



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Entered in DRSi?

Chlamydial Infections

Reported to health dept?

Gonococcal Infections

POC: _____

<https://drsi.health.mil/ADRSi>

(____) - ____ - ____

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference.

DEMOGRAPHICS

NAME: (Last) _____ (First) _____ (MI) _____ PARENT/GUARDIAN: _____

DOB: ____/____/____ AGE: _____ FMP: _____ SEX: M F Unk RACE: _____

UNIT: _____ SERVICE: _____ RANK: _____ DUTY STATUS: _____

ADDRESS: (Street) _____ DoD ID: _____

(City) _____ (State) _____ (Zip) _____ (____) - ____ - ____ (h)

(County) _____ (Country) _____ PHONE: _____ (____) - ____ - ____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/Hospital: _____

Hospitalized Y N Admit date: ____/____/____ Discharge date: ____/____/____

Deceased Y N Date of death: ____/____/____ Cause of death: _____

Symptomatic Y N Onset date: ____/____/____ Clinic date: ____/____/____ Diagnosis date: ____/____/____

Pregnant? Y N If asymptomatic, why was the patient tested? (Check all that apply)

If symptomatic, what was patient diagnosed with? _____

Anatomic site infection present/lab collected _____

Reported contact to another STI case (specify: Gonorrhea Chlamydia Syphilis)

Screening

Rescreening after previous positive

Patient request

Other (specify): _____

TREATMENT

Treated with antibiotics? Y N

Type of antibiotic _____ Date Started _____ Duration _____

1. _____ / ____/____

2. _____ / ____/____

LABORATORY RESULTS

Test	Pathogen	Collection Date	Source	Result
<small>(type of test performed)</small>	<small>(specify if Chlamydia or Gonorrhea)</small>		<small>(CSF, Serum, Urine, Urethral, Extragenital sites, Anus)</small>	

Antibody _____ / ____/____

Repeat test _____ / ____/____

PCR (DNA) _____ / ____/____

Culture _____ / ____/____

Other _____ / ____/____

This page is to be filled out for DRSi STI Risk Surveys.

Do NOT record patient's name or partner names/identifying information on these pages.

BEHAVIORAL

Does the patient have sex with:	Men	Women	Both	Other	Unknown	
<u>Martial status:</u> Single, never married Married Married, separated Divorced Widowed Cohabiting Committed relationship Unknown Refused to answer	<u>Sexual behavior</u> Anonymous partner Sex with spouse/partner Men-sex-with-men Exchanged money/drugs for sex Injection drug use Other Unknown Refused to answer			within past 3 months	within past 12 months	Prevention counseling and partner referral services conducted? Yes No Unk

PARTNER INFORMATION

Testing and treatment are appropriate for all named partners of this patient who were exposed within 60 days prior to the date of onset.

Partner # 1

<u>Partner type:</u> Spouse Anonymous partner Refused to answer Other main partner Casual or periodic partner Commercial sex worker Unknown	<u>Location at time of exposure to this partner:</u> Home station On leave/liberty Deployed Underway CONUS OCONUS Prior to enlistment Other	<u>Partner notification option chosen by patient:</u> Provider referral Third party referral Patient referral Contract referral Dual referral Other: None
	<u>Condom used?</u> Yes No Unk	<u>Partner testing and treatment confirmed within 30 days?</u> Yes No Unk
	<u>Partner notified of exposure within 30 days?</u> Yes No Unk	<u>Partner confirmed infected with STI?</u> Yes No Unk

Partner # 2

<u>Partner type:</u> Spouse Anonymous partner Refused to answer Other main partner Casual or periodic partner Commercial sex worker Unknown	<u>Location at time of exposure to this partner:</u> Home station On leave/liberty Deployed Underway CONUS OCONUS Prior to enlistment Other	<u>Partner notification option chosen by patient:</u> Provider referral Third party referral Patient referral Contract referral Dual referral Other: None
	<u>Condom used?</u> Yes No Unk	<u>Partner testing and treatment confirmed within 30 days?</u> Yes No Unk
	<u>Partner notified of exposure within 30 days?</u> Yes No Unk	<u>Partner confirmed infected with STI?</u> Yes No Unk

Print third page for additional partners.

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ADDITIONAL PARTNER INFORMATION

Testing and treatment are appropriate for all named partners of this patient who were exposed within 60 days prior to the date of onset.

Partner # _____

<u>Partner type:</u>	<u>Location at time of exposure to this partner:</u>		<u>Partner notification option chosen by patient:</u>	
Spouse	Home station	On leave/liberty	Provider referral	Third party referral
Anonymous partner	Deployed	Underway	Patient referral	Contract referral
Refused to answer	CONUS	OCONUS	Dual referral	Other:
Other main partner	Prior to enlistment	Other	None	
Casual or periodic partner	<u>Condom used?</u>		<u>Partner testing and treatment confirmed within 30 days?</u>	
Commercial sex worker	Yes	No	Unk	Yes
Unknown				No

Partner notified of exposure within 30 days?

Yes No Unk

Partner confirmed infected with STI?

Yes No Unk

Partner # _____

<u>Partner type:</u>	<u>Location at time of exposure to this partner:</u>		<u>Partner notification option chosen by patient:</u>	
Spouse	Home station	On leave/liberty	Provider referral	Third party referral
Anonymous partner	Deployed	Underway	Patient referral	Contract referral
Refused to answer	CONUS	OCONUS	Dual referral	Other:
Other main partner	Prior to enlistment	Other	None	
Casual or periodic partner	<u>Condom used?</u>		<u>Partner testing and treatment confirmed within 30 days?</u>	
Commercial sex worker	Yes	No	Unk	Yes
Unknown				No

Partner notified of exposure within 30 days?

Yes No Unk

Partner confirmed infected with STI?

Yes No Unk

Partner # _____

<u>Partner type:</u>	<u>Location at time of exposure to this partner:</u>		<u>Partner notification option chosen by patient:</u>	
Spouse	Home station	On leave/liberty	Provider referral	Third party referral
Anonymous partner	Deployed	Underway	Patient referral	Contract referral
Refused to answer	CONUS	OCONUS	Dual referral	Other:
Other main partner	Prior to enlistment	Other	None	
Casual or periodic partner	<u>Condom used?</u>		<u>Partner testing and treatment confirmed within 30 days?</u>	
Commercial sex worker	Yes	No	Unk	Yes
Unknown				No

Partner notified of exposure within 30 days?

Yes No Unk

Partner confirmed infected with STI?

Yes No Unk