CALIFORNIA GONORRHEA SURVEILLANCE SYSTEM
PROVIDER REPORT FORM

We are following up on gonorrhea cases to help ensure adequate treatment of patients and their partners. As a component of this effort, we are requesting information from you (the provider) or your representative. Please fill out this form for the following patient and return within 48 hours of receipt.

Patient

Last Name	*First Name*	*Birth Date (mm/dd/yyyy)*	CalREDIE ID#

Gender
- ☐ Male
- ☐ Female
- ☐ Transgender (M to F)
- ☐ Transgender (F to M)
- ☐ Unknown

Ethnicity (check one)
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Non-Latino
- ☐ Unknown

Race (check all that apply)
- ☐ American Indian/ Alaska Native
- ☐ Asian
- ☐ Black/African Amer.
- ☐ Native Hawaiian/ Pacific Islander
- ☐ White
- ☐ Other: _____
- ☐ Unknown

Provider Information

Facility Name	*Facility ZIP*	*Facility County/LHJ*

Is this facility a Federally Qualified Health Center (FQHC)? ☐ Yes ☐ No ☐ Unknown

Is this facility a Community Health Center? ☐ Yes ☐ No ☐ Unknown

Sex Partners

What is/are the gender(s) of the patient's sex partner(s)? *(check all that apply)*

☐ Males ☐ Females ☐ Transgender (Male to Female) ☐ Transgender (Female to Male) ☐ Unknown

How many sex partners did the patient have in the last 3 months? ☐

Clinical Visit Information

Date of initial patient visit: ☐ [Females only] Was pelvic inflammatory disease (PID) diagnosed? ☐ Yes ☐ No

Anatomic sites tested for gonorrhea *(check all that apply)*

☐ Urine ☐ Cervix ☐ Vagina ☐ Pharynx ☐ Urethra ☐ Rectum ☐ Other: _____

Did the patient have symptoms of a gonorrhea infection? ☐ Yes ☐ No ☐ Unknown

Did the patient have health insurance? ☐ Yes ☐ No

Was the patient tested for HIV infection during any visits related to this gonorrhea diagnosis? ☐ Yes ☐ No ☐ Unknown ☐ Refused

Treatment Information

Please indicate treatment(s) provided for gonorrhea *(check all that apply)* ☐ Patient not treated for gonorrhea

Date			
_____	☐ Ceftriaxone (Rocephin) 250mg	☐ Ceftriaxone (Rocephin) 125mg	☐ Ceftriaxone (Rocephin) 500mg
_____	☐ Azithromycin (Zithromax) 1g	☐ Azithromycin (Zithromax) 2g	
_____	☐ Cefixime (Suprax)		
_____	☐ Doxycycline: # days: _____		
_____	☐ Other: _____		

Partner Treatment

Were the patient's partner(s) treated by your clinic?

☐ Yes, treated in this clinic ☐ Yes, medication/prescription given to patient for their partner(s) ☐ Yes, other: _____

☐ No, instructed patient to refer partner(s) for treatment ☐ No, referred partner(s) to: _____ ☐ Unknown

Was the patient referred to the health department (or other) for partner services? ☐ Yes ☐ No

All reported information will be maintained in the strictest confidence. Reporting of gonorrhea is required under California Code Regulations, Title 17, Section 2500 and does not violate HIPAA regulations

CALIFORNIA GONORRHEA SURVEILLANCE SYSTEM
PATIENT INTERVIEW FORM

Process Information

Patient Name	Interviewer Name	CalREDIE ID#

Contact Attempt / Outcome *(check one only for each attempt)*

#1 date: ☐ Answer/Interviewed; ☐ No Answer/No Message; ☐ No Answer/Message Left; ☐ Number out of service; ☐ Answer/Hang up; ☐ Answer/Refusal; ☐ Letter Sent; ☐ Answer/Reschedule DIS call back; ☐ Answer/Reschedule Patient call back; ☐ Other

