STD Clinic Based Surveillance

Data Elements

Domain	Variable name	Type	Length	M=mandatory for transmission C=core	Question	
State	STATE	N	2	M	What state is the patient being reported by?	Standard reporting state FIPS code, 99 = default
Survey county	COUNTY	N	3	M	Which survey county submitted this patient's	FIPS code, example: 075 (County of

					data?	SF), 999 = default
Survey city	**CITY**	**N**	**4**	**M**	Which survey city submitted this patient's data?	FIPS code, example: 3290 (City of SF), default = 9999
Survey facility	**FACILITY**	**N**	**2**	**M**	What survey facility submitted this patient's data?	10=Jefferson County (AL), 15=Druid (Balt), 16=Eastern (Balt), 20=Englewood (Chic), 21=Howard Brown (Chic), 22=Lakeview (Chic), 23=Roseland (Chic), 24=South Austin (Chic), 25=West Town (Chic), 26=Broadway (Chic), 30=Denver (CO), 40=Hartford (CT), 41=New Haven (CT), 50=Antelope Valley (Los Ang), 51= Central (Los Ang), 52=Curtis Tucker (Los Ang), 53=Hollywood-Wilshire (Los Ang), 54=Monrovia (Los Ang), 55=North Hollywood (Los Ang), 56=Pomona (Los Ang), 57=Ruth Temple (Los Ang), 58=Simms Mann (Los Ang), 59=South (Los Ang), 60=Torrance (Los Ang), 61=Whittier (Los Ang), 65=Delgado (Louisiana), 70=Bushwick (NYC), 71=Central Harlem (NYC), 72=Chelsea (NYC), 73=Corona (NYC), 74=East Harlem (NYC), 75=Fort Greene (NYC), 76=Jamaica (NYC), 77=Morrisania (NYC), 78=Richmond (NYC), 79=Riverside (NYC), 80=Health Clinic #1 (Philly), 81=Health Clinic

						#5 (Philly), 85=SF City Clinic (SF), 90=Richmond City (VA), 91=Henrico East (VA), 92=Chesterfield (VA), 93=Henrico West (VA) 95=Seattle-King County (WA)
Patient ID	**PATIENTID**	**C**	**16**	**M**	Unique patient identification number assigned by state	Locally defined
Visit date	**VISDATE**	**Date**	**10**	**M**	What date was the patient's current visit?	mm/dd/yyyy
Event ID	**EVENTID**	**C**	**18**	**M**	Event identification number assigned by state	Locally defined
Sex	**SEX**	**N**	**1**	**M**	Are you male, female, or transgender?	1 = Male, 2 = Female, 3=Transgender M to F, 4=Transgender F to M, 5=Transgender unspecified, 9 = No answer/default
County of Residence	**COUNTYRES**	**N**	**3**	**C**	What county does the patient reside in?	FIPS code, example: 075 (County of SF), 999 = default/unknown
Age	**AGE**	**N**	**2**	**C**	How old are you?	Age in years, 99 = No answer/default
Hispanic	**HISP**	**N**	**1**	**C**	Are you of Hispanic ethnicity?	0 = No, 1 = Yes, 9 = No answer/default
Race	**AIAN**	**N**	**1**	**C**	Are you American Indian or Alaska Native?	0 = No, 1 = Yes, 9 = No answer/default
	ASIAN	**N**	**1**	**C**	Are you Asian?	0 = No, 1 = Yes, 9 = No answer/default
	PIH	**N**	**1**	**C**	Are you Pacific Islander or	0 = No, 1 = Yes, 9 = No

