

DC Government, Department of Health

Adult HIV Case Report Form

Technical Guidance on Completing the Form

HIV/AIDS, Hepatitis, STD and TB Administration
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Section 1: Instructions for Completing the District of Columbia Department of Health Adult HIV Confidential Case Report Form (Clients ≥ 13 years of age at time of diagnosis)

Purpose of case report form

The Adult HIV/AIDS Confidential Case Report form is designed to collect information that promotes understanding of HIV infection and AIDS morbidity and mortality among District of Columbia residents as well as those who utilize services within the District of Columbia greater than or equal to 13 years of age at time of diagnosis. This form reflects data that should be collected; this guidance applies to this data collection even if surveillance sites use a different form or medium for HIV/AIDS case surveillance. The information collected allows the DC DOH to monitor and evaluate care and prevention programs as well as assess the status of the epidemic. This form is to be used by health providers to fulfill their legal obligations to report HIV infections and AIDS conditions.

Clients for whom this form is indicated

- Each person (≥ 13 years of age) that is a new HIV (not AIDS) infection to you.
- Each person (≥ 13 years of age) that is a new AIDS diagnosis to you.
- Each person (≥ 13 years of age) previously reported as an HIV (not AIDS) infection that progresses to AIDS
- Each HIV-infected/AIDS client (≥ 13 years of age) that dies, use this form to report the new information.

Definition of data field designators

- **Required:** Data fields that are required to meet the case definitions of HIV or AIDS, to identify and track cases, and to do meaningful statistical analysis.
- **Recommended:** Information that is useful for analysis but not essential for core surveillance.
- **Optional:** Information that should be ascertained if readily available.

Disposition of form

The completed form is for state or local health agency use and is not to be sent to the Centers for Disease Control and Prevention (CDC) with client identifiers.

Data obtained from these forms are under the custodianship of the DC DOH and entered into compatible or standardized computer software provided by the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, CDC, and then transferred without identifiers to CDC electronically by encrypted computer diskette or electronic transfer via secure data network.

Section 2: The District of Columbia Department of Health Adult HIV Confidential Case Report Form (Clients ≥13 years of age at time of diagnosis)

The numbers and letters in this document correspond to the spaces in the case report form (see Appendix A). The Roman numerals correspond to the sections of the case report form. The Arabic numbers correspond to the fields that may be completed by the health care provider, facility or investigator. Underneath the numbered fields, there are bulleted explanations of the fields that may also have listed answer options with their descriptions. The fields marked with the asterisks (*) are fields that are kept confidentially within the Department of Health and more specifically within the Strategic Information Bureau within the HIV/AIDS, Hepatitis, STD and TB Administration.

I. Health Department Use Only

1. **Date Rec'd at Health Department** (required)
 - Date that this form was received at the Health Department.
2. **Document Source** (required)
 - Indicate the source of the information used to complete this document. Refer to Appendix E for document source types.
3. **State No.** (required)
 - The unique State Number assigned to all confirmed HIV infected cases.
 - Indicate if this is a new report or an updated report.
4. **Did this report initiate a new case investigation?** (required)
 - Check one option that indicates if this initiated an investigation.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if this report is a new case investigation.
5. **Report Medium** (required)
 - Check one option that indicates how this report was received/retrieved.
 - a. **Field Visit:** The Department of Health visited a health care provider/facility to complete the case report form.
 - b. **Mailed:** The case report form was received via mail.
 - c. **Faxed:** The case report form was received via fax.
 - d. **Phone:** The case report form was dictated over the telephone.
 - e. **Electronic Transfer:** The case report form was completed by a computer interface or a secured file transfer protocol.
 - f. **CD/Disk:** The case report form was completed by a health care provider/facility and retrieved from a portable storage device.

6. **Surveillance Method** (required)
 - Check one option to indicate what method was used to obtain the information in this document.
 - a. **Active:** The main method is the Department of Health staff retrieved the information through interview or review of other documentation from a health care provider/facility.
 - b. **Passive:** The main method is the health care provider/facility initiated the completion of the case report form.
 - c. **Re-abstractation:** The main method is the Department of Health staff retrieved additional information on an existing case through interview or review of other documentation.
 - d. **Follow up:** The main method is the Department of Health staff gathered additional information from another health care provider/facility that was identified during the previous investigation.
 - e. **Unknown:** The report was received at the Department of Health and was unable to ascertain the method by which the information was obtained.

II. Facility Providing Information

This is the location that is completing the information on the form. This potentially may not be the same as the facility of diagnosis.

7. **Date Form Completed** (required)
 - The date a person at the facility is completing this form.
8. **Medical Record Number** (recommended)
 - The client's Medical Record Number.
9. **Person Completing Form** (required)
 - The name of the person at the facility that is completing this form.
10. **Phone Number** (required)
 - The phone number of the person at the facility/physician office that is completing this form.
11. **Facility Name** (required)
 - The name of the facility or physician office that is providing the information on this form.
12. **Facility ID** (required)
 - The identification number of the facility or physician office that is providing the information on this form.
13. **Phone** (required)
 - The phone number of the facility or physician office that is providing the information on this form.
14. **Street Address** (required)
 - The street address of the facility or physician office that is providing the information on this form.
15. **City** (required)
 - The name of the city where the facility or physician office that is providing the information on this form is located.

16. **County/Ward** (required)
 - The name of the county where the facility or physician office that is providing the information on this form is located.
17. **State/Country** (required)
 - The state (if not US, the country) where the facility or physician office that is providing the information on this form is located.
18. **ZIP Code** (required)
 - The ZIP code where the facility or physician office that is providing the information on this form is located.
19. **Facility Type** (required)
 - Indicate the facility type. Refer to the reference page on page 5 of the Adult Case Report Form (Appendix A).

III. Client Identification

The personal identifiers of the client are used for de-duplication, investigation, and linkage of clients to prevention, treatment and care services.

20. **First Name** (required)
 - Client's first name.
21. **Middle Name** (optional)
 - Client's middle name.
22. **Last Name** (required)
 - Client's last name.
23. **Alternate First Name** (recommended)
 - Client's first name, if there is another one used.
24. **Alternate Middle Name** (optional)
 - Client's middle name, if there is another one used.
25. **Alternate Last Name** (recommended)
 - Client's last name, if there is another one used.
26. **Phone** (required)
 - If the client has a phone, the current phone number.
27. **Address Type** (required)
 - Check one option that best describes the type of residence where the client is currently residing.
 - a. **Residential:** Generally an address related to a home, condominium, apartment, or co-op.
 - b. **Bad Address:** Generally an address that is not recognized by the post office.
 - c. **Correctional Facility:** Generally an address associated with a jail or prison.
 - d. **Foster Home:** Generally an address associated with foster care.
 - e. **Homeless:** Generally there is no specific address.
 - f. **Postal:** Generally is an address associated with a Post Office Box.
 - g. **Shelter:** Generally is an address associated with a shelter for the homeless or displaced individuals.
 - h. **Temporary:** Generally an address that is not a permanent residence.

28. **Current Street Address** (required)
 - The address for where the client is currently residing.
29. **City** (required)
 - The name of the city where the client is currently residing.
30. **County/Ward** (required)
 - The name of the county (if DC, the Ward) where the client is currently residing.
31. **State/Country** (required)
 - The state or country where the client is currently residing.
32. **ZIP Code** (required)
 - The ZIP code for where the client is currently residing.
33. **Social Security Number** (recommended)
 - The client's personal social security number.
34. **Other ID** (recommended)
 - Indicate if there is another identification card, please specify the type. (The social security card is preferred for de-duplication purposes)
- 34a. **Other ID Number** (recommended)
 - The unique number of the other type of identification listed in field 34.

IV. Client Demographics

This is related to the client's identity and is highly useful in de-duplication and analysis and trends of the population.

35. **Diagnosis Status** (required)
 - The client's diagnosis at time of reporting.
 - a. **Adult HIV**
 - b. **Adult AIDS**
 - c. **Preliminary Positive**
36. **Sex assigned at birth** (required)
 - The sex of the client at the time of birth.
 - a. **Male:** Documented as male on birth certificate.
 - b. **Female:** Documented as female on birth certificate.
 - c. **Unknown:** Unable to obtain or ascertain sex at birth.
37. **Date of Birth** (required)
 - The client's date of birth.
38. **Alias Date of Birth** (recommended)
 - If the client has other dates of birth recorded in your records, please provide it.
39. **Country of Birth** (required)
 - To ascertain if the client was born in the United States or elsewhere.
 - a. **US:** The client's birth occurred in any of the 50 states.
 - b. **Other/US Dependency:** If the client's birth did not occur in any of the 50 states, specify the country of birth.
40. **Vital Status** (required)
 - Indicates the client's current disposition.
 - a. **Alive**
 - b. **Dead**

41. **Date of Death** (required)
 - If the vital status chosen is dead, provide the client's date of death.
42. **State of Death** (recommended)
 - If vital status chosen is dead, provide the location of where the client's death occurred.
43. **Current Gender Identity** (required)
 - The gender the client currently identifies with.
 - a. **Male:** Client identifies self as male.
 - b. **Female:** Client identifies self as female.
 - c. **Transgender Male-to-Female:** Client identifies self as male at birth, but now female.
 - d. **Transgender Female-to-Male:** Client identifies self as female at birth, but now male.
 - e. **Unknown:** Unable to obtain or ascertain current gender identity.
 - f. **Other gender identity, please specify:** If neither male, female nor transgender, please specify the client's current gender identity.
44. **Marital Status** (optional)
 - Indicate marital status of the client.
 - a. **Separated:** Client was previously married, is now separated, but not legally divorced.
 - b. **Divorced:** Client was previously married, has been legally divorced from spouse.
 - c. **Married:** Client is currently married.
 - d. **Single (never married):** Client has never been married, is not separated or divorced.
 - e. **Widowed:** Client's spouse has been declared legally dead.
 - f. **Unknown:** Unable to determine the client's current marital status.
 - g. **Other:** Client is neither separated, married, divorced, widowed or single, please specify.
 - h. **Not otherwise specified:** Please specify the client's marital status, if not described above.
45. **Education** (optional)
 - Indicate the client's educational status.
 - a. **≤ 8th Grade:** Client has education that does not exceed 8th grade.
 - b. **Some high school:** Client has high school education, has not received a diploma.
 - c. **High school graduate or equivalent:** Client has high school diploma, or equivalent, such as GED.
 - d. **Some college:** Client has completed some college courses, has not received an undergraduate degree.
 - e. **College degree:** Client has received a college degree.
 - f. **Post-graduate work:** Client has completed some graduate work, has not received a graduate degree.
 - g. **Some college level unknown:** Unable to ascertain the client's college education status.
 - h. **Unknown:** Unable to determine the client's education status.
46. **Ethnicity** (required)
 - Best describes the client's ethnic origin.
 - a. **Hispanic or Latino:** Client is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 - b. **Not Hispanic or Not Latino:** Client is not of Hispanic or Latino ethnicity.
 - c. **Unknown:** Client's ethnicity was not determined.

47. **Expanded Ethnicity** (recommended)
 - If the client selects Hispanic/Latino, see Appendix D, for ethnic categories.
48. **Race** (required)
 - Best describes the client's racial identity.
 - a. **American Indian/Alaskan Native:** Client having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 - b. **Asian:** Client having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - c. **Black/African American:** Client having origins in any of the black racial groups of Africa.
 - d. **Native Hawaiian/Pacific Islander:** Client having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - e. **White:** Client having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - f. **Unknown:** Client's origins were not determined.
49. **Expanded Race** (recommended)
 - See Appendix C for racial categories.

V. Residence at Diagnosis

This is associated with the earliest known date for confirmation of HIV infection or AIDS condition.

50. **Address Type** (required)
 - This address can be different than the current address because it is dependent upon the time of diagnosis of HIV infection or AIDS condition.
 - a. **Residence at HIV Diagnosis:** Check this box to indicate the address associated with the earliest known date that HIV infection was confirmed.
 - b. **Residence at AIDS Diagnosis:** Check this box to indicate the address associated with the earliest known date that AIDS was confirmed. Please note that if a client is initially diagnosed with AIDS, HIV must also be checked.
 - c. **Check if SAME as Current Address:** If the address at HIV or AIDS diagnosis is the same as the current address, check this box and proceed to #56.
51. **Street Address** (required)
 - The client's street address at time of HIV and/or AIDS diagnosis.
52. **City** (required)
 - The client's city at the time of HIV and/or AIDS diagnosis.
53. **County/Ward** (required)
 - The client's county (if DC, the Ward) at the time of HIV and/or AIDS diagnosis.
54. **State/Country** (required)
 - The client's state (if not US, the country) at the time of HIV and/or AIDS diagnosis.
55. **ZIP Code** (required)
 - The client's ZIP code at the time of HIV and/or AIDS diagnosis.

VI. Facility of Diagnosis

This is associated with the earliest known date for confirmation of HIV infection or AIDS condition and can be different from the facility completing the report form.

56. **Diagnosis type** (required)
 - This depends upon the client's HIV infection status and where the diagnosis was made. The address for HIV infection, AIDS, and current residence can all be different, the same, or a combination.
 - a. **HIV:** Check this box to indicate the facility of the client's HIV diagnosis.
 - b. **AIDS:** Check this box to indicate the facility of the client's AIDS diagnosis. Please note that if a client is initially diagnosed with AIDS, HIV must also be checked.
 - c. **Check if SAME as Facility Providing Information:** If the facility of diagnosis is the same as the facility completing this form, check this box and proceed to #68.
57. **Facility name** (required)
 - The name of the facility or physician office where the client's HIV infection and/or AIDS condition was diagnosed.
58. **Phone** (required)
 - The telephone number of the facility where the client's HIV infection and/or AIDS condition was diagnosed.
59. **Street Address** (required)
 - The street address of the facility where the client's HIV infection and/or AIDS condition was diagnosed.
60. **City** (required)
 - The name of the city of the facility where the client's HIV infection and/or AIDS condition was diagnosed.
61. **County/Ward** (required)
 - The name of the county of the facility where the client's HIV infection and/or AIDS condition was diagnosed.
62. **State/Country** (required)
 - The name of the state of the facility (if not US, the country) where the client's HIV infection and/or AIDS condition was diagnosed.
63. **ZIP code** (required)
 - The zip code of the facility where the client's HIV infection and/or AIDS condition was diagnosed.
64. **Facility Type** (required)
 - Indicate the facility type. Refer to the reference sheet on page 5 of the Adult Case Report Form for a list of options (Appendix A).
65. **Provider Name** (required)
 - The name of the provider at the facility where the client's HIV infection and/or AIDS condition was diagnosed.
66. **Provider Phone** (required)
 - The phone number of the provider at the facility where the client's HIV infection and/or AIDS condition was diagnosed.
67. **Specialty** (optional)
 - The provider's specialty at the facility where the client's HIV infection and/or AIDS condition was diagnosed.

VII. Client History

Attempt to ascertain behavioral risk factors.

68. **Pediatric risk** (required)

- Please specify in the Comments Section.

After 1977 and before the earliest known diagnosis of HIV infection, the client had...

69. **Vaginal sex with a female...** (required)

- Indicate if the client has had vaginal sex with a female. If yes to #69, please answer questions #69a-69f.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female after 1977 and before earliest known HIV diagnosis.

69a. **Without using a condom** (required)

- Indicate if the client has had vaginal sex with a female, without use of a condom.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female without a condom after 1977 and before earliest known HIV diagnosis.

69b. **Who is an IDU** (required)

- Indicate if the client has had vaginal sex with a female who is an IDU.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female who is an IDU after 1977 and before earliest known HIV diagnosis.

69c. **Who is HIV +** (required)

- Indicate if the client has had vaginal sex with a female who is known to be HIV positive.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female who is known to be HIV positive after 1977 and before earliest known HIV diagnosis.

69d. **With hemophilia/coagulation disorder with documented HIV infection** (required)

- Indicate if the client has had vaginal sex with a female who is known to have hemophilia/coagulation disorder, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female who has hemophilia/coagulation disorder, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.

- 69e. **With transfusion recipient with documented HIV infection** (required)
- Indicate if the client has had vaginal sex with a female who has received a blood transfusion, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female who has received a blood transfusion, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.
- 69f. **With transplant recipient with documented HIV infection** (required)
- Indicate if the client has had vaginal sex with a female who has received a transplant, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female who has received a transplant, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.
70. **Anal sex with a female** (required)
- Indicate if the client has had anal sex with a female. If yes to #70, please answer questions #70a-70f.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female after 1977 and before earliest known HIV diagnosis.
- 70a. **Without using a condom** (required)
- Indicate if the client has had anal sex with a female, without use of a condom.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female without a condom after 1977 and before earliest known HIV diagnosis.
- 70b. **Who is an IDU** (required)
- Indicate if the client has had anal sex with a female who is an IDU.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female who is an IDU after 1977 and before earliest known HIV diagnosis.
- 70c. **Who is HIV +** (required)
- Indicate if the client has had anal sex with a female who is known to be HIV positive.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female who is known to be HIV positive after 1977 and before earliest known HIV diagnosis.