#2 date: ☐ Answer/Interviewed; ☐ No Answer/No Message; ☐ No Answer/Message Left; ☐ Number out of service; ☐ Answer/Hang up; ☐ Answer/Refusal; ☐ Letter Sent; ☐ Answer/Reschedule DIS call back; ☐ Answer/Reschedule Patient call back; ☐ Other

#3 date: ☐ Answer/Interviewed; ☐ No Answer/No Message; ☐ No Answer/Message Left; ☐ Number out of service; ☐ Answer/Hang up; ☐ Answer/Refusal; ☐ Letter Sent; ☐ Answer/Reschedule DIS call back; ☐ Answer/Reschedule Patient call back; ☐ Other

#4 date: ☐ Answer/Interviewed; ☐ No Answer/No Message; ☐ No Answer/Message Left; ☐ Number out of service; ☐ Answer/Hang up; ☐ Answer/Refusal; ☐ Letter Sent; ☐ Answer/Reschedule DIS call back; ☐ Answer/Reschedule Patient call back; ☐ Other

Patient Interview Disposition Code: *(check one only)*

☐ Patient contacted, interview completed
☐ Patient contacted, partial interview completed
} Interview Date:

☐ Patient contacted, refused interview
☐ Patient contacted, language barrier
☐ Patient did not respond to interview contact attempts
☐ Patient contact not initiated; patient currently resides in correctional, mental health, or substance abuse facility
☐ Patient contact not initiated; patient currently is active military on foreign deployment
☐ Patient contact not initiated; > 60 days from diagnosis date
☐ Patient contact not initiated; case determined to be out of jurisdiction
☐ Patient contact not initiated; insufficient contact information
☐ Interview not completed for other reason; specify:

_____

Demographics

1. Could you confirm your DOB?

2. What is your gender?
☐ Male ☐ MTF ☐ Unk
☐ Female ☐ FTM

3. What is your ethnicity?
☐ Hispanic/Latino/a
☐ Non-Hispanic/Non-Latino/a
☐ Unknown

4. What is your race? *(check all that apply)*
☐ American Indian/ Alaska Native
☐ Asian
☐ Black/ African American
☐ Native Hawaiian/ Pacific Islander
☐ White
☐ Other
☐ Unknown

5. [Females only] Were you pregnant at the time you were told you had gonorrhea? ☐ Yes ☐ No ☐ Don't know/Not sure

Behaviors

6. What is/are the gender(s) of your sex partner(s)? *(check all that apply)*
☐ Males ☐ Females ☐ Transgender (Male to Female) ☐ Transgender (Female to Male) ☐ Unknown ☐ Refused

7. Do you consider yourself to be ... (read all choices)?
☐ Heterosexual/Straight ☐ Gay/Lesbian/Homosexual ☐ Bisexual ☐ Other ☐ Refused

8. In the **3 months** prior to your gonorrhea diagnosis, how many partners did you have?
Males? _____ **Females**? _____ **Transgender**? _____

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Behaviors *(continued)*

In the **12 months** prior to your gonorrhea diagnosis:

9. Did you meet any partners at: If Yes, name of venue:

Bars/clubs?	☐ Yes	☐ No	☐ Refused	_____
Baths/spas/sex clubs?	☐ Yes	☐ No	☐ Refused	_____
Internet/phone apps?	☐ Yes	☐ No	☐ Refused	_____
Other?	☐ Yes	☐ No	☐ Refused	_____

10. Did you use:

Methamphetamine?	☐ Yes	☐ No	☐ Refused
Crack/cocaine?	☐ Yes	☐ No	☐ Refused
Heroin?	☐ Yes	☐ No	☐ Refused

11. Did you inject drugs? ☐ Yes ☐ No ☐ Refused

12. Did you give drugs or money in exchange for sex? ☐ Yes ☐ No ☐ Refused

13. Did you receive drugs or money in exchange for sex? ☐ Yes ☐ No ☐ Refused

14. Were you in a jail or juvenile hall facility? ☐ Yes ☐ No ☐ Refused

15. Were you in a prison or long-term correctional facility? ☐ Yes ☐ No ☐ Refused

16. Were you on probation? ☐ Yes ☐ No ☐ Refused

17. Have any of your partners been incarcerated in the past 12 months? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused

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The next few questions are about the most recent time you had sex and about the person you had sex with. By sex, we mean any vaginal, oral or anal sex.

