis? Y N U R

Did any recent sex partners use IDU drugs in the **12 months** prior to your syphilis diagnosis? Y N U R

Did any recent sex partners use meth/speed in the **12 months** prior to your syphilis diagnosis? Y N U R

Do you think it is likely that any of your recent sex partners were also having sex with someone else while in a sexual relationship with you?
☐ Yes ☐ Very likely ☐ Somewhat likely ☐ Not very likely ☐ No

SEXUAL PRACTICES IN PAST 12 MONTHS

	Sexual Activity	Frequency of Condom Use: *Always*	*Sometimes*	*Never*	*Refused*
Y N R	Oral Insertive	☐	☐	☐	☐
Y N R	Oral Receptive	☐	☐	☐	☐
Y N R	Anal Insertive	☐	☐	☐	☐
Y N R	Anal Receptive	☐	☐	☐	☐
Y N R	Vaginal	☐	☐	☐	☐

SOURCE ANALYSIS

Exposure Locations (Jurisdictions): ☐ Refused/No Interview

☐ In-County ➜ **If Yes**, Jurisdiction: ________

☐ In-State ➜ **If Yes**, Jurisdiction: ________ ________ ________

☐ In-Country ➜ **If Yes**, Jurisdiction: ________ ________ ________

☐ Out-of-Country ➜ **If Yes**, Jurisdiction: ________ ________ ________

Source Identified? ☐ Yes ☐ Probable ☐ Possible ☐ No

➜ **If Yes/Probable/Possible**, residence jurisdiction(s): ________ ________ ________

Imported Case? N C S J D U ➜ Case Jurisdiction #: ________

TRAVEL/ ADDITIONAL ADDRESSES

Travel during the Interview Period? Y N R

➜ **If Yes**, where? *(include city & state)*	Travel Dates	Local Sex Partners?
1. ________	________ to ________	Y N R
2. ________	________ to ________	Y N R

Other Interview Period Addresses *(include city & state)*	**Dates**	**Living With / Relationship**
________	________ to ________	________
________	________ to ________	________

Interview Record ID

PARTNER/CLUSTER INFORMATION

1							
Last Name		First Name		AKA/ Chat ID			Jurisdiction
P/CL	First Exposure	Freq.	Last Exposure	Sex M F MTF FTM U		Pregnant Y N U	Spouse Y N U
Interview Date	Ix DIS #	Referral 1 2 3	FR# / If cluster, describe:	Disease 1	Dispo Date	DIS #	Dispo	Dx	Syphilis Source/Spread
Initiated Date	Ix Type			Disease 2	Dispo Date	DIS #	Dispo	Dx	

2							
Last Name		First Name		AKA/ Chat ID			Jurisdiction
P/CL	First Exposure	Freq.	Last Exposure	Sex M F MTF FTM U		Pregnant Y N U	Spouse Y N U
Interview Date	Ix DIS #	Referral 1 2 3	FR# / If cluster, describe:	Disease 1	Dispo Date	DIS #	Dispo	Dx	Syphilis Source/Spread
Initiated Date	Ix Type			Disease 2	Dispo Date	DIS #	Dispo	Dx	

3							
Last Name		First Name		AKA/ Chat ID			Jurisdiction
P/CL	First Exposure	Freq.	Last Exposure	Sex M F MTF FTM U		Pregnant Y N U	Spouse Y N U
Interview Date	Ix DIS #	Referral 1 2 3	FR# / If cluster, describe:	Disease 1	Dispo Date	DIS #	Dispo	Dx	Syphilis Source/Spread
Initiated Date	Ix Type			Disease 2	Dispo Date	DIS #	Dispo	Dx	

4							
Last Name		First Name		AKA/ Chat ID			Jurisdiction
P/CL	First Exposure	Freq.	Last Exposure	Sex M F MTF FTM U		Pregnant Y N U	Spouse Y N U
Interview Date	Ix DIS #	Referral 1 2 3	FR# / If cluster, describe:	Disease 1	Dispo Date	DIS #	Dispo	Dx	Syphilis Source/Spread
Initiated Date	Ix Type			Disease 2	Dispo Date	DIS #	Dispo	Dx	