- 70d. **With hemophilia/coagulation disorder with documented HIV infection** (required)
- Indicate if the client has had anal sex with a female who is known to have hemophilia/coagulation disorder, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female who has hemophilia/coagulation disorder, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.
- 70e. **With transfusion recipient with documented HIV infection** (required)
- Indicate if the client has had anal sex with a female who has received a blood transfusion, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female who has received a blood transfusion, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.
- 70f. **With transplant recipient with documented HIV infection** (required)
- Indicate if the client has had anal sex with a female who has received a transplant, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a female who has received a transplant, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.
71. **Anal sex with a male** (required)
- Indicate if the client has had anal sex with a male. If yes to #71, please answer questions #71a-71f.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male after 1977 and before earliest known HIV diagnosis.
- 71a. **Without using a condom** (required)
- Indicate if the client has had anal sex with a male, without use of a condom.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male without a condom after 1977 and before earliest known HIV diagnosis.
- 71b. **Who is an IDU** (required)
- Indicate if the client has had anal sex with a male who is an IDU.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male who is an IDU after 1977 and before earliest known HIV diagnosis.

71c. **Who is HIV +** (required)

- Indicate if the client has had anal sex with a male who is known to be HIV positive.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male who is known to be HIV positive after 1977 and before earliest known HIV diagnosis.

71d. **With hemophilia/coagulation disorder with documented HIV infection** (required)

- Indicate if the client has had anal sex with a male who is known to have hemophilia/coagulation disorder, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male who has hemophilia/coagulation disorder, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.

71e. **With transfusion recipient with documented HIV infection** (required)

- Indicate if the client has had anal sex with a male who has received a blood transfusion, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male who has received a blood transfusion, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.

71f. **With transplant recipient with documented HIV infection** (required)

- Indicate if the client has had anal sex with a male who has received a transplant, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male who has received a transplant, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.

72. **Vaginal sex with a transgendered individual** (required)

- Indicate if the client has had vaginal with a transgendered individual. If yes to #72, please answer questions #72a-72f.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual after 1977 and before earliest known HIV diagnosis.

72a. **Without using a condom** (required)

- Indicate if the client has had vaginal sex with a transgendered individual, without use of a condom.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual without a condom after 1977 and before earliest known HIV diagnosis.

72b. **Who is an IDU** (required)

- Indicate if the client has had vaginal sex with a transgendered individual who is an IDU.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual who is an IDU after 1977 and before earliest known HIV diagnosis.

72c. **Who is HIV +** (required)

- Indicate if the client has had vaginal sex with a transgendered individual who is known to be HIV positive.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual who is known to be HIV positive after 1977 and before earliest known HIV diagnosis.

72d. **With hemophilia/coagulation disorder with documented HIV infection** (required)

- Indicate if the client has had vaginal sex with a transgendered individual who is known to have hemophilia/coagulation disorder, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual who has hemophilia/coagulation disorder, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.

72e. **With transfusion recipient with documented HIV infection** (required)

- Indicate if the client has had vaginal sex with a transgendered individual who has received a blood transfusion, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual who has received a blood transfusion, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.

72f. **With transplant recipient with documented HIV infection** (required)

- Indicate if the client has had vaginal sex with a transgendered individual who has received a transplant, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual who has received a transplant, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.

73. **Anal sex with a transgendered individual** (required)

- Indicate if the client has had anal sex with a transgendered individual. If yes to #73, please answer questions #73a-73f.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual after 1977 and before earliest known HIV diagnosis.

- 73a. **Without using a condom** (required)
- Indicate if the client has had anal sex with a transgendered individual, without use of a condom.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual without a condom after 1977 and before earliest known HIV diagnosis.
- 73b. **Who is an IDU** (required)
- Indicate if the client has had anal sex with a transgendered individual who is an IDU.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual who is an IDU after 1977 and before earliest known HIV diagnosis.
- 73c. **Who is HIV +** (required)
- Indicate if the client has had anal sex with a transgendered individual who is known to be HIV positive.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual who is known to be HIV positive after 1977 and before earliest known HIV diagnosis.
- 73d. **With hemophilia/coagulation disorder with documented HIV infection** (required)
- Indicate if the client has had anal sex with a transgendered individual who is known to have hemophilia/coagulation disorder, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual who has hemophilia/coagulation disorder, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.
- 73e. **With transfusion recipient with documented HIV infection** (required)
- Indicate if the client has had anal sex with a transgendered individual who has received a blood transfusion, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual who has received a blood transfusion, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.
- 73f. **With transplant recipient with documented HIV infection** (required)
- Indicate if the client has had anal sex with a transgendered individual who has received a transplant, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a transgendered individual who has received a transplant, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.

74. **FEMALE ONLY: Vaginal sex with a male...** (required)
- Indicate if the client has had vaginal sex with a male. If yes to #74, please answer questions #74a-74f.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male after 1977 and before earliest known HIV diagnosis.
- 74a. **Without using a condom** (required)
- Indicate if the client has had vaginal sex with a male, without use of a condom.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male without a condom after 1977 and before earliest known HIV diagnosis.
- 74b. **Who is an IDU** (required)
- Indicate if the client has had vaginal sex with a male who is an IDU.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male who is an IDU after 1977 and before earliest known HIV diagnosis.
- 74c. **Who is HIV +** (required)
- Indicate if the client has had vaginal sex with a male who is known to be HIV positive.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male who is known to be HIV positive after 1977 and before earliest known HIV diagnosis.
- 74d. **With hemophilia/coagulation disorder with documented HIV infection** (required)
- Indicate if the client has had vaginal sex with a male who is known to have hemophilia/coagulation disorder, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male who has hemophilia/coagulation disorder, and a documented HIV infection after 1977 and before earliest known HIV diagnosis.
- 74e. **With transfusion recipient with documented HIV infection** (required)
- Indicate if the client has had vaginal sex with a male who has received a blood transfusion, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male who has received a blood transfusion, and a documented HIV infection after 1977 and before earliest known HIV diagnosis

- 74f. **With transplant recipient with documented HIV infection** (required)
- Indicate if the client has had vaginal sex with a male who has received a transplant, and a documented HIV infection.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had sex with a male who has received a transplant, and a documented HIV infection after 1977 and before earliest known HIV diagnosis
75. **FEMALE ONLY: Vaginal sex with an MSM** (required)
- Indicate if the client is a female and has had vaginal sex with a man who has sex with men.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if female the client has had sex with an MSM after 1977 and before earliest known HIV diagnosis
76. **FEMALE ONLY: Anal sex with an MSM** (required)
- Indicate if the client is a female and has had anal sex with a man who has sex with men.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if female client has had sex with an MSM after 1977 and before earliest known HIV diagnosis
77. **Used injected non-prescription drugs** (required)
- Indicate if the client says they have used injected, non-prescription drugs.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client injected drugs intravenously after 1977 and before earliest known HIV diagnosis
- 77a. **If yes, did the client share injection equipment?** (required)
- Indicate if the client has shared injection equipment.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client has shared injection equipment after 1977 and before earliest known HIV diagnosis
78. **Received clotting factor for hemophilia/coagulation disorder** (required)
- Indicate if the client has received clotting factor for hemophilia/coagulation disorder.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client received clotting factor for blood disorders (hemophilia or coagulation disorder) after 1977 and before earliest known HIV diagnosis
- 78a. **If yes, specify the clotting factor** (required)
- The name of the clotting factor given to the client
- 78b. **If yes, specify date received** (required)
- The date the clotting factor was given to the client

79. **Received transfusion of blood/blood components (other than clotting factor)** (required)
- Indicate if the client has received a transfusion of blood/blood components and document reasons in Comments Section.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client had heterosexual contact with a person with hemophilia or coagulation disorder and documented HIV infection after 1977 and before earliest known HIV diagnosis
- 79a. **If Yes, first date received** (required)
- The first date the blood/blood components were given.
- 79b. **If Yes, last date received** (required)
- The last date the blood/blood components were given.
80. **Received transplant of tissue/organs or artificial insemination** (required)
- Indicate if the client has received a transplant of tissue/organs or artificial insemination.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client received transplant of tissue/organs or artificial insemination after 1977 and before earliest known HIV diagnosis
81. **Worked in a healthcare or clinical laboratory setting** (required)
- Indicate if the client has worked in a healthcare or clinical laboratory setting.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client worked in healthcare or clinical laboratory after 1977 and before earliest known HIV diagnosis
- 81a. **If occupational exposure is being investigated or considered as primary mode of exposure, specify occupation and setting** (required)
- Specify healthcare occupation and setting.
82. **Other documented risk** (required)
- Indicate if the client has another documented risk.
 - a. **Yes:** Please include detail in the Comments section.
 - b. **No**
 - c. **Unknown:** Unable to determine if there is another documented risk.

HEALTH DEPARTMENT USE ONLY

83. **Is this an NIR/NRR case?** (required)
- Indicate if this is a No Identified Risk (NIR) or No Risk Reported (NRR) case.
 - a. **Yes:** There was no identified risk reported.
 - b. **No:** Risk was reported.
 - c. **Unknown:** There was no attempt to ascertain risk or it was not noted.
- 83a. **If No Risk Reported, indicate date investigation was completed** (required)
- The date the investigation was completed.

VIII. Treatment/Services Referrals

84. **Has this client been informed of his/her HIV infection?** (recommended)
- Indicate if the client has been informed of his/her HIV infection.
 - Yes**
 - No**
 - Unknown:** Unable to determine if the client has been informed of his/her infection
85. **This client's partners will be notified about their HIV exposure and counseled by:** (recommended)
- Indicate who will notify the client's partners about their exposure.
 - Health Dept:** The DC Department of Health will provide notification and counseling services as well as link to prevention and care services
 - Physician/Provider:** The individual providing medical diagnosis or care
 - Client:** The client will speak with their partner(s) and hopefully refer them for screening and testing
 - Unknown:** It is not apparent
86. **Was the client linked to HIV medical care?** (recommended)
- Indicate if the client was linked to HIV medical care.
 - Yes**
 - No**
 - Unknown:** Unable to determine if the client was linked to HIV medical care.
- 86a. **If no, why?** (recommended)
- Indicate why the client has not been linked to HIV medical care.
 - Client already in HIV care**
 - Client declined HIV care**
- 86b. **If yes, did the client attend the first appointment?** (recommended)
- If the client has been linked to HIV medical care, indicate if the client attended their first appointment.
 - Yes**
 - No**
 - Unknown:** Unable to determine if the client did attend the first appointment.
- 86c. **If yes, was the first appointment within 90 days of the HIV test?** (recommended)
- If the client has been linked to HIV medical care and attended their first appointment, indicate if the appointment was within 90 days of the HIV test.
 - Yes**
 - No**
 - Unknown:** Unable to determine if the client's first appointment was within 90 days.
87. **Was the client referred to/contacted by DC DOH Partner Services?** (recommended)
- Indicate if the client has been referred to/contacted by DC DOH Partner Services.
 - Yes**
 - No**
 - Unknown:** Unable to determine if the client was referred to or contacted by DC DOH Partner Services.

- 87a. **If yes, was the client interviewed by Partner Services?** (recommended)
- b. Indicate if the client has been interviewed by Partner Services.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client was interviewed by DC DOH Partner Services
- 87b. **If yes, was the client interview within 30 days of receiving their result?** (recommended)
- c. Indicate if the client's interview was within 30 days of receiving their result.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client was interviewed by Partner Services within 30 days of receiving their result
88. **Was the client referred to DC DOH HIV Prevention Services?** (recommended)
- a. Indicate if the client was referred to DC DOH HIV Prevention Services.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client was referred to DC DOH HIV Prevention Services.
- 88a. **If yes, did the client receive DC DOH HIV Prevention Services?** (recommended)
- b. Indicate if the client has received DC DOH HIV Prevention Services.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client was referred to DC DOH HIV Prevention Services
89. **The client is receiving/received or has been referred for:** (optional)
- a. Indicate if the client is receiving any of these services/treatments.
 - a. **Substance Abuse Treatment Services**
 - b. **PCP Prophylaxis**
90. **This patient has been enrolled at:** (optional)
- a. Indicate if the client has been enrolled in either a clinical trial or a clinic. Specify in the Comment section.
 - a. **Clinical Trial**
 - b. **Clinic**
91. **At time of HIV diagnosis, medical treatment primarily reimbursed by:** (optional)
- a. Indicate how medical treatment is primarily reimbursed at the time of HIV diagnosis. Refer to the reference sheet on page 5 of the Adult Case Report Form for a list of options (Appendix A).
92. **At time of AIDS diagnosis, medical treatment primarily reimbursed by:** (optional)
- a. Indicate how medical treatment is primarily reimbursed at the time of AIDS diagnosis. Refer to the reference sheet on page 5 of the Adult Case Report Form for a list of options (Appendix A).
93. **Is the client receiving any of the following treatment reimbursements?** (optional)
- a. Indicate if the client is receiving any of the following reimbursements.
 - a. **ADAP**
 - b. **Alliance**
 - c. **Medicare**
94. **Is the client's partner(s) pregnant?** (required)

- a. Indicate if the client's partner(s) is pregnant.
 - a. **Yes, confirmed:** Client's partner(s) is pregnant and pregnancy has been confirmed
 - b. **Yes, unconfirmed:** Client's partner(s) is pregnant, but the pregnancy has not been confirmed
 - c. **No:** Client's partner(s) is not pregnant
 - d. **Unknown:** Unable to determine if the client's partner(s) is pregnant
- 95. **Number of the client's sex or needle sharing partners in the past 12 months** (recommended)
 - a. Provide number of individuals who are the client's sex or needle sharing partners.
- 95a. **Number of those partners for whom you collected contacting information** (recommended)
 - b. Provide number of individuals for whom you have collected contact information.

For Female Clients Only

- 96. **The client is receiving or been referred for gynecological or obstetrical services:** (recommended)
 - a. Indicate if client is receiving or has been referred for gynecological or obstetrical services.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client is using or has been referred to an OB/GYN
 - d. **Declined:** Client has chosen not to provide an answer
 - e. **Not asked:** Question was not asked
- 97. **Has this client delivered a live-born infant(s)?** (recommended)
 - a. Indicate if client has delivered a live-born infant(s).
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if client has delivered live-born infants
- 98. **Is this client pregnant?** (required)
 - a. Indicate if client is pregnant.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine client's pregnancy status
 - d. **Declined:** Client has chosen not to provide an answer
 - e. **Not asked:** Question was not asked
- 98a. **If yes, is the client in prenatal care?** (required)
 - b. If the client is pregnant, indicate if they are in prenatal care.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client is receiving prenatal care
 - d. **Declined:** Client has chosen not to provide an answer
 - e. **Not asked:** Question was not asked

For Children of Client: This pertains to the most recent birth. Additional child births can be added to the Comment section.

- 99. **Child's Name** (recommended)

- a. If the client delivered a live-birth, provide the name of the child from the most recent birth.
- 100. **Child's Date of Birth** (recommended)
 - a. If the client delivered a live-birth, provide the date of birth for the child from the most recent birth.
- 101. **Child's Coded ID** (recommended)
 - a. This is the soundex for the child.
- 102. **Child's State No.** (optional)
 - a. This is a number provided by the state/territory that identifies the child.
- 103. **Hospital of Birth Name** (recommended)
 - a. If the client delivered a live-birth, provide the name of the hospital where the delivery occurred for the most recent birth.
- 104. **Phone** (recommended)
 - a. If the client delivered a live-birth, provide the phone of the hospital where delivery occurred for the most recent birth.
- 105. **ZIP Code** (recommended)
 - a. If the client delivered a live-birth, provide the ZIP code of the hospital where delivery occurred for the most recent birth.

Co-infections: Provide information for previous or co-infections.

- 106. **Acute Hepatitis B Diagnosis Date** (recommended)
 - a. Enter the date of the diagnosis.
- 107. **Chronic Hepatitis B Diagnosis Date** (recommended)
 - a. Enter the date of the diagnosis.
- 108. **Acute Hepatitis C Diagnosis Date** (recommended)
 - a. Enter the date of the diagnosis.
- 109. **Chronic Hepatitis C Diagnosis Date** (recommended)
 - a. Enter the date of the diagnosis.
- 110. **Name of STD1** (recommended)
 - a. Provide the name of the type of STD of which the client is co-infected.
- 110a. **Date of Diagnosis STD1** (recommended)
 - b. Provide the date of diagnosis of STD1.
- 111. **Name of STD2** (recommended)
 - a. Provide the name of the type of STD of which the client is co-infected.
- 111a. **Date of Diagnosis STD2** (recommended)
 - b. Provide the date of diagnosis of STD2.
- 112. **Name of STD3** (recommended)
 - a. Provide the name of the type of STD of which the client is co-infected.
- 112a. **Date of Diagnosis STD3** (recommended)
 - b. Provide the date of diagnosis of STD3.

