

Gonococcal Isolate Surveillance Project

OMB 0920-0307

Robert Kirkcaldy, Project Officer

Attachment 3a

Data Collection Forms

A. Form 1- Demographic/Clinical Data



Gonococcal Isolate Surveillance Project
 Form 1: Demographic/Clinical Data

Sentinel Site: (3 letter code) _____

Specimens collected during: Year _____ Month _____

Form approved OMB no. 0920-0307 exp. 03/31/2011

(SEE CODING INSTRUCTIONS ON BACK)

Corresponding date (yyyy/mm) of clinic totals for gonorrhea:		Year		Month		Number of gonorrhea episodes diagnosed:		Female:	Male:	Total episodes:					
Year: _____ Month: _____		Year: _____ Month: _____		Year: _____ Month: _____				(17-18)	(20-22)	(Sum of the two) (23-25)					
Patient #	Clinic Site	Primary Diagnosis	Sex	Race	Ethnicity	Date of clinic visit (mm/dd/yyyy)	Date of birth (mm/dd/yyyy)	Sex assigned at birth	Symptoms	Site of infection	Zipcode	Payer	Insurance	Other treatment	Treatment of contact(s)
01															
02															
03															
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25															

Public reporting burden for this collection of information is estimated to average 11 minutes per client record extracted for a total monthly burden of 3 hours and 30 minutes per clinic respondent, which includes the time required for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OMB, Project Clearance Center, 1801 L Street, NW, 20543, or to the Project Clearance Center, 1801 L Street, NW, 20543. Do not send the information to the address.

CDC 7336A Rev. 11/08/08 COPY 1 - CDC Gonococcal Isolate Surveillance Project / Form 1 Demographic/Clinical Data