					Hawaiian?	answer/default
	BLACK	**N**	**1**	**C**	Are you Black?	0 = No, 1 = Yes, 9 = No answer/default
	WHITE	**N**	**1**	**C**	Are you White?	0 = No, 1 = Yes, 9 = No answer/default
	OTHERRACE	**N**	**1**	**C**	Are you another race not listed above?	0 = No, 1 = Yes, 9 = No answer/default
Sex of sex partners	**MENSEX3**	**N**	**4**	**C***	How many male sex partners have you had in the last 3 months?	#; 9999 = No answer, refused, default
	FEMSEX3	**N**	**4**	**C***	How many female sex partners have you had in the last 3 months?	#; 9999 = No answer, refused, default
	SEXOR3	**N**	**1**	**C***	Have you had sex with men, women, or both over the past 3 months?	1 = Men, 2 = Women, 3 = Both, 4 = None, 9 = No answer/default
	NUMSEX3	**N**	**4**	**C***	How many sex partners have you had in the past 3 months?	#; 9999 = No answer, refused, default
	SEXUALITY	**N**	**1**	**C**	Do you consider yourself gay (homosexual), straight (heterosexual), or bisexual?	1 = gay/homosexual, 2=straight/heterosexual, 3=bisexual, 9 = No answer/default
Pregnancy status	**PREGNANT**	**N**	**1**	**C**	Are you pregnant today?	0 = No, 1 = Yes, 8 = Don't know, 9 = No answer/default/male
HIV history	**HIVRESULTLAST**	**N**	**1**	**C**	What was your last HIV test result?	0 = Negative, 1 = Positive, 2 = Indeterminate, 9 = Unknown/didn't receive results/not applicable/default

Visit type	VISITTYPE	N	2	C	Type of current clinic visit	0 = HIV testing only, 1 = clinician, 2 = express/fast track, 3 = result only, 4 = treatment only, 5 = follow-up, 6 = DIS referral (not clinician visit), 7 = STI vaccine only, 8 = other, 9 = No answer/unknown
Patient symptoms	SYMPPT	N	1	C	Does the patient have any STD symptoms today?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default
GW history	GWEVER	N	5	Y	Haver you ever been diagnosed with GW?	0 = No, 1 = Yes, 9 = No answer/default
HIV history	HIVEVERTEST	N	1	Y	Haver you ever been tested for HIV?	0 = No, 1 = Yes, 9 = No answer/default
	HIVDATE	C	7	Y	When were you last tested for HIV?	mm/yyyy, put 99 in mm if pt doesn't know month, blank = unknown/default
	HIVTESTTODAY	N	1	Y	Was the patient tested for HIV at current visit?	0 = No, 1 = Yes, 9 = No/answer/default
	HIVRESULTTODAY	N	1	Y	What was the result of the HIV test at the current visit?	0 = Negative, 1 = Positive/preliminary positive, 2 = Indeterminant, 9 = Unknown
	HIVTYPETODAY	N	1	Y	What type of HIV test was used at current visit?	1 = Conventional, 2 = Rapid, 3 = Other, 9 = No answer/default

Vaccine History	HPVVAXHX	N	1	Y	Have you ever been vaccinated for HPV/ human papillomavirus, cervical cancer?	0 = No/never, 1 = Yes partially, 2 = Fully, 8 = Unsure/don't know, 9 = No answer/default
	HPVVAXADMIN	N	1	Y	Was the patient given a dose of HPV vaccine at this visit?	0 = No, 1 = Quad dose #1, 2 = Quad dose #2, 3 = Quad dose #3, 4 = Quad dose #undefined, 5 = Bivalent dose #1, 6 = Bivalent dose #2, 7 = Bivalent dose #3, 8 = Bivalent dose #undefined, 9 = No answer/default
Physical exam findings	PEWARTS	N	1	Y	Was there a genital wart on physical exam?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default
GW treatment provider	GWTXPROV	N	2	Y	Were any of these treatments administered by the provider for genital warts?	0 = No treatment given by provider, 1= Excision, 2 = Cryotherapy, 3 = Podophyllin, 4 = Trichloroacetic or bicholoroacetic acid (TCA or BCA), 5 = Intralesional interferon, 6 = Laser surgery, 8 = Other, 9 = No answer/default, 11 = Cryotherapy & Podophyllin, 12 = Cryotherapy & Trichloroacetic acid
GW treatment patient	GWTXPT	N	1	Y	Were any of these treatments prescribed or given to the patient for self-treatment of genital warts?	0 = No prescription or medications given to patient for self-treatment, 3 = Podofilox (Condylox), 4 = Green tea extracts, 7 = Imiquimod (Aldara), 8 = Other, 9 = Unknown/default