IX. HIV Testing and Antiretroviral Use History

- 113. **Main Source of Testing and Treatment History Information:** (required)

- a. Identify the source of the testing and treatment history information. A different form should be completed if there were different sources.
 - a. **Client Interview:** Information from the client through direct conversation or a conversation noted in chart or other documentation
 - b. **Medical Records Review:** Information retrieved from documentation by medical provider in medical records
 - c. **Provider Report:** Information provided by medical provider
 - d. **PEMS:** Information gathered by the PEMS
 - e. **Other:** Information retrieve from sources not listed above
- 114. **Date Client Reported Information** (recommended)
 - a. If the client provided the information as noted in the chart or by direct interview, provide the date the client reported the information. Use the date the Adult Case Report Form was completed, if the source of the information was medical records, provider reports, PEMS forms, or other sources.
- 115. **Ever had previous positive HIV test?** (required)
 - a. Indicate if the client has had a previous positive HIV test.
 - a. **Yes**
 - b. **No**
 - c. **Refused:** Client refused to provide this information
 - d. **Don't know/Unknown:** Unable to determine if client had a previous positive HIV test
- 116. **Date of First Positive HIV test** (required)
 - a. If Yes to #199, provide the date of the earliest positive test.
- 117. **Ever tested HIV negative?** (recommended)
 - a. Indicate if the client has had a previous negative HIV test.
 - a. **Yes**
 - b. **No**
 - c. **Refused:** Client refused to provide this information
 - d. **Don't know/Unknown:** Unable to determine if the client had a previous negative HIV test
- 118. **Date of Last Negative HIV test** (if date is from a lab test with test type, enter in the Lab Date section) (recommended)
 - a. If Yes to #201, provide the date of the most recent negative text.
- 119. **Number of negative HIV tests within 24 months before first positive test:** (recommended)
 - a. If Yes to #201:
 - a. #: The number of negative test 24 months prior to the earliest positive HIV test
 - b. **Refused:** Client refused to provide this information
 - c. **Don't know/Unknown:** Unable to determine number of negative tests
- 120. **Ever taken any antiretrovirals (ARVs)?** (recommended)
 - a. Indicate if the client has taken any antiretrovirals.
 - a. **Yes**
 - b. **No**
 - c. **Refused:** Client refused to provide the information
 - d. **Don't know/Unknown:** Unable to determine ARV history
- 120a. **If Yes, list ARV medications** (required)
 - b. Specify the ARV medications taken.
- 121. **Date First Began** (required)
 - a. The date the ARVs were first taken.

122. **Date of Last Use** (required)
a. The date the ARVs were last taken.

X. Provider Comments

This section is used to provide information that did not fit in the spaces provided or to add any other information that may be relevant to the client's case.

123. **Comments** (recommended)
a. This space is used to record other information that may be pertinent to the case and the public health mission.

XI. Laboratory Data (required, if done)

HIV Antibody Tests at Diagnosis (non-type differentiating)

Test 1:

124. **Type:** (required)
a. Indicate test type.
a. **HIV-1 EIA:** Electroimmunoassay
b. **HIV-1/2 EIA:** Electroimmunoassay
c. **HIV- 1/2 Ag/Ab:** Antigen-Antibody Combo Assay
d. **HIV-1 WB:** Western Blot
e. **HIV-1 IFA:** Immunoflourescence Assay
f. **HIV-2 EIA:** Electroimmunoassay
g. **HIV-2 WB:** Western Blot
h. **Other:** If not listed in the options, please specify the type of test.
125. **Result:** (required)
a. Indicate lab result.
a. **Positive/Reactive**
b. **Negative/Nonreactive**
c. **Indeterminate**
126. **Rapid Test:** (required)
a. If the test indicated in #124 was a rapid test, check the box.
127. **Collection date:** (required)
a. The date of the specimen collection.
128. **Accession #:** (recommended)
a. Every laboratory assigns an ascension number to a lab specimen and should be available with the test result.
129. **Manufacturer** (recommended)
a. The manufacturer of the lab test.

Test 2:

130. **Type:** (required)
- a. Indicate test type.
 - a. **HIV-1 EIA:** Electroimmunoassay
 - b. **HIV-1/2 EIA:** Electroimmunoassay
 - c. **HIV- 1/2 Ag/Ab:** Antigen-Antibody Combo Assay
 - d. **HIV-1 WB:** Western Blot
 - e. **HIV-1 IFA:** Immunoflourescence Assay
 - f. **HIV-2 EIA:** Electroimmunoassay
 - g. **HIV-2 WB:** Western Blot
 - h. **Other:** If not listed in the options, please specify the type of test.
131. **Result:** (required)
- a. Indicate lab result.
 - a. **Positive/Reactive**
 - b. **Negative/Nonreactive**
 - c. **Indeterminate**
132. **Rapid Test:** (required)
- a. If the test indicated in #130 was a rapid test, check the box.
133. **Collection date:** (required)
- a. The date of the specimen collection.
134. **Accession #:** (recommended)
- a. Every laboratory assigns an ascension number to a lab specimen and should be available with the test result.
135. **Manufacturer** (recommended)
- a. The manufacturer of the lab test.

Test 3:

136. **Type:** (required)
- a. Indicate test type.
 - a. **HIV-1 EIA:** Electroimmunoassay
 - b. **HIV-1/2 EIA:** Electroimmunoassay
 - c. **HIV- 1/2 Ag/Ab:** Antigen-Antibody Combo Assay
 - d. **HIV-1 WB:** Western Blot
 - e. **HIV-1 IFA:** Immunoflourescence Assay
 - f. **HIV-2 EIA:** Electroimmunoassay
 - g. **HIV-2 WB:** Western Blot
 - h. **Other:** If not listed in the options, please specify the type of test.
137. **Result:** (required)
- a. Indicate lab result.
 - a. **Positive/Reactive**
 - b. **Negative/Nonreactive**
 - c. **Indeterminate**
138. **Rapid Test:** (required)
- a. If the test indicated in #84 was a rapid test, check the box.
139. **Collection date:** (required)
- a. The date of the specimen collection.
140. **Accession #:** (recommended)

- a. Every laboratory assigns an ascension number to a lab specimen and should be available with the test result.
- 141. **Manufacturer** (recommended)
 - a. The manufacturer of the lab test.

HIV Antibody Tests at Diagnosis (type differentiating)

Test:

- 142. **Type:** (required)
 - a. Indicate test type.
 - i. **HIV-1/2 Differentiating (e.g., Multispot)**
- 143. **Result:** (required)
 - a. Indicate lab result.
 - i. **HIV-1**
 - ii. **HIV-2**
 - iii. **Both (undifferentiated)**
 - iv. **Neither (negative)**
 - v. **Indeterminate**
- 144. **Collection Date:** (required)
 - a. The date of the specimen collection.
- 145. **Accession #:** (recommended)
 - a. Every laboratory assigns an ascension number to a lab specimen and should be available with the test result.

HIV Antibody Detection Tests

Test 1:

- 146. **Type:** (required)
 - a. Indicate test type.
 - i. **HIV-1 p24 Antigen**
 - ii. **HIV-1 RNA/DNA NAAT (Qual)**
 - iii. **HIV-1 Culture**
 - iv. **HIV-2 RNA/DNA NAAT (Qual)**
 - v. **HIV-2 Culture**
- 147. **Result:** (required)
 - a. Indicate lab result.
 - i. **Positive/Reactive**
 - ii. **Negative/Nonreactive**
 - iii. **Indeterminate**
- 148. **Collection Date:** (required)
 - a. The date of the specimen collection.
- 149. **Accession #:** (recommended)
 - a. Every laboratory assigns an ascension number to a lab specimen and should be available with the test result.

Test 2:

- 150. **Type:** (required)
 - Indicate test type.
 - a. **HIV-1 p24 Antigen**
 - b. **HIV-1 RNA/DNA NAAT (Qual)**
 - c. **HIV-1 Culture**

- d. **HIV-2 RNA/DNA NAAT (Qual)**
 - e. **HIV-2 Culture**
151. **Result:** (required)
- Indicate lab result.
 - a. **Positive/Reactive**
 - b. **Negative/Nonreactive**
 - c. **Indeterminate**
152. **Collection Date:** (required)
- The date of the specimen collection.
153. **Accession #:** (recommended)
- a. Every laboratory assigns an ascension number to a lab specimen and should be available with the test result.

Immunologic Lab Tests

At or closest to current diagnosis status:

154. **CD4 Count** (required)
- a. To be reported as cell per microliter.
155. **CD4 Count** (required)
- a. To be reported as a percent.
156. **Collection Date:** (required)
- a. The date of the specimen collection.
157. **Accession #:** (recommended)
- a. Every laboratory assigns an ascension number to a lab specimen and should be available with the test result.

First <200 μ L or <14%:

158. **CD4 Count** (required)
- a. To be reported as cell per microliter.
159. **CD4 Count** (required)
- a. To be reported as a percent.
160. **Collection Date:** (required)
- a. The date of the specimen collection.
161. **Ascension #:** (recommended)
- a. Every laboratory assigns an ascension number to a lab specimen and should be available with the test result.

Viral Load Tests

Test 1: (Most Recent)

162. **Result:** (required)
- a. Indicate lab result.
 - i. **Detectable:** Virus was detected.
 - ii. **Undetectable:** Virus was not detected.
163. **Copies/ μ L** (required)
- a. The number of virus found in the specimen.
164. **Log** (required)
- a. The number of virus found in the specimen.
165. **Collection Date:** (required)
- a. The date of the specimen collection.

166. **Accession #:** (recommended)
a. Every laboratory assigns an ascension number to a lab specimen and should be available with the test result.

Test 2: (Earliest)

167. **Result:** (required)
a. Indicate lab result.
i. **Detectable:** Virus was detected.
ii. **Undetectable:** Virus was not detected.
168. **Copies/ μ L** (required)
a. The number of virus found in the specimen.
169. **Log** (required)
a. The number of virus found in the specimen.
170. **Collection Date:** (required)
a. The date of the specimen collection.
171. **Accession #:** (recommended)
a. Every laboratory assigns an ascension number to a lab specimen and should be available with the test result.
172. **Did document laboratory test results meet approved HIV diagnostic algorithm criteria?** (recommended)
a. Indicate if the laboratory test results meet approved HIV diagnostic algorithm criteria.
i. **Yes**
ii. **No**
iii. **Unknown:** Unable to determine if the laboratory test results meet approved HIV diagnostic algorithm criteria.
- 172a. **If Yes, provide date (specimen collection date if known) of earliest positive test for this algorithm:** (recommended)
b. The date of the earliest positive test for the approved HIV diagnostic algorithm.
173. **If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician?** (recommended)
a. Indicate if the client has an HIV diagnosis documented by a physician.
i. **Yes**
ii. **No**
iii. **Unknown:** unable to determine if a diagnosis was documented by a physician
- 173a. **If Yes, provide date of documentation by Physician:** (recommended)
b. The date of the documented HIV laboratory test.
174. **Date of last documented negative HIV test:** (required)
a. If the client had HIV tests prior to first positive test, provide the date of the last negative result.
- 174a. **Specify type of test:** (recommended)
b. Indicate the type of test used to document the client's HIV diagnosis.
175. **Genotyping Date:** (recommended)
a. Enter the date of the genotyping test. If possible, retrieve a copy of the results.
176. **Phenotyping Date:** (recommended)
a. Enter the date of the phenotyping test. If possible, retrieve a copy of the results.

XII. Clinical

These are AIDS-defining conditions that if found in an HIV infected client must be reported as either Definitive or Presumptive diagnosis where designated along with the date of diagnosis. If the client does not have an AIDS-defining condition, you may leave this section blank.

177. **Clinical record reviewed** (required)
 - a. Indicate if the clinical record has been reviewed.
 - a. **Yes**
 - b. **No**
178. The client was diagnosed as(recommended)
 - a. Indicate if the client has been diagnosed with any AIDS-defining conditions.
 - i. **Asymptomatic**
 - ii. **Symptomatic (not AIDS)**
- 178a. **Date the client was diagnosed with one of the previous options** (recommended)
 - b. The date the client was diagnosed as Asymptomatic or Symptomatic (not AIDS).
179. **Candidiasis, bronchi, trachea, or lungs** (recommended)
 - i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of the diagnosis
180. **Candidiasis, esophageal** (recommended)
 - a. **D:** Can be a definitive diagnosis or
 - b. **P:** Can be a presumptive diagnosis
 - c. **Date:** Date of the diagnosis
181. **Carcinoma, invasive cervical** (recommended)
 - i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of the diagnosis
182. **Coccidiomycosis, disseminated or extrapulmonary** (recommended)
 - i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of the diagnosis
183. **Cryptococcosis, extrapulmonary** (recommended)
 - i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of the diagnosis
184. **Cryptosporidiosis, chronic intestinal (>1 mo. duration)** (recommended)
 - i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of the diagnosis
185. **Cytomegalovirus disease (other than in liver, spleen, or nodes)** (recommended)
 - i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of the diagnosis
186. **Cytomegalovirus retinitis (with loss of vision)** (recommended)
 - i. **D:** Can be a definitive diagnosis or
 - ii. **P:** Can be a presumptive diagnosis
 - iii. **Date:** Date of diagnosis
187. **HIV encephalopathy** (recommended)
 - i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of the diagnosis
188. **Herpes simplex: chronic ulcers (>1 mo. duration) bronchitis, pneumonitis, or esophagitis** (recommended)
 - i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of diagnosis
189. **Histoplasmosis, disseminated or extrapulmonary** (recommended)

- i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of diagnosis
190. **Isosporiasis, chronic intestinal (>1 mo. duration)** (recommended)
- i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of diagnosis
191. **Kaposi's sarcoma** (recommended)
- i. **D:** Can be a definitive diagnosis or
 - ii. **P:** Can be a presumptive diagnosis
 - iii. **Date:** Date of diagnosis
192. **Lymphoid interstitial pneumonia and/or pulmonary lymphoid** (recommended)
- i. **D:** Can be a definitive diagnosis or
 - ii. **P:** Can be a presumptive diagnosis
 - iii. **Date:** Date of diagnosis
193. **Lymphoma, Burkitt's (or equivalent)** (recommended)
- i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of diagnosis
194. **Lymphoma, immunoblastic (or equivalent)** (recommended)
- i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of diagnosis
195. **Lymphoma, primary in brain** (recommended)
- i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of diagnosis
196. **Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary** (recommended)
- i. **D:** Can be a definitive diagnosis or
 - ii. **P:** Can be a presumptive diagnosis
 - iii. **Date:** Date of diagnosis
197. **M. tuberculosis, pulmonary** (recommended)
- i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of diagnosis
198. **M. tuberculosis, disseminated or extrapulmonary** (recommended)
- i. **D:** Can be a definitive diagnosis or
 - ii. **P:** Can be a presumptive diagnosis
 - iii. **Date:** the Date of diagnosis
199. **Mycobacterium, of other/unidentified species, disseminated or extrapulmonary** (recommended)
- i. **D:** Can be a definitive diagnosis or
 - ii. **P:** Can be a presumptive diagnosis
 - iii. **Date:** Date of diagnosis
200. **Pneumocystis carinii pneumonia** (recommended)
- i. **D:** Can be a definitive diagnosis or
 - ii. **P:** Can be a presumptive diagnosis
 - iii. **Date:** Date of diagnosis
201. **Pneumonia, recurrent in 12 mo. period** (recommended)
- i. **D:** Can be a definitive diagnosis or
 - ii. **P:** Can be a presumptive diagnosis
 - iii. **Date:** Date of diagnosis
202. **Progressive multifocal leukoencephalopathy** (recommended)

- i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of diagnosis
- 203. **Salmonella septicemia, recurrent** (recommended)
 - i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of diagnosis
- 204. **Toxoplasmosis of brain, onset at >1 mo. of age** (recommended)
 - i. **D:** Can be a definitive diagnosis or
 - ii. **P:** Can be a presumptive diagnosis
 - iii. **Date:** Date of the diagnosis
- 205. **Wasting syndrome due to HIV** (recommended)
 - i. **D:** Must be a definitive diagnosis
 - ii. **Date:** Date of diagnosis
- 206. **If TB selected above, indicate RVCT Case Number:** (recommended)
 - a. Please provide the RVCT Case Number.

Section 3: The District of Columbia Department of Health Adult HIV Confidential Local Fields Form (Clients ≥13 years of age at time of diagnosis)

The District of Columbia Department of Health Adult HIV Confidential Local Fields Form is used to collect other information of that may be useful for public health purposes (Appendix B). Other fields included are for monitoring and evaluating DOH employee investigation processes. This form will be filled out by PHA's upon completion of a case investigation.

1. **Data Entry Person** (required)
 - Select the name of the data entry clerk.
 - a. **Volta Asbury**
 - b. **Deontrinese Henderson**
 - c. **Sabaina Lofinmakin**
 - d. **Paul Macarthy**
 - e. **Luckeya McCarroll**
 - f. **New Data Entry Clerk:** Provide data entry clerk's name.
2. **Prior to the client's testing positive during recent testing event, was she/he previously reported to the jurisdiction's surveillance department as being HIV-positive?** (required)
 - Indicate if the client has been previously reported to the jurisdiction's surveillance department as being HIV-positive.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client was previously reported to the jurisdiction's surveillance department as being HIV-positive.
 - d. **Not Checked:** It has not been checked whether or not the client was previously reported to the jurisdiction's surveillance department as being HIV-positive.

Other Investigation Information

3. **PHA Initials** (required)
 - Select the initials identifying the field investigator who verified the information on the Case Report Form.
 - a. **DEE:** Deontrinese Henderson
 - b. **LAM:** Luckeya McCarroll
 - c. **PIM:** Paul Macarthy
 - d. **SOL:** Sabaina Lofinmakin
 - e. **VEA:** Volta Asbury
 - f. **New PHA:** Specify new PHA
4. **Date Assigned to PHA** (required)
 - PHA should enter the date that the case was provided for investigation.
5. **Date PHA Closed Investigation** (required)
 - PHA should enter the date he/she has completed the investigation.
6. **Date PHA Turned-in Form** (required)
 - Supervisor to enter the date he/she has received the form for counting.
7. **Date of Record Search** (recommended)
 - PHA should enter the date he/she conducted a record search on the case.