18. When was the last time you had sex with someone?

☐ In the last week ☐ More than 1 week ago but within the last month ☐ More than 1 month ago but within the last 2 months
☐ More than 2 months ago ☐ Don't know/Not sure ☐ Refused

Thinking back to the last time you had sex,

19. What is the gender of that person?

☐ Male ☐ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male) ☐ Don't know/Not sure ☐ Refused

20. How old do you think that person is? It's OK to make your best guess: ☐

21. Would you say that person is Hispanic/Latino/a? ☐ Yes, Hispanic ☐ No, Not Hispanic ☐ Don't know/Not sure ☐ Refused

22. What race would you say that person is? *(check <u>one</u> only)*

☐ American Indian/Alaska Native ☐ Black/African American ☐ White ☐ Don't know/Not sure
☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Other ☐ Refused

23. Do you know if that person is HIV positive?

☐ I know this person is HIV positive ☐ I know this person is HIV negative ☐ I don't know this person's HIV status ☐ Refused

24. Do you think you will have sex with this person again? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused

25. About how far away do you think that person lives from you; how long do you think it would take to get to where they live from where you live? Which of these fits best?

☐ Partner lives with me ☐ Less than 5 minutes away ☐ 5 to 15 minutes away ☐ 15 to 30 minutes away
☐ 30 minutes to 1 hour away ☐ More than one hour away ☐ They live in another state ☐ They live in another country
☐ Don't know/Not sure ☐ Refused

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HIV Test & Linkage to Care

26. Did you know your HIV status prior to this gonorrhea diagnosis? ☐ Never tested

☐ Yes, positive → Date of diagnosis *(mm/yyyy)*: _____ ☐ Yes, negative ☐ No ☐ Refused

If not positive, what was the date of your most recent HIV test *(mm/yyyy)*? _____

"Most recent HIV test" is defined as testing more than 30 days prior to STD specimen collection.

"Current HIV test" is defined as testing from 30 days prior to STD specimen collection to the current date

27. Date of current HIV test *(mm/dd/yyyy)*: _____ ☐ No current test done

Test result: ☐ Positive ☐ Negative ☐ Don't know ☐ Refused

28. Are you receiving pre-exposure prophylaxis to reduce HIV risk? ☐ Yes ☐ No ☐ Refused

29. What is the status of your HIV care?

☐ Already in care ☐ Previously in care ☐ Never in care ☐ Refused

30. Investigator follow-up: If the patient is not already in care, was he/she linked to care? ☐ Yes ☐ No ☐ Refused referral

Facility where patient is receiving HIV care	Date of first HIV care visit following GC diagnosis	Date of first lab test for CD4/viral load

Are you receiving ART medicines to treat your HIV infection? ☐ Yes ☐ No ☐ Refused

Health Care Experience

31. When recently diagnosed with gonorrhea, did you go to the doctor because you were having symptoms or pains you thought might be from an STD?

☐ Yes *(go to 31a)* ☐ No *(go to 32)* ☐ Refused *(go to 32)*

31a. If Yes, how long did you have these symptoms or pains before you were able to see the doctor?

☐ 1 day ☐ 2-6 days ☐ 1-2 weeks ☐ More than 2 weeks ☐ Don't remember ☐ Refused

32. Before you went to the doctor that time, did any of your sex partners tell you that you might have been exposed to an STD?

☐ Yes ☐ No ☐ Don't remember ☐ Refused

33. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medi-Cal, Indian Health Services, the V.A., or military?

