

PATIENT INTERVIEW

Name _____ Phone(s) _____

Address _____

E-mail _____ Language _____

SEX Female Male
 Intersexed

COUNTRY OF BIRTH
 US
 Other _____

GENDER Female Male
 MTF FTM Other _____

RACE (check all that apply) White American Indian/Alaska Native

DOB ____/____/____

Black Pacific Islander Asian Refused to answer

If DOB unknown, Age _____

Unknown _____

Hispanic Y N U

RISK QUESTIONS

EP = Exposure Period

Y N R U

Sex ever with a male during EP
if yes, how many different males has the case had sex with during the preceding 12 months? _____
How many of these were anonymous? _____

Sex ever with a female during EP
if yes, how many different males has the case had sex with during the preceding 12 months? _____
How many of these were anonymous? _____

Sex ever with transgender during EP

Anal or vaginal sex ever without a condom during EP

Have you had sex for drugs or money?

History of recreational injection drug use during EP including intravenous injection or skin popping (**check all that apply**)
 Methamphetamine/speed
 Heroin
 Speedball (heroin and cocaine together)
 Other _____
 Ever shared syringes or needles with anyone

At which of the following places have you had sex during the past 12 months?

- Home or private residence
- Sex party
- Bathhouse
- Bookstore
- Public (e.g., parks)
- Club (other than bathhouse)
- Festival/ Rave
- Other _____
- Refused

Y N R U

Do you ever find sex partners on the Internet?

During EP did you have:

Heterosexual sex with injection drug user

Heterosexual sex with bisexual men

Heterosexual sex with a hemophiliac

Heterosexual sex with transplant recipient

Sex with person HIV/AIDS (**if yes**)

Partner infected by

- Unknown
- Refused
- Injection drug use
- Male partner had sex with men
- Male partner sex with men and IV drug use
- Female partner had previous positive partner
- Other _____

SERVICE REFERRAL

Y N R U

Does patient have health insurance?

Was patient referred to CAREAssist?

Is patient enrolled in case management services? Location referred to: _____

Was patient referred to any other HIV services? Specify: _____

Specify what provider/facility patient is going to seek HIV care: _____

COMMENTS

Put comments on back of form.



ADMINISTRATION

Copy Orpheus Case Number to the top of this page.

Completed by _____ Phone _____

LHD completed case report ____/____/____

Instructions for Patient Interview Form

The Patient Interview Form was developed as a tool to help direct the Patient Interview. It is not required to use this form when interviewing a Patient, but is offered as a guide to assist during the interview and complete the case report. If you are conducting a telephone interview where you also have access to Orpheus, you can enter the Patient's responses directly into Orpheus. For face-to-face interviews, ideally, you will ultimately be familiar enough with the interview such that you don't need to continually refer to the form. At first though, you might need to refer to the form during the interview. If the Patient is able and willing to name contacts, initiate a Contact Interview (contact name, address, phone, email, etc.) for each named contact.

Form Field Details

Orpheus Case ID Number: Please fill in the Patient's Orpheus Case number.

Name, Phone(s), Address, E-mail, Patient's e-mail address (if available), Language, Sex, Gender, DOB, County of Birth and Race: Please confirm and/or elaborate on the information that was collected on the HIV Case Report Form.

No Contacts Elicited: If the Patient declines to name any Contact's, check this box and skip down to the *Service Referral* questions.

Risk Questions: Ask all of the questions in this section and record responses (yes, no, refused, unknown). Some questions refer to behaviors that occurred during the Patient's lifetime and others that occurred during the "exposure period." The "exposure period" should be considered to be the period since 3 months before the Patient's last negative HIV test or, if this positive test is the person's first HIV test ever, then the "exposure period" should be considered to be the time since 1978.

If personal or risk information collected during the Patient interview does not match the information that was collected from the provider on the Case Report Form, please update Orpheus with the information recorded during the Patient interview, since we consider the Patient to be the most valid source of this sort of information. If the information provided by the Patient is suspect, please use your best judgment as to which is correct and record this in Orpheus. If you have questions, please call 971-673-0183 and review the case with State HIV staff.

Service Referral: Ask and record if Patient has health insurance. If they do **NOT**, please record if you referred them to the CAREAssist Program? If they **DO** have insurance, ask the Patient if they need assistance with co-pays for medical visits or medications. If they do, please record that a referral was made to the CAREAssist Program.

Ask and record what provider/facility the Patient is planning to follow up with HIV care?

Is Patient enrolled in case management services? If yes, please document location. If no, record if you made a referral to case management services and to whom.

Please document if you referred the Patient to any other services such as Cascade AIDS Project, HIV Alliance, drug/alcohol treatment, SHOP, Housing Program, etc.

Comments: Please record any significant information about the Patient that was not collected on the Case Report Form. Examples of this would be AKA names or DOBs, alternative addresses, if they may have diagnosed previously in another state, etc.

Administration: Please put your name, phone number and date Patient Interview Form was completed in the areas provided.