8. **Type of record** (required)
 - PHA should indicate if the case is new or not.
 - a. **New:** The case does not exist in eHARS or a change in disease status.
 - b. **Update:** New information to add to an existing case in eHARS.
9. **District Ward Number** (required)
 - The Ward designation for where the client resides.
 - a. **Ward 1**
 - b. **Ward 2**
 - c. **Ward 3**
 - d. **Ward 4**
 - e. **Ward 5**
 - f. **Ward 6**
 - g. **Ward 7**
 - h. **Ward 8**
 - i. **Homeless (77)**
 - j. **Corrections (88)**
 - k. **Non-DC**
 - l. **Unknown**
10. **Anticipated Due Date (for Women)** (recommended)
 - If the case is female and pregnant, please record the anticipated due date.
11. **Perinatal Infection** (required)
 - Indicate if there is evidence of infection through birth.
 - a. **Yes**
 - b. **No**
 - c. **Unknown:** Unable to determine if the client was infected at birth.
12. **RIDR State Disposition** (required)
 - If case was part of the RIDR resolution list, indicate the designated outcome
 - a. **Same as:** The case was the same as the other jurisdiction's case.
 - b. **Different than:** The case was not the same as the other jurisdiction's case.
13. **PHA Comments** (recommended)
 - This space is used to record other information that may be pertinent to the case and the public health mission.
14. **HEALTH DEPARTMENT USE ONLY: STD MIS Field Record Number** (required)
 - If a Field Record was created, record the Field Record Number.

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Appendix A: Adult Case Report Form



DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH
ADULT HIV CONFIDENTIAL CASE REPORT FORM

(Clients ≥13 years of age at time of diagnosis)

I. Health Department Use Only		*Patient identifier information NOT transmitted to CDC	
1. Date Rec'd at Health Department:		2. Document Source:	
4. Did this report initiate a new case investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		3. State No.: <input type="checkbox"/> New Report <input type="checkbox"/> Update	
5. Report Medium <input type="checkbox"/> Field Visit <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Phone <input type="checkbox"/> Electronic Transfer <input type="checkbox"/> CD/Disk		6. Surveillance Method <input type="checkbox"/> Active <input type="checkbox"/> Passive <input type="checkbox"/> Re-abstraction <input type="checkbox"/> Follow up <input type="checkbox"/> Unknown	
II. Facility Providing Information			
7. Date Form Completed:		*8. Medical Record Number:	
*9. Person Completing Form:		*10. Phone Number:	
11. Facility Name:		12. Facility ID:	*13. Phone:
*14. Street Address:			
15. City:	16. County/*Ward: /	17. State/Country: /	*18. ZIP Code:
19. Facility Type (refer to reference page 5):			
III. Client Identification			
*Client Name:	20. First Name	21. Middle Name	22. Last Name
*Alternate Name: (e.g., Alias, Married)	23. First Name	24. Middle Name	25. Last Name
*26. Phone	27. Address Type: <input type="checkbox"/> Residential <input type="checkbox"/> Bad Address <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Foster Home <input type="checkbox"/> Homeless <input type="checkbox"/> Postal <input type="checkbox"/> Shelter <input type="checkbox"/> Temporary		
*28. Current Street Address			
29. City	30. County/*Ward /	31. State/Country /	*32. ZIP Code
*33. Social Security Number		*34. Other ID (please specify):	*34a. Other ID Number:
IV. Client Demographics			
35. Diagnosis Status: <input type="checkbox"/> Adult HIV <input type="checkbox"/> Adult AIDS <input type="checkbox"/> Preliminary Positive			
36. Sex assigned at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		37. Date of Birth:	38. Alias Date of Birth:
39. Country of Birth: <input type="checkbox"/> US <input type="checkbox"/> Other/US Dependency (please specify):			
40. Vital Status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead	41. Date of Death		42. State of Death
43. Current Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male-to-Female (MTF) <input type="checkbox"/> Transgender Female-to-Male (FTM) <input type="checkbox"/> Unknown <input type="checkbox"/> Other gender identity (specify):			
44. Marital Status: <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single (never married) <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Not otherwise specified		45. Education: <input type="checkbox"/> ≤8 th grade <input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate or equivalent <input type="checkbox"/> Some college <input type="checkbox"/> College degree <input type="checkbox"/> Post-graduate work <input type="checkbox"/> Some college level unknown <input type="checkbox"/> Unknown	
46. Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown		*47. Expanded Ethnicity	
48. Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown		*49. Expanded Race	
V. Residence at Diagnosis (add additional addresses in Comments)			
50. Address Type: (Check all that apply) <input type="checkbox"/> Residence at HIV Diagnosis <input type="checkbox"/> Residence at AIDS Diagnosis <input type="checkbox"/> Check if SAME as Current Address			
*51. Street Address:			
52. City:	53. County/*Ward: /	54. State/Country: /	*55. ZIP Code:
VI. Facility of Diagnosis			
56. Diagnosis Type (check all that apply) <input type="checkbox"/> HIV <input type="checkbox"/> AIDS <input type="checkbox"/> Check if SAME as Facility Providing Information			
57. Facility Name:		*58. Phone:	
*59. Street Address:			
60. City:	61. County/*Ward:	62. State/Country: /	*63. ZIP Code:
64. Facility Type (refer to reference page 5):			
*65. Provider Name:		*66. Provider Phone:	*67. Specialty:

Client name:

VII. Client History (respond to all questions)		
<input type="checkbox"/> 68. Pediatric risk (please enter in Comments)		
After 1977 and before the earliest known diagnosis of HIV infection, the client had...		
69. Vaginal sex with female <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, answer 69a - 69f about your partner(s) If No or Unknown, go to 70.	69a. Without using a condom <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 69b. Who is an IDU <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 69c. Who is HIV + <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	69d. With hemophilia/coagulation disorder with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 69e. With transfusion recipient with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 69f. With transplant recipient with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
70. Anal sex with female <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, answer 70a - 70f about your partner(s) If No or Unknown, go to 71	70a. Without using a condom <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 70b. Who is an IDU <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 70c. Who is HIV + <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	70d. With hemophilia/coagulation disorder with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 70e. With transfusion recipient with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 70f. With transplant recipient with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
71. Anal sex with male <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, answer 71a - 71f about your partner(s) If No or Unknown, go to 72	71a. Without using a condom <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 71b. Who is an IDU <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 71c. Who is HIV + <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	71d. With hemophilia/coagulation disorder with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 71e. With transfusion recipient with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 71f. With transplant recipient with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
72. Vaginal sex with a transgendered individual <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, answer 72a - 72f about your partner(s) If No or Unknown, go to 73	72a. Without using a condom <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 72b. Who is an IDU <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 72c. Who is HIV + <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	72d. With hemophilia/coagulation disorder with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 72e. With transfusion recipient with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 72f. With transplant recipient with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
73. Anal sex with a transgendered individual <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, answer 73a - 73f about your partner(s) If No or Unknown, go to 74	73a. Without using a condom <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 73b. Who is an IDU <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 73c. Who is HIV + <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	73d. With hemophilia/coagulation disorder with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 73e. With transfusion recipient with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 73f. With transplant recipient with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
FEMALE CLIENTS ONLY:		
74. Vaginal sex with male <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, answer 74a - 74f about your partner(s) If No or Unknown, go to 75	74a. Without using a condom <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 74b. Who is an IDU <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 74c. Who is HIV + <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	74d. With hemophilia/coagulation disorder with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 74e. With transfusion recipient with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 74f. With transplant recipient with documented HIV infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
75. Vaginal sex with an MSM <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	76. Anal sex with an MSM <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
OTHER: (ALL CLIENTS)		
77. Used injected non-prescription drugs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	77a. If yes, did the client share drug injection equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
78. Received clotting factor for hemophilia/coagulation disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
78a. If yes, specify the clotting factor: _____	78b. If yes, date received: _____	
79. Received transfusion of blood/blood components (other than clotting factor) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (document reason in Comments section)		
79a. If yes, first date received: _____	79b. If yes, last date received: _____	
80. Received transplant of tissue/organs or artificial insemination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
81. Worked in a healthcare or clinical laboratory setting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
81a. If occupational exposure is being investigated or considered as primary mode of exposure, specify occupation and setting: _____		
82. Other documented risk: (please include detail in Comments section) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
HEALTH DEPARTMENT USE ONLY		
83. Is this an NIR/NRR case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	83a. If No Risk Reported, indicate date investigation was complete: _____	

Client name:

VIII. Treatment/Services Referrals

84. Has this client been informed of his/her HIV infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
85. This client's partners will be notified about their HIV exposure and counseled by: <input type="checkbox"/> Health Dept <input type="checkbox"/> Physician/Provider <input type="checkbox"/> Client <input type="checkbox"/> Unknown	
86. Was client linked to HIV medical care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	87. Was the client referred to/contacted by DC DOH Partner Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
86a. If no, why? <input type="checkbox"/> Client already in HIV care <input type="checkbox"/> Client declined HIV care	87a. If yes, was the client interviewed by DC DOH Partner Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
86b. If yes, did client attend the first appointment? <input type="checkbox"/> Confirmed- Accessed service <input type="checkbox"/> Confirmed- Did not access service <input type="checkbox"/> Don't Know <input type="checkbox"/> Pending <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> No follow-up	87b. If yes, was the client interview within 30 days of receiving their result? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
86c. If yes, was the first appointment within 90 days of the HIV test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
88. Was the client referred to DC DOH HIV Prevention Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
88a. If yes, did the client receive DC DOH HIV Prevention Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
89. The client is receiving/received or has been referred for: <input type="checkbox"/> Substance abuse treatment services <input type="checkbox"/> PCP prophylaxis	
90. This patient has been enrolled at: <input type="checkbox"/> Clinical Trial (specify in comment section) <input type="checkbox"/> Clinic (specify in comment section)	
91. At time of HIV diagnosis, medical treatment primarily reimbursed by (See reference sheet on page 5):	92. At time of AIDS diagnosis, medical treatment primarily reimbursed by (See reference sheet on page 5):
93. Is the client receiving any of the following treatment reimbursements? <input type="checkbox"/> ADAP <input type="checkbox"/> Alliance <input type="checkbox"/> Medicare	
94. Is the client's partner(s) pregnant? <input type="checkbox"/> Yes, confirmed <input type="checkbox"/> Yes, unconfirmed <input type="checkbox"/> No <input type="checkbox"/> Unknown	
95. Number of the client's sex or needle sharing partners in the past 12 months? _____	
95a. Number of those partners for whom you collected contacting information (address, phone number, email address, screen name) _____	

For Female Client

96. This client is receiving or been referred for gynecological or obstetrical services: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked	97. Has this client delivered a live-born infant(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
98. Is this client pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked	98a. If yes, is client in prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked

For Children of Client (record most recent birth in these boxes; record additional or multiple births in the Comments section)

*99. Child's Name	100. Child's Date of Birth	
*101. Child's Coded ID	102. Child's State No.	
103. Hospital of Birth Name	*104. Phone	*105. ZIP Code

Co-infections

106. Acute Hepatitis B Dx Date:	107. Chronic Hepatitis B Dx Date:
108. Acute Hepatitis C Dx Date:	109. Chronic Hepatitis C Dx Date:
110. Name of STD1:	110a. Date of Dx STD1:
111. Name of STD2:	111a. Date of Dx STD2:
112. Name of STD3:	112a. Date of Dx STD3:

IX. HIV Testing and Antiretroviral Use History

113. Main Source of Testing and Treatment History Information (select one): <input type="checkbox"/> Client Interview <input type="checkbox"/> Medical Records Review <input type="checkbox"/> Provider Report <input type="checkbox"/> PEMS <input type="checkbox"/> Other	114. Date Client Reported Information
115. Ever had previous positive HIV test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ Unknown <input type="checkbox"/> Declined	116. Date of First Positive HIV test
117. Ever tested HIV negative? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ Unknown <input type="checkbox"/> Declined	118. Date of Last Negative HIV test (if date is from a lab test with test type, enter in Lab Data section)
119. Number of negative HIV tests within 24 months before the current (or first positive) HIV test: # _____ Or <input type="checkbox"/> Don't know/ Unknown <input type="checkbox"/> Declined	
120. Ever taken any antiretroviral (ARVs)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/ Unknown <input type="checkbox"/> Declined	
120a. If Yes, list ARV Medications (refer to reference page 5):	
121. Date First Began:	122. Date of Last Use:

***X. Provider Comments**

123.

Client name: _____

XI. Laboratory Data (record additional tests in Comments section)

HIV Antibody Tests at Diagnosis (non-type differentiating)

Test 1 124. Type: HIV-1 EIA HIV-1/2 EIA HIV- 1/2 Ag/Ab HIV-1 WB HIV-1 IFA HIV-2 EIA HIV-2 WB Other: Specify Test: _____
 125. Result: Positive/Reactive Negative/Nonreactive Indeterminate 126. Rapid Test (check if rapid)
 127. Collection Date: _____ 128. Accession #: _____ 129. Manufacturer: _____

Test 2 130. Type: HIV-1 EIA HIV-1/2 EIA HIV- 1/2 Ag/Ab HIV-1 WB HIV-1 IFA HIV-2 EIA HIV-2 WB Other: Specify Test: _____
 131. Result: Positive/Reactive Negative/Nonreactive Indeterminate 132. Rapid Test (check if rapid)
 133. Collection Date: _____ 134. Accession #: _____ 135. Manufacturer: _____

Test 3 136. Type: HIV-1 EIA HIV-1/2 EIA HIV- 1/2 Ag/Ab HIV-1 WB HIV-1 IFA HIV-2 EIA HIV-2 WB Other: Specify Test: _____
 137. Result: Positive/Reactive Negative/Nonreactive Indeterminate 138. Rapid Test (check if rapid)
 139. Collection Date: _____ 140. Accession #: _____ 141. Manufacturer: _____

HIV Antibody Tests at Diagnosis (type differentiating)

Test 142. Type: HIV-1/2 Differentiating (e.g., Multispot)
 143. Result: HIV-1 HIV-2 Both (undifferentiated) Neither (negative) Indeterminate
 144. Collection Date: _____ 145. Accession #: _____

HIV Antibody Detection Tests

Test 1 146. Type: HIV-1 p24 Antigen HIV-1 RNA/DNA NAAT (Qual) HIV-1 Culture HIV-2 RNA/DNA NAAT (Qual) HIV-2 Culture
 147. Result: Positive/Reactive Negative/Nonreactive Indeterminate 148. Collection date: _____ 149. Accession #: _____

Test 2 150. Type: HIV-1 p24 Antigen HIV-1 RNA/DNA NAAT (Qual) HIV-1 Culture HIV-2 RNA/DNA NAAT (Qual) HIV-2 Culture
 151. Result: Positive/Reactive Negative/Nonreactive Indeterminate 152. Collection date: _____ 153. Accession #: _____

Immunologic Lab Tests

At or closest to current diagnosis status: First <200 µL or <14%:
 154. CD4 count _____ cells/µL 158. CD4 count _____ cells/µL
 155. CD4 count _____ % 159. CD4 count _____ %
 156. Collection Date: _____ 160. Collection Date: _____
 157. Accession #: _____ 161. Accession #: _____

Viral Load Tests (include earliest detectable test after diagnosis)

Test 1 162. Result 163. Copies/ µL _____ 165. Collection Date: _____
 HIV-1 Detectable 164. Log _____ 166. Accession #: _____
 RNA VL Undetectable
 Test 2 167. Result 168. Copies/ µL _____ 170. Collection Date: _____
 HIV-1 Detectable 169. Log _____ 171. Accession #: _____
 RNA VL Undetectable

172. Did documented laboratory test results meet approved HIV diagnostic algorithm criteria? Yes No Unknown

172a. If YES, provide date (specimen collection date if known) of earliest positive test for this algorithm: _____

173. If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician? Yes No Unknown

173a. If YES, provide date of documentation by Physician: _____

174. Date of last documented negative HIV test: _____ 174a. Specify Type of test: _____

175. Genotyping Date: _____ 176. Phenotyping Date: _____

XII. Clinical (select D for Definitive or P for Presumptive where applicable)

177. Clinical Record Reviewed Yes No 178. The client was diagnosed as: Asymptomatic Symptomatic (not AIDS) 178a. Date the client was diagnosed with one of the previous options (If Symptomatic, indicate the following diagnosis's of client) _____