☐ Yes *(go to 33a)* ☐ No *(go to 34)* ☐ Don't know/Not sure *(go to 34)* ☐ Refused *(go to 34)*

33a. If Yes, what kind of health care insurance do you have? *(Check one only. If more than one, check the main source.)*

☐ Private health care insurance provided by my employer
☐ Private health care insurance I pay for myself
☐ Public health care insurance like Medi-Cal or Medicare
☐ Active/retired military or dependent plan like the V.A. or military
☐ Bureau of Indian Affairs/Indian Health Service/Urban Indian Health Board
☐ Don't know/Not sure
☐ Other *(please specify)*: _____
☐ Refused

34. Do you have a doctor or health care provider that you think of as your personal doctor or health care provider?

☐ Yes, only one ☐ Yes, more than one ☐ No ☐ Refused

35. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

☐ Yes ☐ No ☐ Refused

36. When you went to see << *insert name of reporting provider or facility name from the case report* >>, where you were diagnosed with gonorrhea, did you need to pay anything out-of-pocket, like a co-pay, deductible or cash payment, at the time of your visit?

☐ Yes ☐ No ☐ Don't remember ☐ Refused

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Health Care Experience *(continued)*

37. Are any of the following reasons why you went to *<< insert name of reporting provider or facility name from the case report >>* for that medical visit instead of going somewhere else?

Did you go because ...

This is your usual/regular doctor	☐ Yes	☐ No
You could get seen for free	☐ Yes	☐ No
They take your insurance	☐ Yes	☐ No
You felt comfortable about your privacy there	☐ Yes	☐ No
You could get seen right away	☐ Yes	☐ No
You wanted to see an expert specializing in STDs	☐ Yes	☐ No
This doctor is close to your house and easy to get to	☐ Yes	☐ No
You were embarrassed and didn't want to go to your regular doctor	☐ Yes	☐ No
You didn't want the insurance papers/info sent to your home/parents	☐ Yes	☐ No
Any other reason *(specify)*: _____	☐ Yes	☐ No

☐ Refused all reasons

38. During that visit, did the doctor, nurse or anyone else talk to you about the importance of getting your sex partners examined and tested for STDs?

☐ Yes ☐ No ☐ Don't remember ☐ Refused

39. In the time since you found out that you had gonorrhea, have you told any of your sex partners that they may need to be tested or treated for gonorrhea?

☐ Yes ☐ No ☐ Refused

40. Were you offered medications or prescriptions for you to give to any of your sex partner(s)?

☐ Yes *(go to 40a)* ☐ No *(go to 41)* ☐ Don't remember *(go to 41)* ☐ Refused *(go to 41)*

40a. If Yes, who offered you the medications or prescriptions for your partner(s)? Was it someone from your doctor's office, someone from the health department, or someone else?

☐ My doctor's office ☐ The health department ☐ Someone else ☐ Don't remember ☐ Refused

40b. If Yes, did you receive the medications or prescriptions for your sex partner(s)?

☐ Yes, received medications ☐ Yes, received prescriptions ☐ Yes, received both *(go to 40c)* ☐ No ☐ Don't remember ☐ Refused *(go to 41)*

40c. If Yes, did you give the medications or prescriptions to your sex partner(s)?

☐ Yes, I gave them to at least one partner ☐ No, I did not give them to any of my partners ☐ Refused

41. [*If only one partner]* Regardless of your answers to my previous questions about partner delivered treatment, to the best of your knowledge, was your sex partner treated?

☐ Yes, definitely ☐ Yes, probably ☐ Not sure ☐ Probably not ☐ Refused

[*If more than one partner*] Regardless of your answers to my previous questions about partner delivered treatment, to the best of your knowledge, would you say that all of your sex partners were definitely treated, at least one of your sex partners was definitely treated, or none were treated?

☐ All definitely treated ☐ At least one definitely treated ☐ At least one probably treated ☐ Not sure ☐ Probably none treated ☐ Refused

42. Did the interviewer provide partner services to the patient (DIS referral)? ☐ Yes ☐ No

Local Use Variables

#1: _____ #2: _____ #3: _____