5							
Last Name		First Name		AKA/ Chat ID			Jurisdiction
P/CL	First Exposure	Freq.	Last Exposure	Sex M F MTF FTM U		Pregnant Y N U	Spouse Y N U
Interview Date	Ix DIS #	Referral 1 2 3	FR# / If cluster, describe:	Disease 1	Dispo Date	DIS #	Dispo	Dx	Syphilis Source/Spread
Initiated Date	Ix Type			Disease 2	Dispo Date	DIS #	Dispo	Dx	

6							
Last Name		First Name		AKA/ Chat ID			Jurisdiction
P/CL	First Exposure	Freq.	Last Exposure	Sex M F MTF FTM U		Pregnant Y N U	Spouse Y N U
Interview Date	Ix DIS #	Referral 1 2 3	FR# / If cluster, describe:	Disease 1	Dispo Date	DIS #	Dispo	Dx	Syphilis Source/Spread
Initiated Date	Ix Type			Disease 2	Dispo Date	DIS #	Dispo	Dx	

Interview Record ID

Interview / Investigation Comments

Interview Record ID

MARGINAL PARTNERS

#	Name	Age	Sex	Race	Exposure Dates	Venue of Encounter / Identifying-Locating / Other Risk Information
1	Chat ID: Chatroom/ Website:					
		Ht.	Wt.	Hair	Locations	
2	Chat ID: Chatroom/ Website:					
		Ht.	Wt.	Hair	Locations	
3	Chat ID: Chatroom/ Website:					
		Ht.	Wt.	Hair	Locations	
4	Chat ID: Chatroom/ Website:					
		Ht.	Wt.	Hair	Locations	
5	Chat ID: Chatroom/ Website:					
		Ht.	Wt.	Hair	Locations	
6	Chat ID: Chatroom/ Website:					
		Ht.	Wt.	Hair	Locations	
7	Chat ID: Chatroom/ Website:					
		Ht.	Wt.	Hair	Locations	
8	Chat ID: Chatroom/ Website:					
		Ht.	Wt.	Hair	Locations	

Interview Record ID

INVESTIGATION PLANS & SUPERVISORY REVIEW

Date	DIS	DIS Investigation Plans

Date	Sup	Supervisory Comments

____
Interview Record ID

REINTERVIEW RECORD

REINTERVIEW TYPE: ☐ Clinic ☐ Home ☐ Jail ☐ Telephone* ☐ Other: ____________________

**Requires justification in Comments Section below*

REINTERVIEW INSTRUCTIONS (P = Pursue / C = Covered)

#	P	C	Item
1.	☐	☐	S1s
2.	☐	☐	S2s to: ____________________
3.	☐	☐	S2 / A2s Named to the OP:
4.	☐	☐	710 / 720 Lesion History
5.	☐	☐	Herxheimer Reaction
6.	☐	☐	Explore STS / Medical History
7.	☐	☐	Incidental / Self Treatment
8.	☐	☐	Exposure Gap(s) ________ to ________ ________ to ________
9.	☐	☐	Unexplained Change in Sexual Pattern
10.	☐	☐	Locating / Identifying Information for OPEN Contacts / Suspects
11.	☐	☐	Locating / Identifying Information for MARGINAL Contacts / Suspects
12.	☐	☐	Living With:
13.	☐	☐	Income Source / Travel / Lifestyle
14.	☐	☐	No Steady Partner
15.	☐	☐	No Source / No Candidate for Source
16.	☐	☐	Time in Jail / Prison / Release Date
17.	☐	☐	Explore: Gay / 'Pro' / Drug Use
18.	☐	☐	Other 'Risk' Behaviors
19.	☐	☐	High-Risk Individuals
20.	☐	☐	Locations / Addresses / Days / Times Where High Risk Activities Occur *(Possible Screening Sites)*
21.	☐	☐	Review Commitments Made
22.	☐	☐	HIV
23.	☐	☐	Obtain Follow-up Serology
24.	☐	☐	
25.	☐	☐	
26.	☐	☐	

COMMENTS *(Number Entries)*: ____________________