	D			P			Date		D			P			Date			
	D	P	Date	D	P	Date			D	P	Date	D	P	Date				
179. Candidiasis, bronchi, trachea, or lungs	<input type="checkbox"/>							188. Herpes simplex: chronic ulcers (>1 mo. duration), bronchitis, pneumonitis, or esophagitis	<input type="checkbox"/>						197. M. tuberculosis, pulmonary*	<input type="checkbox"/>		
180. Candidiasis, esophageal	<input type="checkbox"/>	<input type="checkbox"/>						189. Histoplasmosis, disseminated or extrapulmonary	<input type="checkbox"/>						198. M. tuberculosis, disseminated or extrapulmonary*	<input type="checkbox"/>	<input type="checkbox"/>	
181. Carcinoma, invasive cervical	<input type="checkbox"/>							190. Isosporiasis, chronic intestinal (>1 mo. duration)	<input type="checkbox"/>						199. Mycobacterium, of other/unidentified species, disseminated or extrapulmonary	<input type="checkbox"/>	<input type="checkbox"/>	
182. Coccidioidomycosis, disseminated or extrapulmonary	<input type="checkbox"/>							191. Kaposi's sarcoma	<input type="checkbox"/>	<input type="checkbox"/>					200. Pneumocystis carinii pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	
183. Cryptococcosis, extrapulmonary	<input type="checkbox"/>							192. Lymphoid interstitial pneumonia and/or pulmonary lymphoid	<input type="checkbox"/>	<input type="checkbox"/>					201. Pneumonia, recurrent, in 12 mo. period	<input type="checkbox"/>	<input type="checkbox"/>	
184. Cryptosporidiosis, chronic intestinal (>1 mo. duration)	<input type="checkbox"/>							193. Lymphoma, Burkitt's (or equivalent)	<input type="checkbox"/>						202. Progressive multifocal leukoencephalopathy	<input type="checkbox"/>		
185. Cytomegalovirus disease (other than in liver, spleen, or nodes)	<input type="checkbox"/>							194. Lymphoma, immunoblastic (or equivalent)	<input type="checkbox"/>						203. Salmonella septicemia, recurrent	<input type="checkbox"/>		
186. Cytomegalovirus retinitis (with loss of vision)	<input type="checkbox"/>	<input type="checkbox"/>						195. Lymphoma, primary in brain	<input type="checkbox"/>						204. Toxoplasmosis of brain, onset at >1 mo. of age	<input type="checkbox"/>	<input type="checkbox"/>	
187. HIV encephalopathy	<input type="checkbox"/>							196. Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary	<input type="checkbox"/>	<input type="checkbox"/>					205. Wasting syndrome due to HIV	<input type="checkbox"/>		

*206. If TB selected above, indicate RVCT Case Number: _____



**DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH
ADULT HIV CONFIDENTIAL CASE REPORT FORM**

Reference Page

Question	Options					
19. and 64. Facility Type	Inpatient: <ul style="list-style-type: none"> • Hospital • Other, specify 	Outpatient: <ul style="list-style-type: none"> • Private Physician Office • Adult HIV Clinic • Other, specify 	Screening, Diagnostic, Referral Agency: <ul style="list-style-type: none"> • CTS • STD Clinic • Other, specify 	Other Facility: <ul style="list-style-type: none"> • Emergency Room • Laboratory • Corrections • Unknown • Other, specify 		
91. At time of HIV diagnosis, medical treatment primarily reimbursed by:	<ul style="list-style-type: none"> • CHAMPUS/TRICARE • Children’s Health Insurance Program (CHIP) • MEDICAID • MEDICARE • Private Insurance, HMO 	<ul style="list-style-type: none"> • Private Insurance, PPO • Private Insurance, Unspecified • Self Insured • State Funded, COBRA • State Funded, Other 	<ul style="list-style-type: none"> • State Funded, Unspecified • Veterans Administration • No Health Insurance • Other • Unknown 			
92. At time of AIDS diagnosis, medical treatment primarily reimbursed by:	<ul style="list-style-type: none"> • CHAMPUS/TRICARE • Children’s Health Insurance Program (CHIP) • MEDICAID • MEDICARE • Private Insurance, HMO 	<ul style="list-style-type: none"> • Private Insurance, PPO • Private Insurance, Unspecified • Self Insured • State Funded, COBRA • State Funded, Other 	<ul style="list-style-type: none"> • State Funded, Unspecified • Veterans Administration • No Health Insurance • Other • Unknown 			
120a. If Yes, list ARV Medications:	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • Agenerase (amprenavir) • Aptivus (tipranavir,TPV) • Atripla (efavirenz/emtricitabine/tenofovir DF) • Combivir (lamivudine/zidovudine, 3TC/AZT) • Complera (emtricitabine, rilpivirine/tenofovir DF, FTC/RPV/TDF) • Crixivan (indinavir, IDV) • Edurant (rilpivirine, RPV) • Emtriva (emtricitabine, FTC) • Epivir (lamivudine, 3TC) • Epzicom (abacavir/lamivudine, ABD/3TC) • Fortovase (saquinavir, SQV) • Fuzeon (enfuvirtide, T20) • Hepsera (adefovir) • Hivid (zalcitabine, ddC) • Hydroxyurea • Intelence (etravirine) • Invirase (saquinavir, SQV) • Isentress (raltegravir) • Kaletra (lopinavir, ritonavir) • Lexiva (fosamprenavir, 908) </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> • Norvir (ritonavir, RTV) • Prezista (darunavir, DRV) • Rescriptor (delavirdine, DLV) • Retrovir (zidovudine, ZDV, AZT) • Reyataz (atazanavir, ATV) • Saquinavir (fortavase, invirase) • Selzentry (maraviroc) • Sustiva (efavirenz, EFV) • Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC, AZT) • Truvada (tenofovir DF/emtricitabine, TDF/FTC) • Videx (didanosine, ddl) • Videx EC (didanosine, ddl) • Viracept (nelfinavir, NFV) • Viramune (nevirapine, NVP) • Viread (tenofovir DF, TDF) • Zerit (stavudine, d4T) • Ziagen (abacavir, ABC) • Other • Unspecified </td> </tr> </table>				<ul style="list-style-type: none"> • Agenerase (amprenavir) • Aptivus (tipranavir,TPV) • Atripla (efavirenz/emtricitabine/tenofovir DF) • Combivir (lamivudine/zidovudine, 3TC/AZT) • Complera (emtricitabine, rilpivirine/tenofovir DF, FTC/RPV/TDF) • Crixivan (indinavir, IDV) • Edurant (rilpivirine, RPV) • Emtriva (emtricitabine, FTC) • Epivir (lamivudine, 3TC) • Epzicom (abacavir/lamivudine, ABD/3TC) • Fortovase (saquinavir, SQV) • Fuzeon (enfuvirtide, T20) • Hepsera (adefovir) • Hivid (zalcitabine, ddC) • Hydroxyurea • Intelence (etravirine) • Invirase (saquinavir, SQV) • Isentress (raltegravir) • Kaletra (lopinavir, ritonavir) • Lexiva (fosamprenavir, 908) 	<ul style="list-style-type: none"> • Norvir (ritonavir, RTV) • Prezista (darunavir, DRV) • Rescriptor (delavirdine, DLV) • Retrovir (zidovudine, ZDV, AZT) • Reyataz (atazanavir, ATV) • Saquinavir (fortavase, invirase) • Selzentry (maraviroc) • Sustiva (efavirenz, EFV) • Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC, AZT) • Truvada (tenofovir DF/emtricitabine, TDF/FTC) • Videx (didanosine, ddl) • Videx EC (didanosine, ddl) • Viracept (nelfinavir, NFV) • Viramune (nevirapine, NVP) • Viread (tenofovir DF, TDF) • Zerit (stavudine, d4T) • Ziagen (abacavir, ABC) • Other • Unspecified
<ul style="list-style-type: none"> • Agenerase (amprenavir) • Aptivus (tipranavir,TPV) • Atripla (efavirenz/emtricitabine/tenofovir DF) • Combivir (lamivudine/zidovudine, 3TC/AZT) • Complera (emtricitabine, rilpivirine/tenofovir DF, FTC/RPV/TDF) • Crixivan (indinavir, IDV) • Edurant (rilpivirine, RPV) • Emtriva (emtricitabine, FTC) • Epivir (lamivudine, 3TC) • Epzicom (abacavir/lamivudine, ABD/3TC) • Fortovase (saquinavir, SQV) • Fuzeon (enfuvirtide, T20) • Hepsera (adefovir) • Hivid (zalcitabine, ddC) • Hydroxyurea • Intelence (etravirine) • Invirase (saquinavir, SQV) • Isentress (raltegravir) • Kaletra (lopinavir, ritonavir) • Lexiva (fosamprenavir, 908) 	<ul style="list-style-type: none"> • Norvir (ritonavir, RTV) • Prezista (darunavir, DRV) • Rescriptor (delavirdine, DLV) • Retrovir (zidovudine, ZDV, AZT) • Reyataz (atazanavir, ATV) • Saquinavir (fortavase, invirase) • Selzentry (maraviroc) • Sustiva (efavirenz, EFV) • Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC, AZT) • Truvada (tenofovir DF/emtricitabine, TDF/FTC) • Videx (didanosine, ddl) • Videx EC (didanosine, ddl) • Viracept (nelfinavir, NFV) • Viramune (nevirapine, NVP) • Viread (tenofovir DF, TDF) • Zerit (stavudine, d4T) • Ziagen (abacavir, ABC) • Other • Unspecified 					

Please print a completed copy, place into a double-sealed envelope, marked “CONFIDENTIAL,” and mail or hand deliver to the address provided at the bottom of this page. You may also contact the DOH Field Investigator assigned to your site from the HIV/AIDS, Hepatitis, STD and TB Administration to retrieve the completed documents. The Field Investigator may review the documents for completeness and accuracy against the patient’s medical charts. Any deficiencies will require the Field Investigator to obtain missing or discrepant information via telephone, in-person interview, chart abstraction or other methods deemed appropriate. It is not acceptable to FAX or e-mail a form with client information on it. Chapter 22 of The District of Columbia Municipal Regulations contains information on the reporting requirements for communicable diseases with a specific section for HIV. All Human Immunodeficiency Virus (HIV) infection cases (including Acquired Immune Deficiency Syndrome (AIDS)) shall be reported to the Director of the Department of Health or his or her designee. Physicians and others licensed to practice in the District under the District of Columbia Health Occupations Revision Act of 1985 (D.C. Official Code § 3-1201.01 et seq.), in charge of an AIDS diagnosis, shall report the AIDS diagnosis to the Director within forty-eight (48) hours of diagnosis and furnish information the Director deems necessary to complete a confidential case report. Additionally, physicians and others licensed under the District of Columbia Health Occupations Revision Act of 1985 shall report a HIV positive test result to the Director or his or her designee. The physician or provider, laboratory, blood bank, or other entity or facility that provides HIV testing shall report all cases of HIV infection to the Director or his or her designee.

The Government of the District of Columbia
 Department of Health
 Strategic Information Bureau
 899 North Capitol Street NE, 4th Floor
 Washington, DC 20002
 (202) 671-4900

Appendix B: Adult Local Fields Form



DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH
ADULT HIV CONFIDENTIAL CASE REPORT FORM
(Clients ≥13 years of age at time of diagnosis)

Local Fields – Health Department Use Only

1. Data Entry Person <input type="checkbox"/> Volta Asbury <input type="checkbox"/> Deontrinese Henderson <input type="checkbox"/> Sabaina Lofinmakin <input type="checkbox"/> Paul Macarthy <input type="checkbox"/> Luckeya McCarroll <input type="checkbox"/> New Data Entry Clerk (specify):		
2. Prior to the client testing positive during recent testing event, was she/he previously reported to the jurisdiction's surveillance department as being HIV-positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not Checked		
Other Investigation Information		
3. PHA Initials <input type="checkbox"/> DEE <input type="checkbox"/> LAM <input type="checkbox"/> PIM <input type="checkbox"/> SOL <input type="checkbox"/> VEA <input type="checkbox"/> New PHA (specify):		
4. Date Assigned to PHA:	5. Date PHA Closed Investigation:	6. Date PHA Turned-in Form:
7. Date of Record Search:	8. Type of record: <input type="checkbox"/> New <input type="checkbox"/> Update	
9. District Ward Number <input type="checkbox"/> Ward 1 <input type="checkbox"/> Ward 2 <input type="checkbox"/> Ward 3 <input type="checkbox"/> Ward 4 <input type="checkbox"/> Ward 5 <input type="checkbox"/> Ward 6 <input type="checkbox"/> Ward 7 <input type="checkbox"/> Ward 8	<input type="checkbox"/> Homeless (77) <input type="checkbox"/> Corrections (88) <input type="checkbox"/> non-DC <input type="checkbox"/> Unknown	
10. Anticipated Due Date (for Women):	11. Perinatal Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
12. RIDR State Disposition <input type="checkbox"/> Same as <input type="checkbox"/> Different than		
PHA Comments		
13.		
14. HEALTH DEPARTMENT USE ONLY: STD MIS Field Record Number		

Appendix C: Race Concepts

Race Concepts for American Indian or Alaska Native

Unique Identifier	Hierarchical Code	Concept
1002-5	R1	American Indian or Alaska Native
1004-1	R1.01	American Indian
1006-6	R1.01.001	Abenaki
1008-2	R1.01.002	Algonquian
1010-8	R1.01.003	Apache
1011-6	R1.01.003.001	Chiricahua
1012-4	R1.01.003.002	Fort Sill Apache
1013-2	R1.01.003.003	Jicarilla Apache
1014-0	R1.01.003.004	Lipan Apache
1015-7	R1.01.003.005	Mescalero Apache
1016-5	R1.01.003.006	Oklahoma Apache
1017-3	R1.01.003.007	Payson Apache
1018-1	R1.01.003.008	San Carlos Apache
1019-9	R1.01.003.009	White Mountain Apache
1021-5	R1.01.004	Arapaho
1022-3	R1.01.004.001	Northern Arapaho
1023-1	R1.01.004.002	Southern Arapaho
1024-9	R1.01.004.003	Wind River Arapaho
1026-4	R1.01.005	Arikara
1028-0	R1.01.006	Assiniboine
1030-6	R1.01.007	Assiniboine Sioux
1031-4	R1.01.007.001	Fort Peck Assiniboine Sioux
1033-0	R1.01.008	Bannock
1035-5	R1.01.009	Blackfeet
1037-1	R1.01.010	Brotherton
1039-7	R1.01.011	Burt Lake Band
1041-3	R1.01.012	Caddo
1042-1	R1.01.012.001	Oklahoma Caddo
1044-7	R1.01.013	Cahuilla
1045-4	R1.01.013.001	Agua Caliente Cahuilla
1046-2	R1.01.013.002	Augustine
1047-0	R1.01.013.003	Cabazon
1048-8	R1.01.013.004	Los Coyotes
1049-6	R1.01.013.005	Morongo
1050-4	R1.01.013.006	Santa Rosa Cahuilla
1051-2	R1.01.013.007	Torres-Martinez
1053-8	R1.01.014	California Tribes
1054-6	R1.01.014.001	Cahto
1055-3	R1.01.014.002	Chimariko
1056-1	R1.01.014.003	Coast Miwok
1057-9	R1.01.014.004	Digger
1058-7	R1.01.014.005	Kawaiisu
1059-5	R1.01.014.006	Kern River
1060-3	R1.01.014.007	Mattole
1061-1	R1.01.014.008	Red Wood
1062-9	R1.01.014.009	Santa Rosa
1063-7	R1.01.014.010	Takelma
1064-5	R1.01.014.011	Wappo
1065-2	R1.01.014.012	Yana
1066-0	R1.01.014.013	Yuki
1068-6	R1.01.015	Canadian and Latin American Indian
1069-4	R1.01.015.001	Canadian Indian
1070-2	R1.01.015.002	Central American Indian
1071-0	R1.01.015.003	French American Indian
1072-8	R1.01.015.004	Mexican American Indian

1073-6	R1.01.015.005	South American Indian
1074-4	R1.01.015.006	Spanish American Indian
1076-9	R1.01.016	Catawba
1078-5	R1.01.017	Cayuse
1080-1	R1.01.018	Chehalis
1082-7	R1.01.019	Chemakuan
1083-5	R1.01.019.001	Hoh
1084-3	R1.01.019.002	Quileute
1086-8	R1.01.020	Chemehuevi
1088-4	R1.01.021	Cherokee
1089-2	R1.01.021.001	Cherokee Alabama
1090-0	R1.01.021.002	Cherokees of Northeast Alabama
1091-8	R1.01.021.003	Cherokees of Southeast Alabama
1092-6	R1.01.021.004	Eastern Cherokee
1093-4	R1.01.021.005	Echota Cherokee
1094-2	R1.01.021.006	Etowah Cherokee
1095-9	R1.01.021.007	Northern Cherokee
1096-7	R1.01.021.008	Tuscola
1097-5	R1.01.021.009	United Keetowah Band of Cherokee
1098-3	R1.01.021.010	Western Cherokee
1100-7	R1.01.022	Cherokee Shawnee
1102-3	R1.01.023	Cheyenne
1103-1	R1.01.023.001	Northern Cheyenne
1104-9	R1.01.023.002	Southern Cheyenne
1106-4	R1.01.024	Cheyenne-Arapaho
1108-0	R1.01.025	Chickahominy
1109-8	R1.01.025.001	Eastern Chickahominy
1110-6	R1.01.025.002	Western Chickahominy
1112-2	R1.01.026	Chickasaw
1114-8	R1.01.027	Chinook
1115-5	R1.01.027.001	Clatsop
1116-3	R1.01.027.002	Columbia River Chinook
1117-1	R1.01.027.003	Kathlamet
1118-9	R1.01.027.004	Upper Chinook
1119-7	R1.01.027.005	Wakiakum Chinook
1120-5	R1.01.027.006	Willapa Chinook
1121-3	R1.01.027.007	Wishram
1123-9	R1.01.028	Chippewa
1124-7	R1.01.028.001	Bad River
1125-4	R1.01.028.002	Bay Mills Chippewa
1126-2	R1.01.028.003	Bois Forte
1127-0	R1.01.028.004	Burt Lake Chippewa
1128-8	R1.01.028.005	Fond du Lac
1129-6	R1.01.028.006	Grand Portage
1130-4	R1.01.028.007	Grand Traverse Band of Ottawa/Chippewa
1131-2	R1.01.028.008	Keweenaw
1132-0	R1.01.028.009	Lac Courte Oreilles
1133-8	R1.01.028.010	Lac du Flambeau
1134-6	R1.01.028.011	Lac Vieux Desert Chippewa
1135-3	R1.01.028.012	Lake Superior
1136-1	R1.01.028.013	Leech Lake
1137-9	R1.01.028.014	Little Shell Chippewa
1138-7	R1.01.028.015	Mille Lacs
1139-5	R1.01.028.016	Minnesota Chippewa
1140-3	R1.01.028.017	Ontonagon
1141-1	R1.01.028.018	Red Cliff Chippewa
1142-9	R1.01.028.019	Red Lake Chippewa
1143-7	R1.01.028.020	Saginaw Chippewa
1144-5	R1.01.028.021	St. Croix Chippewa
1145-2	R1.01.028.022	Sault Ste. Marie Chippewa
1146-0	R1.01.028.023	Sokoagon Chippewa
1147-8	R1.01.028.024	Turtle Mountain
1148-6	R1.01.028.025	White Earth

