

[Empty box for Case ID Number]

**CONTACT INTERVIEW**

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City Zip

E-mail/Alt ID \_\_\_\_\_ Language \_\_\_\_\_

SEX  Female  Male  Intersexed RACE (check all that apply)  White  American Indian/Alaska Native  Black  Pacific Islander  Asian  Refused  Unknown  \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Hispanic  Y  N  U

If DOB unknown, Age \_\_\_\_

Date partner named \_\_\_\_/\_\_\_\_/\_\_\_\_ Locate method \_\_\_\_\_

Exposure: 1st exposure \_\_\_\_/\_\_\_\_/\_\_\_\_ last exposure \_\_\_\_/\_\_\_\_/\_\_\_\_ frequency \_\_\_\_\_ place/setting/location \_\_\_\_\_

Disposition date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of test: \_\_\_\_/\_\_\_\_/\_\_\_\_

Disposition  Previous Positive  Previous Negative, New Positive  Previous Negative, Still Negative  Previous Negative, Not Re-tested  Declined  Not Asked

EP = Exposure Period

Y N R U

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

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

Have you had sex for drugs or money?

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 the 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 \_\_\_\_\_

Have you ever tested for HIV?

What was the result of your last test?

- Positive
- Negative
- Unknown
- Refused

**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 Contact Interview Form**

The Contact Interview Form was developed as a tool to help direct the Patient and Contact interviews. It is not required to use this form when interviewing a Patient or Contact, but is offered as a guide to assist during the 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. Please use one Contact Interview Form per named Contact.

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*Orpheus Case ID Number:* Please fill in the original Patient's Orpheus Case number (since the Contact does not have a case number, this will link the Contact to the original Patient).

#### **The next series of questions are to be asked of the original Patient.**

*Name, Phone(s), Address, E-mail, Patient's e-mail address (if available), Language, Sex, Gender, DOB, County of Birth and Race:* Please collect this information about the Contact from the Patient during the Patient Interview. This information is meant to aid you in finding the Contact. In some circumstances, a Patient may only know the Contact through an e-mail address or an on-line screen name or through some other means. If the Patient only knows a Contact via a screen name, etc., please record that information and name of on-line or physical venues where the Patient met the Contact (Grinder, Craig's List, etc.)

*Date Contact named:* Please record the date the Patient named the Contact

#### **The next series of questions are to be asked of or about the Contact.**

*Locate method:* Please indicate what method you used to locate the Contact (phone, e-mail, text, etc.). If you were not able to locate the contact, this is where you would record that outcome as well.

*Exposure:* If the Contact can recall, please record the date of first exposure (e.g. sex or needle sharing) with the Patient, date of last exposure, frequency (e.g. 2 times a week, once, twice a month, etc.) and place, settings and/or location(s) of exposure.

*Disposition date:* Please record the date the disposition of the Contact was completed (Disposition is the Contact's HIV status)

*Date of test:* Please record the date the Contact tested for HIV. If the test is reported by the contact (as opposed to a result from a medical record or laboratory), please record the estimated date of their most recent HIV test.

*Disposition:* Please record the Contact's HIV status after notified of exposure and offered retesting.

*Risk Questions:* ask all of the questions in this section and record responses (yes, no, refused, unknown). Please don't skip these. In addition to assessing the Contact's personal level of risk, these Risk Questions also serve as data elements the HIV Prevention Program is required to report to the CDC. 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 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.

*Comments:* Please record any significant additional information about the Contact. Examples of this would be AKA names or DOBs, alternative addresses or locating information, previous HIV diagnosis in another state, etc.

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