1150-2	R1.01.029	Chippewa Cree
1151-0	R1.01.029.001	Rocky Boy's Chippewa Cree
1153-6	R1.01.030	Chitimacha
1155-1	R1.01.031	Choctaw
1156-9	R1.01.031.001	Clifton Choctaw
1157-7	R1.01.031.002	Jena Choctaw
1158-5	R1.01.031.003	Mississippi Choctaw
1159-3	R1.01.031.004	Mowa Band of Choctaw
1160-1	R1.01.031.005	Oklahoma Choctaw
1162-7	R1.01.032	Chumash
1163-5	R1.01.032.001	Santa Ynez
1165-0	R1.01.033	Clear Lake
1167-6	R1.01.034	Coeur D'Alene
1169-2	R1.01.035	Coharie
1171-8	R1.01.036	Colorado River
1173-4	R1.01.037	Colville
1175-9	R1.01.038	Comanche
1176-7	R1.01.038.001	Oklahoma Comanche
1178-3	R1.01.039	Coos, Lower Umpqua, Siuslaw
1180-9	R1.01.040	Coos
1182-5	R1.01.041	Coquilles
1184-1	R1.01.042	Costanoan
1186-6	R1.01.043	Coushatta
1187-4	R1.01.043.001	Alabama Coushatta
1189-0	R1.01.044	Cowlitz
1191-6	R1.01.045	Cree
1193-2	R1.01.046	Creek
1194-0	R1.01.046.001	Alabama Creek
1195-7	R1.01.046.002	Alabama Quassarte
1196-5	R1.01.046.003	Eastern Creek
1197-3	R1.01.046.004	Eastern Muscogee
1198-1	R1.01.046.005	Kialegee
1199-9	R1.01.046.006	Lower Muscogee
1200-5	R1.01.046.007	Machis Lower Creek Indian
1201-3	R1.01.046.008	Poarch Band
1202-1	R1.01.046.009	Principal Creek Indian Nation
1203-9	R1.01.046.010	Star Clan of Muscogee Creeks
1204-7	R1.01.046.011	Thlopthlocco
1205-4	R1.01.046.012	Tuckabachee
1207-0	R1.01.047	Croatian
1209-6	R1.01.048	Crow
1211-2	R1.01.049	Cupeno
1212-0	R1.01.049.001	Agua Caliente
1214-6	R1.01.050	Delaware
1215-3	R1.01.050.001	Eastern Delaware
1216-1	R1.01.050.002	Lenni-Lenape
1217-9	R1.01.050.003	Munsee
1218-7	R1.01.050.004	Oklahoma Delaware
1219-5	R1.01.050.005	Rampough Mountain
1220-3	R1.01.050.006	Sand Hill
1222-9	R1.01.051	Diegueno
1223-7	R1.01.051.001	Campo
1224-5	R1.01.051.002	Capitan Grande
1225-2	R1.01.051.003	Cuyapaibe
1226-0	R1.01.051.004	La Posta
1227-8	R1.01.051.005	Manzanita
1228-6	R1.01.051.006	Mesa Grande
1229-4	R1.01.051.007	San Pasqual
1230-2	R1.01.051.008	Santa Ysabel
1231-0	R1.01.051.009	Sycuan
1233-6	R1.01.052	Eastern Tribes
1234-4	R1.01.052.001	Attacapa
1235-1	R1.01.052.002	Biloxi

1236-9	R1.01.052.003	Georgetown
1237-7	R1.01.052.004	Moor
1238-5	R1.01.052.005	Nansemond
1239-3	R1.01.052.006	Natchez
1240-1	R1.01.052.007	Nausu Waiwash
1241-9	R1.01.052.008	Nipmuc
1242-7	R1.01.052.009	Paugussett
1243-5	R1.01.052.010	Pocomoke Acohonock
1244-3	R1.01.052.011	Southeastern Indians
1245-0	R1.01.052.012	Susquehanock
1246-8	R1.01.052.013	Tunica Biloxi
1247-6	R1.01.052.014	Waccamaw-Siousan
1248-4	R1.01.052.015	Wicomico
1250-0	R1.01.053	Esselen
1252-6	R1.01.054	Fort Belknap
1254-2	R1.01.055	Fort Berthold
1256-7	R1.01.056	Fort Mcdowell
1258-3	R1.01.057	Fort Hall
1260-9	R1.01.058	Gabrieleno
1262-5	R1.01.059	Grand Ronde
1264-1	R1.01.060	Gros Ventres
1265-8	R1.01.060.001	Atsina
1267-4	R1.01.061	Haliwa
1269-0	R1.01.062	Hidatsa
1271-6	R1.01.063	Hoopa
1272-4	R1.01.063.001	Trinity
1273-2	R1.01.063.002	Whilkut
1275-7	R1.01.064	Hoopa Extension
1277-3	R1.01.065	Houma
1279-9	R1.01.066	Inaja-Cosmit
1281-5	R1.01.067	Iowa
1282-3	R1.01.067.001	Iowa of Kansas-Nebraska
1283-1	R1.01.067.002	Iowa of Oklahoma
1285-6	R1.01.068	Iroquois
1286-4	R1.01.068.001	Cayuga
1287-2	R1.01.068.002	Mohawk
1288-0	R1.01.068.003	Oneida
1289-8	R1.01.068.004	Onondaga
1290-6	R1.01.068.005	Seneca
1291-4	R1.01.068.006	Seneca Nation
1292-2	R1.01.068.007	Seneca-Cayuga
1293-0	R1.01.068.008	Tonawanda Seneca
1294-8	R1.01.068.009	Tuscarora
1295-5	R1.01.068.010	Wyandotte
1297-1	R1.01.069	Juaneno
1299-7	R1.01.070	Kalispel
1301-1	R1.01.071	Karuk
1303-7	R1.01.072	Kaw
1305-2	R1.01.073	Kickapoo
1306-0	R1.01.073.001	Oklahoma Kickapoo
1307-8	R1.01.073.002	Texas Kickapoo
1309-4	R1.01.074	Kiowa
1310-2	R1.01.074.001	Oklahoma Kiowa
1312-8	R1.01.075	Klallam
1313-6	R1.01.075.001	Jamestown
1314-4	R1.01.075.002	Lower Elwha
1315-1	R1.01.075.003	Port Gamble Klallam
1317-7	R1.01.076	Klamath
1319-3	R1.01.077	Konkow
1321-9	R1.01.078	Kootenai
1323-5	R1.01.079	Lassik
1325-0	R1.01.080	Long Island

1326-8	R1.01.080.001	Matinecock
1327-6	R1.01.080.002	Montauk
1328-4	R1.01.080.003	Poospatuck
1329-2	R1.01.080.004	Setauket
1331-8	R1.01.081	Luiseno
1332-6	R1.01.081.001	La Jolla
1333-4	R1.01.081.002	Pala
1334-2	R1.01.081.003	Pauma
1335-9	R1.01.081.004	Pechanga
1336-7	R1.01.081.005	Soboba
1337-5	R1.01.081.006	Twenty-Nine Palms
1338-3	R1.01.081.007	Temecula
1340-9	R1.01.082	Lumbee
1342-5	R1.01.083	Lummi
1344-1	R1.01.084	Maidu
1345-8	R1.01.084.001	Mountain Maidu
1346-6	R1.01.084.002	Nishinam
1348-2	R1.01.085	Makah
1350-8	R1.01.086	Maliseet
1352-4	R1.01.087	Mandan
1354-0	R1.01.088	Mattaponi
1356-5	R1.01.089	Menominee
1358-1	R1.01.090	Miami
1359-9	R1.01.090.001	Illinois Miami
1360-7	R1.01.090.002	Indiana Miami
1361-5	R1.01.090.003	Oklahoma Miami
1363-1	R1.01.091	Miccosukee
1365-6	R1.01.092	Micmac
1366-4	R1.01.092.001	Aroostook
1368-0	R1.01.093	Mission Indians
1370-6	R1.01.094	Miwok
1372-2	R1.01.095	Modoc
1374-8	R1.01.096	Mohegan
1376-3	R1.01.097	Mono
1378-9	R1.01.098	Nanticoke
1380-5	R1.01.099	Narragansett
1382-1	R1.01.100	Navajo
1383-9	R1.01.100.001	Alamo Navajo
1384-7	R1.01.100.002	Canoncito Navajo
1385-4	R1.01.100.003	Ramah Navajo
1387-0	R1.01.101	Nez Perce
1389-6	R1.01.102	Nomalaki
1391-2	R1.01.103	Northwest Tribes
1392-0	R1.01.103.001	Alesea
1393-8	R1.01.103.002	Celilo
1394-6	R1.01.103.003	Columbia
1395-3	R1.01.103.004	Kalapuya
1396-1	R1.01.103.005	Molala
1397-9	R1.01.103.006	Talakamish
1398-7	R1.01.103.007	Tenino
1399-5	R1.01.103.008	Tillamook
1400-1	R1.01.103.009	Wenatchee
1401-9	R1.01.103.010	Yahooskin
1403-5	R1.01.104	Omaha
1405-0	R1.01.105	Oregon Athabaskan
1407-6	R1.01.106	Osage
1409-2	R1.01.107	Otoe-Missouria
1411-8	R1.01.108	Ottawa
1412-6	R1.01.108.001	Burt Lake Ottawa
1413-4	R1.01.108.002	Michigan Ottawa
1414-2	R1.01.108.003	Oklahoma Ottawa
1416-7	R1.01.109	Paiute

1417-5	R1.01.109.001	Bishop
1418-3	R1.01.109.002	Bridgeport
1419-1	R1.01.109.003	Burns Paiute
1420-9	R1.01.109.004	Cedarville
1421-7	R1.01.109.005	Fort Bidwell
1422-5	R1.01.109.006	Fort Independence
1423-3	R1.01.109.007	Kaibab
1424-1	R1.01.109.008	Las Vegas
1425-8	R1.01.109.009	Lone Pine
1426-6	R1.01.109.010	Lovelock
1427-4	R1.01.109.011	Malheur Paiute
1428-2	R1.01.109.012	Moapa
1429-0	R1.01.109.013	Northern Paiute
1430-8	R1.01.109.014	Owens Valley
1431-6	R1.01.109.015	Pyramid Lake
1432-4	R1.01.109.016	San Juan Southern Paiute
1433-2	R1.01.109.017	Southern Paiute
1434-0	R1.01.109.018	Summit Lake
1435-7	R1.01.109.019	Utu Utu Gwaitu Paiute
1436-5	R1.01.109.020	Walker River
1437-3	R1.01.109.021	Yerington Paiute
1439-9	R1.01.110	Pamunkey
1441-5	R1.01.111	Passamaquoddy
1442-3	R1.01.111.001	Indian Township
1443-1	R1.01.111.002	Pleasant Point Passamaquoddy
1445-6	R1.01.112	Pawnee
1446-4	R1.01.112.001	Oklahoma Pawnee
1448-0	R1.01.113	Penobscot
1450-6	R1.01.114	Peoria
1451-4	R1.01.114.001	Oklahoma Peoria
1453-0	R1.01.115	Pequot
1454-8	R1.01.115.001	Marshantucket Pequot
1456-3	R1.01.116	Pima
1457-1	R1.01.116.001	Gila River Pima-Maricopa
1458-9	R1.01.116.002	Salt River Pima-Maricopa
1460-5	R1.01.117	Piscataway
1462-1	R1.01.118	Pit River
1464-7	R1.01.119	Pomo
1465-4	R1.01.119.001	Central Pomo
1466-2	R1.01.119.002	Dry Creek
1467-0	R1.01.119.003	Eastern Pomo
1468-8	R1.01.119.004	Kashia
1469-6	R1.01.119.005	Northern Pomo
1470-4	R1.01.119.006	Scotts Valley
1471-2	R1.01.119.007	Stonyford
1472-0	R1.01.119.008	Sulphur Bank
1474-6	R1.01.120	Ponca
1475-3	R1.01.120.001	Nebraska Ponca
1476-1	R1.01.120.002	Oklahoma Ponca
1478-7	R1.01.121	Potawatomi
1479-5	R1.01.121.001	Citizen Band Potawatomi
1480-3	R1.01.121.002	Forest County
1481-1	R1.01.121.003	Hannahville
1482-9	R1.01.121.004	Huron Potawatomi
1483-7	R1.01.121.005	Pokagon Potawatomi
1484-5	R1.01.121.006	Prairie Band
1485-2	R1.01.121.007	Wisconsin Potawatomi
1487-8	R1.01.122	Powhatan
1489-4	R1.01.123	Pueblo
1490-2	R1.01.123.001	Acoma
1491-0	R1.01.123.002	Arizona Tewa
1492-8	R1.01.123.003	Cochiti
1493-6	R1.01.123.004	Hopi

1494-4	R1.01.123.005	Isleta
1495-1	R1.01.123.006	Jemez
1496-9	R1.01.123.007	Keres
1497-7	R1.01.123.008	Laguna
1498-5	R1.01.123.009	Nambe
1499-3	R1.01.123.010	Picuris
1500-8	R1.01.123.011	Piro
1501-6	R1.01.123.012	Pojoaque
1502-4	R1.01.123.013	San Felipe
1503-2	R1.01.123.014	San Ildefonso
1504-0	R1.01.123.015	San Juan Pueblo
1505-7	R1.01.123.016	San Juan De
1506-5	R1.01.123.017	San Juan
1507-3	R1.01.123.018	Sandia
1508-1	R1.01.123.019	Santa Ana
1509-9	R1.01.123.020	Santa Clara
1510-7	R1.01.123.021	Santo Domingo
1511-5	R1.01.123.022	Taos
1512-3	R1.01.123.023	Tesuque
1513-1	R1.01.123.024	Tewa
1514-9	R1.01.123.025	Tigua
1515-6	R1.01.123.026	Zia
1516-4	R1.01.123.027	Zuni
1518-0	R1.01.124	Puget Sound Salish
1519-8	R1.01.124.001	Duwamish
1520-6	R1.01.124.002	Kikiallus
1521-4	R1.01.124.003	Lower Skagit
1522-2	R1.01.124.004	Muckleshoot
1523-0	R1.01.124.005	Nisqually
1524-8	R1.01.124.006	Nooksack
1525-5	R1.01.124.007	Port Madison
1526-3	R1.01.124.008	Puyallup
1527-1	R1.01.124.009	Samish
1528-9	R1.01.124.010	Sauk-Suiattle
1529-7	R1.01.124.011	Skokomish
1530-5	R1.01.124.012	Skykomish
1531-3	R1.01.124.013	Snohomish
1532-1	R1.01.124.014	Snoqualmie
1533-9	R1.01.124.015	Squaxin Island
1534-7	R1.01.124.016	Steilacoom
1535-4	R1.01.124.017	Stillaguamish
1536-2	R1.01.124.018	Suquamish
1537-0	R1.01.124.019	Swinomish
1538-8	R1.01.124.020	Tulalip
1539-6	R1.01.124.021	Upper Skagit
1541-2	R1.01.125	Quapaw
1543-8	R1.01.126	Quinault
1545-3	R1.01.127	Rappahannock
1547-9	R1.01.128	Reno-Sparks
1549-5	R1.01.129	Round Valley
1551-1	R1.01.130	Sac and Fox
1552-9	R1.01.130.001	Iowa Sac and Fox
1553-7	R1.01.130.002	Missouri Sac and Fox
1554-5	R1.01.130.003	Oklahoma Sac and Fox
1556-0	R1.01.131	Salinan
1558-6	R1.01.132	Salish
1560-2	R1.01.133	Salish and Kootenai
1562-8	R1.01.134	Schaghticoke
1564-4	R1.01.135	Scott Valley
1566-9	R1.01.136	Seminole
1567-7	R1.01.136.001	Big Cypress
1568-5	R1.01.136.002	Brighton
1569-3	R1.01.136.003	Florida Seminole

1570-1	R1.01.136.004	Hollywood Seminole
1571-9	R1.01.136.005	Oklahoma Seminole
1573-5	R1.01.137	Serrano
1574-3	R1.01.137.001	San Manual
1576-8	R1.01.138	Shasta
1578-4	R1.01.139	Shawnee
1579-2	R1.01.139.001	Absentee Shawnee
1580-0	R1.01.139.002	Eastern Shawnee
1582-6	R1.01.140	Shinnecock
1584-2	R1.01.141	Shoalwater Bay
1586-7	R1.01.142	Shoshone
1587-5	R1.01.142.001	Battle Mountain
1588-3	R1.01.142.002	Duckwater
1589-1	R1.01.142.003	Elko
1590-9	R1.01.142.004	Ely
1591-7	R1.01.142.005	Goshute
1592-5	R1.01.142.006	Panamint
1593-3	R1.01.142.007	Ruby Valley
1594-1	R1.01.142.008	Skull Valley
1595-8	R1.01.142.009	South Fork Shoshone
1596-6	R1.01.142.010	Te-Moak Western Shoshone
1597-4	R1.01.142.011	Timbi-Sha Shoshone
1598-2	R1.01.142.012	Washakie
1599-0	R1.01.142.013	Wind River Shoshone
1600-6	R1.01.142.014	Yomba
1602-2	R1.01.143	Shoshone Paiute
1603-0	R1.01.143.001	Duck Valley
1604-8	R1.01.143.002	Fallon
1605-5	R1.01.143.003	Fort McDermitt
1607-1	R1.01.144	Siletz
1609-7	R1.01.145	Sioux
1610-5	R1.01.145.001	Blackfoot Sioux
1611-3	R1.01.145.002	Brule Sioux
1612-1	R1.01.145.003	Cheyenne River Sioux
1613-9	R1.01.145.004	Crow Creek Sioux
1614-7	R1.01.145.005	Dakota Sioux
1615-4	R1.01.145.006	Flandreau Santee
1616-2	R1.01.145.007	Fort Peck
1617-0	R1.01.145.008	Lake Traverse Sioux
1618-8	R1.01.145.009	Lower Brule Sioux
1619-6	R1.01.145.010	Lower Sioux
1620-4	R1.01.145.011	Mdewakanton Sioux
1621-2	R1.01.145.012	Miniconjou
1622-0	R1.01.145.013	Oglala Sioux
1623-8	R1.01.145.014	Pine Ridge Sioux
1624-6	R1.01.145.015	Pipestone Sioux
1625-3	R1.01.145.016	Prairie Island Sioux
1626-1	R1.01.145.017	Prior Lake Sioux
1627-9	R1.01.145.018	Rosebud Sioux
1628-7	R1.01.145.019	Sans Arc Sioux
1629-5	R1.01.145.020	Santee Sioux
1630-3	R1.01.145.021	Sisseton-Wahpeton
1631-1	R1.01.145.022	Sisseton Sioux
1632-9	R1.01.145.023	Spirit Lake Sioux
1633-7	R1.01.145.024	Standing Rock Sioux
1634-5	R1.01.145.025	Teton Sioux
1635-2	R1.01.145.026	Two Kettle Sioux
1636-0	R1.01.145.027	Upper Sioux
1637-8	R1.01.145.028	Wahpekute Sioux
1638-6	R1.01.145.029	Wahpeton Sioux
1639-4	R1.01.145.030	Wazhaza Sioux
1640-2	R1.01.145.031	Yankton Sioux
1641-0	R1.01.145.032	Yanktonai Sioux

1643-6	R1.01.146	Siuslaw
1645-1	R1.01.147	Spokane
1647-7	R1.01.148	Stewart
1649-3	R1.01.149	Stockbridge
1651-9	R1.01.150	Susanville
1653-5	R1.01.151	Tohono O'odham
1654-3	R1.01.151.001	Ak-Chin
1655-0	R1.01.151.002	Gila Bend
1656-8	R1.01.151.003	San Xavier
1657-6	R1.01.151.004	Sells
1659-2	R1.01.152	Tolowa
1661-8	R1.01.153	Tonkawa
1663-4	R1.01.154	Tygh
1665-9	R1.01.155	Umatilla
1667-5	R1.01.156	Umpqua
1668-3	R1.01.156.001	Cow Creek Umpqua
1670-9	R1.01.157	Ute
1671-7	R1.01.157.001	Allen Canyon
1672-5	R1.01.157.002	Uintah Ute
1673-3	R1.01.157.003	Ute Mountain Ute
1675-8	R1.01.158	Wailaki
1677-4	R1.01.159	Walla-Walla
1679-0	R1.01.160	Wampanoag
1680-8	R1.01.160.001	Gay Head Wampanoag
1681-6	R1.01.160.002	Mashpee Wampanoag
1683-2	R1.01.161	Warm Springs
1685-7	R1.01.162	Wascopum
1687-3	R1.01.163	Washoe
1688-1	R1.01.163.001	Alpine
1689-9	R1.01.163.002	Carson
1690-7	R1.01.163.003	Dresslerville
1692-3	R1.01.164	Wichita
1694-9	R1.01.165	Wind River
1696-4	R1.01.166	Winnebago
1697-2	R1.01.166.001	Ho-chunk
1698-0	R1.01.166.002	Nebraska Winnebago
1700-4	R1.01.167	Winnemucca
1702-0	R1.01.168	Wintun
1704-6	R1.01.169	Wiyot
1705-3	R1.01.169.001	Table Bluff
1707-9	R1.01.170	Yakama
1709-5	R1.01.171	Yakama Cowlitz
1711-1	R1.01.172	Yaqui
1712-9	R1.01.172.001	Barrio Libre
1713-7	R1.01.172.002	Pascua Yaqui
1715-2	R1.01.173	Yavapai Apache
1717-8	R1.01.174	Yokuts
1718-6	R1.01.174.001	Chukchansi
1719-4	R1.01.174.002	Tachi
1720-2	R1.01.174.003	Tule River
1722-8	R1.01.175	Yuchi
1724-4	R1.01.176	Yuman
1725-1	R1.01.176.001	Cocopah
1726-9	R1.01.176.002	Havasupai
1727-7	R1.01.176.003	Hualapai
1728-5	R1.01.176.004	Maricopa
1729-3	R1.01.176.005	Mohave
1730-1	R1.01.176.006	Quechan
1731-9	R1.01.176.007	Yavapai
1732-7	R1.01.177	Yurok
1733-5	R1.01.177.001	Coast Yurok
1735-0	R1.02	Alaska Native

1737-6	R1.02.001	Alaska Indian
1739-2	R1.02.001.001	Alaskan Athabascan
1740-0	R1.02.001.001.001	Ahtna
1741-8	R1.02.001.001.002	Alatna
1742-6	R1.02.001.001.003	Alexander
1743-4	R1.02.001.001.004	Allakaket
1744-2	R1.02.001.001.005	Alanvik
1745-9	R1.02.001.001.006	Anvik
1746-7	R1.02.001.001.007	Arctic
1747-5	R1.02.001.001.008	Beaver
1748-3	R1.02.001.001.009	Birch Creek
1749-1	R1.02.001.001.010	Cantwell
1750-9	R1.02.001.001.011	Chalkyitsik
1751-7	R1.02.001.001.012	Chickaloon
1752-5	R1.02.001.001.013	Chistochina
1753-3	R1.02.001.001.014	Chitina
1754-1	R1.02.001.001.015	Circle
1755-8	R1.02.001.001.016	Cook Inlet
1756-6	R1.02.001.001.017	Copper Center
1757-4	R1.02.001.001.018	Copper River
1758-2	R1.02.001.001.019	Dot Lake
1759-0	R1.02.001.001.020	Doyon
1760-8	R1.02.001.001.021	Eagle
1761-6	R1.02.001.001.022	Eklutna
1762-4	R1.02.001.001.023	Evansville
1763-2	R1.02.001.001.024	Fort Yukon
1764-0	R1.02.001.001.025	Gakona
1765-7	R1.02.001.001.026	Galena
1766-5	R1.02.001.001.027	Grayling
1767-3	R1.02.001.001.028	Gulkana
1768-1	R1.02.001.001.029	Healy Lake
1769-9	R1.02.001.001.030	Holy Cross
1770-7	R1.02.001.001.031	Hughes
1771-5	R1.02.001.001.032	Huslia
1772-3	R1.02.001.001.033	Iliamna
1773-1	R1.02.001.001.034	Kaltag
1774-9	R1.02.001.001.035	Kluti Kaah
1775-6	R1.02.001.001.036	Knik
1776-4	R1.02.001.001.037	Koyukuk
1777-2	R1.02.001.001.038	Lake Minchumina
1778-0	R1.02.001.001.039	Lime
1779-8	R1.02.001.001.040	Mcgrath
1780-6	R1.02.001.001.041	Manley Hot Springs
1781-4	R1.02.001.001.042	Mentasta Lake
1782-2	R1.02.001.001.043	Minto
1783-0	R1.02.001.001.044	Nenana
1784-8	R1.02.001.001.045	Nikolai
1785-5	R1.02.001.001.046	Ninilchik
1786-3	R1.02.001.001.047	Nondalton
1787-1	R1.02.001.001.048	Northway
1788-9	R1.02.001.001.049	Nulato
1789-7	R1.02.001.001.050	Pedro Bay
1790-5	R1.02.001.001.051	Rampart
1791-3	R1.02.001.001.052	Ruby
1792-1	R1.02.001.001.053	Salamatof
1793-9	R1.02.001.001.054	Seldovia
1794-7	R1.02.001.001.055	Slana
1795-4	R1.02.001.001.056	Shageluk
1796-2	R1.02.001.001.057	Stevens
1797-0	R1.02.001.001.058	Stony River
1798-8	R1.02.001.001.059	Takotna
1799-6	R1.02.001.001.060	Tanacross
1800-2	R1.02.001.001.061	Tanaina
1801-0	R1.02.001.001.062	Tanana

1802-8	R1.02.001.001.063	Tanana Chiefs
1803-6	R1.02.001.001.064	Tazlina
1804-4	R1.02.001.001.065	Telida
1805-1	R1.02.001.001.066	Tetlin
1806-9	R1.02.001.001.067	Tok
1807-7	R1.02.001.001.068	Tyonek
1808-5	R1.02.001.001.069	Venetie
1809-3	R1.02.001.001.070	Wiseman
1811-9	R1.02.001.002	Southeast Alaska
1813-5	R1.02.001.002.001	Tlingit-Haida
1814-3	R1.02.001.002.001.001	Angoon
1815-0	R1.02.001.002.001.002	Central Council of Tlingit and Haida Tribes
1816-8	R1.02.001.002.001.003	Chilkat
1817-6	R1.02.001.002.001.004	Chilkoot
1818-4	R1.02.001.002.001.005	Craig
1819-2	R1.02.001.002.001.006	Douglas
1820-0	R1.02.001.002.001.007	Haida
1821-8	R1.02.001.002.001.008	Hoonah
1822-6	R1.02.001.002.001.009	Hydaburg
1823-4	R1.02.001.002.001.010	Kake
1824-2	R1.02.001.002.001.011	Kasaan
1825-9	R1.02.001.002.001.012	Kenaitze
1826-7	R1.02.001.002.001.013	Ketchikan
1827-5	R1.02.001.002.001.014	Klawock
1828-3	R1.02.001.002.001.015	Pelican
1829-1	R1.02.001.002.001.016	Petersburg
1830-9	R1.02.001.002.001.017	Saxman
1831-7	R1.02.001.002.001.018	Sitka
1832-5	R1.02.001.002.001.019	Tenakee Springs
1833-3	R1.02.001.002.001.020	Tlingit
1834-1	R1.02.001.002.001.021	Wrangell
1835-8	R1.02.001.002.001.022	Yakutat
1837-4	R1.02.001.002.002	Tsimshian
1838-2	R1.02.001.002.002.001	Metlakatla
1840-8	R1.02.002	Eskimo
1842-4	R1.02.002.001	Greenland Eskimo
1844-0	R1.02.002.002	Inupiat Eskimo
1845-7	R1.02.002.002.001	Ambler
1846-5	R1.02.002.002.002	Anaktuvuk
1847-3	R1.02.002.002.003	Anaktuvuk Pass
1848-1	R1.02.002.002.004	Arctic Slope Inupiat
1849-9	R1.02.002.002.005	Arctic Slope Corporation
1850-7	R1.02.002.002.006	Atkasuk
1851-5	R1.02.002.002.007	Barrow
1852-3	R1.02.002.002.008	Bering Straits Inupiat
1853-1	R1.02.002.002.009	Brevig Mission
1854-9	R1.02.002.002.010	Buckland
1855-6	R1.02.002.002.011	Chinik
1856-4	R1.02.002.002.012	Council
1857-2	R1.02.002.002.013	Deering
1858-0	R1.02.002.002.014	Elim
1859-8	R1.02.002.002.015	Golovin
1860-6	R1.02.002.002.016	Inalik Diomedede
1861-4	R1.02.002.002.017	Inupiaq
1862-2	R1.02.002.002.018	Kaktovik
1863-0	R1.02.002.002.019	Kawerak
1864-8	R1.02.002.002.020	Kiana
1865-5	R1.02.002.002.021	Kivalina
1866-3	R1.02.002.002.022	Kobuk
1867-1	R1.02.002.002.023	Kotzebue
1868-9	R1.02.002.002.024	Koyuk
1869-7	R1.02.002.002.025	Kwiguk
1870-5	R1.02.002.002.026	Mauneluk Inupiat

1871-3	R1.02.002.002.027	Nana Inupiat
1872-1	R1.02.002.002.028	Noatak
1873-9	R1.02.002.002.029	Nome
1874-7	R1.02.002.002.030	Noorvik
1875-4	R1.02.002.002.031	Nuiqsut
1876-2	R1.02.002.002.032	Point Hope
1877-0	R1.02.002.002.033	Point Lay
1878-8	R1.02.002.002.034	Selawik
1879-6	R1.02.002.002.035	Shaktoolik
1880-4	R1.02.002.002.036	Shishmaref
1881-2	R1.02.002.002.037	Shungnak
1882-0	R1.02.002.002.038	Solomon
1883-8	R1.02.002.002.039	Teller
1884-6	R1.02.002.002.040	Unalakleet
1885-3	R1.02.002.002.041	Wainwright
1886-1	R1.02.002.002.042	Wales
1887-9	R1.02.002.002.043	White Mountain
1888-7	R1.02.002.002.044	White Mountain Inupiat
1889-5	R1.02.002.002.045	Mary's Igloo
1891-1	R1.02.002.003	Siberian Eskimo
1892-9	R1.02.002.003.001	Gambell
1893-7	R1.02.002.003.002	Savoonga
1894-5	R1.02.002.003.003	Siberian Yupik
1896-0	R1.02.002.004	Yupik Eskimo
1897-8	R1.02.002.004.001	Akiachak
1898-6	R1.02.002.004.002	Akiak
1899-4	R1.02.002.004.003	Alakanuk
1900-0	R1.02.002.004.004	Aleknagik
1901-8	R1.02.002.004.005	Andreafsky
1902-6	R1.02.002.004.006	Aniak
1903-4	R1.02.002.004.007	Atmautluak
1904-2	R1.02.002.004.008	Bethel
1905-9	R1.02.002.004.009	Bill Moore's Slough
1906-7	R1.02.002.004.010	Bristol Bay Yupik
1907-5	R1.02.002.004.011	Calista Yupik
1908-3	R1.02.002.004.012	Chefornak
1909-1	R1.02.002.004.013	Chevak
1910-9	R1.02.002.004.014	Chuathbaluk
1911-7	R1.02.002.004.015	Clark's Point
1912-5	R1.02.002.004.016	Crooked Creek
1913-3	R1.02.002.004.017	Dillingham
1914-1	R1.02.002.004.018	Eek
1915-8	R1.02.002.004.019	Ekuk
1916-6	R1.02.002.004.020	Ekwok
1917-4	R1.02.002.004.021	Emmonak
1918-2	R1.02.002.004.022	Goodnews Bay
1919-0	R1.02.002.004.023	Hooper Bay
1920-8	R1.02.002.004.024	Iqurmuit (Russian Mission)
1921-6	R1.02.002.004.025	Kalskag
1922-4	R1.02.002.004.026	Kasigluk
1923-2	R1.02.002.004.027	Kipnuk
1924-0	R1.02.002.004.028	Koliganek
1925-7	R1.02.002.004.029	Kongiganak
1926-5	R1.02.002.004.030	Kotlik
1927-3	R1.02.002.004.031	Kwethluk
1928-1	R1.02.002.004.032	Kwigillingok
1929-9	R1.02.002.004.033	Levelock
1930-7	R1.02.002.004.034	Lower Kalskag
1931-5	R1.02.002.004.035	Manokotak
1932-3	R1.02.002.004.036	Marshall
1933-1	R1.02.002.004.037	Mekoryuk
1934-9	R1.02.002.004.038	Mountain Village
1935-6	R1.02.002.004.039	Naknek

1936-4	R1.02.002.004.040	Napaumute
1937-2	R1.02.002.004.041	Napakiak
1938-0	R1.02.002.004.042	Napaskiak
1939-8	R1.02.002.004.043	Newhalen
1940-6	R1.02.002.004.044	New Stuyahok
1941-4	R1.02.002.004.045	Newtok
1942-2	R1.02.002.004.046	Nightmute
1943-0	R1.02.002.004.047	Nunapitchukv
1944-8	R1.02.002.004.048	Oscarville
1945-5	R1.02.002.004.049	Pilot Station
1946-3	R1.02.002.004.050	Pitkas Point
1947-1	R1.02.002.004.051	Platinum
1948-9	R1.02.002.004.052	Portage Creek
1949-7	R1.02.002.004.053	Quinhagak
1950-5	R1.02.002.004.054	Red Devil
1951-3	R1.02.002.004.055	St. Michael
1952-1	R1.02.002.004.056	Scammon Bay
1953-9	R1.02.002.004.057	Sheldon's Point
1954-7	R1.02.002.004.058	Sleetmute
1955-4	R1.02.002.004.059	Stebbins
1956-2	R1.02.002.004.060	Togiak
1957-0	R1.02.002.004.061	Toksook
1958-8	R1.02.002.004.062	Tulukskak
1959-6	R1.02.002.004.063	Tuntutuliak
1960-4	R1.02.002.004.064	Tununak
1961-2	R1.02.002.004.065	Twin Hills
1962-0	R1.02.002.004.066	Georgetown
1963-8	R1.02.002.004.067	St. Mary's
1964-6	R1.02.002.004.068	Umkumiate
1966-1	R1.02.003	Aleut
1968-7	R1.02.003.001	Alutiiq Aleut
1969-5	R1.02.003.001.001	Tatitlek
1970-3	R1.02.003.001.002	Ugashik
1972-9	R1.02.003.002	Bristol Bay Aleut
1973-7	R1.02.003.002.001	Chignik
1974-5	R1.02.003.002.002	Chignik Lake
1975-2	R1.02.003.002.003	Egegik
1976-0	R1.02.003.002.004	Igiugig
1977-8	R1.02.003.002.005	Ivanof Bay
1978-6	R1.02.003.002.006	King Salmon
1979-4	R1.02.003.002.007	Kokhanok
1980-2	R1.02.003.002.008	Perryville
1981-0	R1.02.003.002.009	Pilot Point
1982-8	R1.02.003.002.010	Port Heiden
1984-4	R1.02.003.003	Chugach Aleut
1985-1	R1.02.003.003.001	Chenega
1986-9	R1.02.003.003.002	Chugach Corporation
1987-7	R1.02.003.003.003	English Bay
1988-5	R1.02.003.003.004	Port Graham
1990-1	R1.02.003.004	Eyak
1992-7	R1.02.003.005	Koniag Aleut
1993-5	R1.02.003.005.001	Akhiok
1994-3	R1.02.003.005.002	Agdaagux
1995-0	R1.02.003.005.003	Karluk
1996-8	R1.02.003.005.004	Kodiak
1997-6	R1.02.003.005.005	Larsen Bay
1998-4	R1.02.003.005.006	Old Harbor
1999-2	R1.02.003.005.007	Ouzinkie
2000-8	R1.02.003.005.008	Port Lions
2002-4	R1.02.003.006	Sugpiaq
2004-0	R1.02.003.007	Suqpigaaq
2006-5	R1.02.003.008	Unangan Aleut
2007-3	R1.02.003.008.001	Akutan

2008-1	R1.02.003.008.002	Aleut Corporation
2009-9	R1.02.003.008.003	Aleutian
2010-7	R1.02.003.008.004	Aleutian Islander
2011-5	R1.02.003.008.005	Atka
2012-3	R1.02.003.008.006	Belkofski
2013-1	R1.02.003.008.007	Chignik Lagoon
2014-9	R1.02.003.008.008	King Cove
2015-6	R1.02.003.008.009	False Pass
2016-4	R1.02.003.008.010	Nelson Lagoon
2017-2	R1.02.003.008.011	Nikolski
2018-0	R1.02.003.008.012	Pauloff Harbor
2019-8	R1.02.003.008.013	Qagan Toyagungin
2020-6	R1.02.003.008.014	Qawalangin
2021-4	R1.02.003.008.015	St. George
2022-2	R1.02.003.008.016	St. Paul
2023-0	R1.02.003.008.017	Sand Point
2024-8	R1.02.003.008.018	South Naknek
2025-5	R1.02.003.008.019	Unalaska
2026-3	R1.02.003.008.020	Unga

Race Concepts for Asian

Unique Identifier	Hierarchical Code	Concept
2028-9	R2	Asian
2029-7	R2.01	Asian Indian
2030-5	R2.02	Bangladeshi
2031-3	R2.03	Bhutanese
2032-1	R2.04	Burmese
2033-9	R2.05	Cambodian
2034-7	R2.06	Chinese
2035-4	R2.07	Taiwanese
2036-2	R2.08	Filipino
2037-0	R2.09	Hmong
2038-8	R2.10	Indonesian
2039-6	R2.11	Japanese
2040-4	R2.12	Korean
2041-2	R2.13	Laotian
2042-0	R2.14	Malaysian
2043-8	R2.15	Okinawan
2044-6	R2.16	Pakistani
2045-3	R2.17	Sri Lankan
2046-1	R2.18	Thai
2047-9	R2.19	Vietnamese
2048-7	R2.20	Iwo Jiman
2049-5	R2.21	Maldivian
2050-3	R2.22	Nepalese
2051-1	R2.23	Singaporean
2052-9	R2.24	Madagascar

Race Concepts for Black or African American

Unique Identifier	Hierarchical Code	Concept
2054-5	R3	Black or African American
2056-0	R3.01	Black
2058-6	R3.02	African American
2060-2	R3.03	African
2061-0	R3.03.001	Botswanan
2062-8	R3.03.002	Ethiopian
2063-6	R3.03.003	Liberian
2064-4	R3.03.004	Namibian
2065-1	R3.03.005	Nigerian
2066-9	R3.03.006	Zairean
2067-7	R3.04	Bahamian
2068-5	R3.05	Barbadian
2069-3	R3.06	Dominican
2070-1	R3.07	Dominica Islander
2071-9	R3.08	Haitian
2072-7	R3.09	Jamaican
2073-5	R3.10	Tobagoan
2074-3	R3.11	Trinidadian
2075-0	R3.12	West Indian

Race Concepts for Native Hawaiian or Other Pacific Islander

Unique Identifier	Hierarchical Code	Concept
2076-8	R4	Native Hawaiian or Other Pacific Islander
2078-4	R4.01	Polynesian
2079-2	R4.01.001	Native Hawaiian
2080-0	R4.01.002	Samoaan
2081-8	R4.01.003	Tahitian
2082-6	R4.01.004	Tongan
2083-4	R4.01.005	Tokelauan
2085-9	R4.02	Micronesian
2086-7	R4.02.001	Guamanian or Chamorro
2087-5	R4.02.002	Guamanian
2088-3	R4.02.003	Chamorro
2089-1	R4.02.004	Mariana Islander
2090-9	R4.02.005	Marshallese
2091-7	R4.02.006	Palauan
2092-5	R4.02.007	Carolinian
2093-3	R4.02.008	Kosraean
2094-1	R4.02.009	Pohnpeian
2095-8	R4.02.010	Saipanese
2096-6	R4.02.011	Kiribati
2097-4	R4.02.012	Chuukese
2098-2	R4.02.013	Yapese
2100-6	R4.03	Melanesian
2101-4	R4.03.001	Fijian
2102-2	R4.03.002	Papua New Guinean
2103-0	R4.03.003	Solomon Islander
2104-8	R4.03.004	New Hebrides
2500-7	R4.04	Other Pacific Islander

Race Concepts for White

Unique Identifier	Hierarchical Code	Concept
2106-3	R5	White
2108-9	R5.01	European
2109-7	R5.01.001	Armenian
2110-5	R5.01.002	English
2111-3	R5.01.003	French
2112-1	R5.01.004	German
2113-9	R5.01.005	Irish
2114-7	R5.01.006	Italian
2115-4	R5.01.007	Polish
2116-2	R5.01.008	Scottish
2118-8	R5.02	Middle Eastern or North African
2119-6	R5.02.001	Assyrian
2120-4	R5.02.002	Egyptian
2121-2	R5.02.003	Iranian
2122-0	R5.02.004	Iraqi
2123-8	R5.02.005	Lebanese
2124-6	R5.02.006	Palestinian
2125-3	R5.02.007	Syrian
2126-1	R5.02.008	Afghanistani
2127-9	R5.02.009	Israeli
2129-5	R5.03	Arab

Race Concepts for Other

Unique Identifier	Hierarchical Code	Concept
2131-1	R9	Other Race

Appendix D: Ethnicity Concepts

Ethnicity Concepts for Hispanic or Latino

Unique Identifier	Hierarchical Code	Concept
2135-2	E1	Hispanic or Latino
2137-8	E1.01	Spaniard
2138-6	E1.01.001	Andalusian
2139-4	E1.01.002	Asturian
2140-2	E1.01.003	Castillian
2141-0	E1.01.004	Catalonian
2142-8	E1.01.005	Belearic Islander
2143-6	E1.01.006	Gallego
2144-4	E1.01.007	Valencian
2145-1	E1.01.008	Canarian
2146-9	E1.01.009	Spanish Basque
2148-5	E1.02	Mexican
2149-3	E1.02.001	Mexican American
2150-1	E1.02.002	Mexicano
2151-9	E1.02.003	Chicano
2152-7	E1.02.004	La Raza
2153-5	E1.02.005	Mexican American Indian
2155-0	E1.03	Central American
2156-8	E1.03.001	Costa Rican
2157-6	E1.03.002	Guatemalan
2158-4	E1.03.003	Honduran
2159-2	E1.03.004	Nicaraguan
2160-0	E1.03.005	Panamanian

Appendix E: Document Source

Inpatient Record

First level source	Secondary level source	Description
A01 = Inpatient Record	A01.01	IP/Acute Care Facility
	A01.01.01	IP/ACF/Infection Control Practitioner
	A01.01.02	IP/ACF/OBGYN records
	A01.01.02.01	IP/ACF/OBGYN/Prenatal Care records
	A01.01.02.02	IP/ACF/OBGYN/Labor & Delivery records
	A01.01.03	IP/ACF/Pediatric records
	A01.01.04	IP/ACF/Birth records
	A01.01.05	IP/ACF/All other records
	A01.02	IP/Veterans Administration Hospital
	A01.02.01	IP/VA/Infection Control Practitioner
	A01.02.02	IP/VA/All other records
	A01.03	IP/Military Hospital
	A01.03.01	IP/MH/Infection Control Practitioner
	A01.03.02	IP/MH/OBGYN records
	A01.03.02.01	IP/MH/OBGYN/Prenatal Care records
	A01.03.02.02	IP/MH/OBGYN/Labor & Delivery records
	A01.03.03	IP/MH/Pediatric records
	A01.03.04	IP/MH/All other records
	A01.04	IP/Long Term Care Facility
	A01.04.01	IP/LTCF/Nursing Home
	A01.04.02	IP/LTCF/Rehabilitation Center
	A01.04.03	IP/LTCF/Drug Treatment Program
	A01.05	IP/Hospice

Outpatient Record

First level source	Secondary level source	Description
A02 = Outpatient Record	A02.01	OP/HMO
	A02.01.01	OP/HMO/Hospital Associated Outpatient clinic
	A02.01.02	OP/HMO/Non-Hospital Associated Outpatient clinic
	A02.02	OP/ VA Outpatient clinic
	A02.03	OP/Private Physician
	A02.03.01	OP/PP/Hospital Associated Outpatient clinic
	A02.03.02	OP/PP/Non-Hospital Associated Outpatient clinic
	A02.04	OP/Adult HIV Clinic
	A02.04.01	OP/Adult HIV Clinic/Hospital Associated Outpatient clinic
	A02.04.02	OP/Adult HIV Clinic/Non-Hospital Associated Outpatient clinic
	A02.05	OP/Infectious Disease clinic
	A02.05.01	OP/IDC/Hospital Associated Outpatient clinic
	A02.05.02	OP/IDC/Non-Hospital Associated Outpatient clinic
	A02.06	OP/County Health Department clinic
	A02.07	OP/Maternal HIV Clinic
	A02.07.01	OP/Maternal HIV Clinic/Hospital Associated Outpatient clinic
	A02.07.02	OP/Maternal HIV Clinic/Non-Hospital Associated Outpatient clinic

	A02.08	OP/Prenatal Clinic or Records
	A02.08.01	OP/PRC/Hospital Associated Outpatient clinic
	A02.08.02	OP/PRC/Non-Hospital Associated Outpatient clinic
	A02.09	OP/Pediatric HIV Clinic
	A02.09.01	OP/Pediatric HIV Clinic/Hospital Associated Outpatient clinic
	A02.09.02	OP/Pediatric HIV Clinic/Non-Hospital Associated Outpatient clinic
	A02.10	OP/Obstetrics and Gynecology
	A02.10.01	OP/OBGYN/Hospital Associated Outpatient clinic
	A02.10.02	OP/OBGYN/Non-Hospital Associated Outpatient clinic
	A02.11	OP/Pediatric clinic
	A02.11.01	OP/PC/Hospital Associated Outpatient clinic
	A02.11.02	OP/PC/Non-Hospital Associated Outpatient clinic
	A02.12	OP/TB clinic
	A02.12.01	OP/TB Clinic/Hospital Associated Outpatient clinic
	A02.12.02	OP/TB Clinic/Non-Hospital Associated Outpatient clinic
	A02.13	OP/HRSA funded clinic
	A02.14	OP/Indian Health Service clinic
	A02.14.01	OP/IHS/Hospital Associated Outpatient clinic
	A02.14.02	OP/IHS/Non-Hospital Associated Outpatient clinic
	A02.15	OP/Early Intervention Nurse
	A02.15.01	OP/EIN/Hospital Associated Outpatient clinic
	A02.15.02	OP/EIN/Non-Hospital Associated Outpatient clinic
	A02.16	OP/Visiting Nurse Service
	A02.16.01	OP/VNS/Hospital Associated
	A02.16.02	OP/VNS/Non-Hospital Associated
	A02.17	OP/Hemophilia Treatment Center
	A02.17.01	OP/HTC/Hospital Associated Outpatient clinic
	A02.17.02	OP/HTC/Non-Hospital Associated Outpatient clinic
	A02.18	OP/Hospice
	A02.18.01	OP/Hospice/Hospital Associated Outpatient clinic
	A02.18.02	OP/Hospice/Non-Hospital Associated Outpatient clinic
	A02.19	OP/Drug Treatment Center
	A02.19.01	OP/DTC/Hospital Associated Outpatient clinic
	A02.19.02	OP/DTC/Non-Hospital Associated Outpatient clinic
	A02.20	OP/Rehabilitation Center
	A02.20.01	OP/RC/Hospital Associated Outpatient clinic
	A02.20.02	OP/RC/Non-Hospital Associated Outpatient clinic
	A02.25	OP/Other Clinic
	A02.25.01	OP/Other/Hospital Associated Outpatient clinic
	A02.25.02	OP/Other/Non-Hospital Associated Outpatient clinic

Emergency Room

First level source	Secondary level source	Description
A03 = Emergency Room	A03	Emergency room record not resulting in admission

Screening, Diagnosis and Referral Agencies

First level source	Secondary level source	Description
A04 = Screening, Diagnosis and Referral Agencies	A04.01	SDRA/Blood Bank
	A04.02	SDRA/Drug Treatment Clinic or Program
	A04.03	SDRA/Family Planning Clinic
	A04.04	SDRA/HIV Case Management Agency
	A04.05	SDRA/HIV Counseling and Testing Site
	A04.06	SDRA/Immigration
	A04.07	SDRA/Insurance report
	A04.08	SDRA/Job Corps
	A04.09	SDRA/Military
	A04.10	SDRA/Partner Counseling and Referral Services
	A04.11	SDRA/STD Clinic
	A04.12	SDRA/Public Health Notes

Laboratories

First level source	Secondary level source	Description
A05 = Laboratories	A05.01	Laboratory/Hospital laboratory
	A05.02	Laboratory/State laboratory
	A05.03	Laboratory/Private laboratory
	A05.03.01	Laboratory/Private/Reference laboratory
	A05.03.02	Laboratory/Private/Other laboratory

Other Databases of Information

First level source	Secondary level source	Description
A06 = Other databases of information	A06.01	Other DB/AIDS Drug Assistance Program (ADAP)
	A06.02	Other DB/ASD database
	A06.03	Other DB/Birth Certificate
	A06.04	Other DB/Birth Defects registry
	A06.05	Other DB/Cancer registry
	A06.06	Other DB/Database provided by coroner not associated with inpatient facility
	A06.07	Other DB/Death Certificate
	A06.08	Other DB/EHRAP database
	A06.09	Other DB/EPS database
	A06.10	Other DB/HARS database
	A06.11	Other DB/Health department records
	A06.12	Other DB/Hepatitis registry
	A06.13	Other DB/Hospital billing summary or Discharge db
	A06.14	Other DB/HRSA HIV CARE database
	A06.15	Other DB/Immunization registry
	A06.16	Other DB/Medicaid records
	A06.17	Other DB/National Death Index (NDI) Search
	A06.18	Other DB/Out of State Report

	A06.19	Other DB/Prison, Jail or other Correctional Facility database
	A06.20	Other DB/PSD database
	A06.21	Other DB/State Disease registry
	A06.22	Other DB/SHAS database
	A06.23	Other DB/SHDC database
	A06.24	Other DB/STD registry
	A06.25	Other DB/Tuberculosis registry
	A06.27	Other DB/Vital Statistics (state/local)
	A06.28	Other DB/HARS NDI
	A06.29	Other DB/RIDR
	A06.30	Other DB/Social Security Death Master File (SSDMF) or Social Security Death Index (SSDI)
	A06.50	Other DB/Other database or report

Other Facility Records

First level source	Secondary level source	Description
A07 = Other Facility Records	A07.01	OFR/Prison, jail or other correctional facility
	A07.02	OFR/Coroner not associated with inpatient facility

Other Source

First level source	Secondary level source	Description
A10 = Other Source	A10.01	Other Source/COPHI Investigation
	A10.02	Other Source/Patient Interview