STD history	TRICHEVER	N	4	Trich sites only	Haver you ever been diagnosed with Trich?	0 = No, 1 = Yes, 9 = No answer/default
Patient symptoms	SXTRICH	N	1	Trich sites only	Do you have either vaginal discharge, odor or itching?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default
Physical exam findings	PEDISCHARGE	N	1	Trich sites only	Was there discharge on physical exam?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default
Care seeking behavior	DAYSTOCARE	N	3	N	How many days did you have your symptoms before you sought medical care?	0 = none/same day, 888 = Did not have symptoms, 999 = unknown/no answer/default
Patient symptoms	SXUROGENITAL	N	1	N	Do you have any urogenital symptoms today?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default
	SXRECTAL	N	1	N	Do you have any rectal symptoms today?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default
	SXPHARYNGEAL	N	1	N	Do you have any pharyngeal symptoms (e.g., a sore throat) today?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default
Anonymous sex partners	ANONSEX12	N	1	N	Have you had sex with anyone in the past 12 months that you would not be able to contact again?	0 = No, 1 = Yes, 9 = No answer/default
Internet	INTERNET12	N	1	N	Have you met sex partners through the Internet in the past 12 months?	0 = No, 1 = Yes, 9 = No answer/default

Commercial sex	**EXCHANGES EX12**	**N**	**1**	**N**	Have you given or received drugs or money for sex in the past 12 months?	0 = No, 1 = Yes, 9 = No answer/default
Condom use	**CONDOM**	**N**	**1**	**N**	Did you use a condom at last intercourse?	0 = No, 1 = Yes, 9 = No answer/default
Drug use	**IVDU12**	**N**	**1**	**N**	Have you injected drugs in past 12 months?	0 = No, 1 = Yes, 9 = No answer/default
	COCCRACK12	**N**	**1**	**N**	Have you used crack or cocaine in past 12 months?	0 = No, 1 = Yes, 9 = No answer/default
	METH12	**N**	**1**	**N**	Methamphetamines?	0 = No, 1 = Yes, 9 = No answer/default
	NITRATES12	**N**	**1**	**N**	Nitrates/poppers?	0 = No, 1 = Yes, 9 = No answer/default
	PERFDRUG12	**N**	**1**	**N**	Sexual performance enhancing drugs such as Viagra (sildenafil)?	0 = No, 1 = Yes, 9 = No answer/default/not applicable
	HEROIN12	**N**	**1**	**N**	Heroin?	0 = No, 1 = Yes, 9 = No answer/default
Exam findings	**EXAM**	**N**	**1**	**N**	Were there any abnormal findings during the physical exam?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default

	PEULCER	**N**	**1**	**N**	Was there an ulcer or blister on physical exam?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default
	PERASH	**N**	**1**	**N**	Was there a rash on physical exam?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default
	PECMTADTE ND	**N**	**1**	**N**	Was there cervical motion or adnexal tenderness on physical exam?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default
	PECERVICITI S	**N**	**1**	**N**	Was there cervicitis on physical exam?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default
	PEPHARYNX	**N**	**1**	**N**	Was there pharyngitis on physical exam?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default
	PEPROCTITI S	**N**	**1**	**N**	Was there proctitis on physical exam?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default
Census tract of patient address	**TRACT**	**C**	**11**	**N**	What census tract does the patient reside in?	U.S. Census tract, code first 5 digits if only state/county known, code first 2 digits if only state known, leave blank if all unknown
Accuracy of patient address	**ACCURACY**	**N**	**2**	**N**	How accurate is the geocoded data on this patient?	1=Close (based on direct street segment, parcel, or longitude/latitude match), 2=Approximate (modification of address required to match to street segment), 3 = Very approximate

						(based only on zip or city centroid), 4=Not-geocodable (insufficient data to geocode, PO Box, General Delivery), 9 =Missing (no address available)
Education	**EDUCATION**	**N**	**1**	**N**	What is the highest level of education that you have completed?	1 = less than HS grad/GED, 2=HS grad/GED, 3= Some college, 4= 4 year college or more, 9 = unknown/no answer/default
Employment status	**STUDENT**	**N**	**1**	**N**	Are you a student at this time?	0 = No, not a student, 1 = Yes, full-time student, 2= Yes, part-time student, 9 = No answer/default
	EMPLOY	**N**	**1**	**N**	What is your employment status at this time?	1= Employed, 2 = Self-employed, 3 = Out of work for more than 1 year, 4 = Out of work for less than 1 year, 5 = Homemaker, 6 = Retired, 7 = Unable to work, 9 = No answer/default
Incarceration	**INCARC12**	**N**	**1**	**N**	Have you been in jail or prison in the past 12 months?	0 = No, 1 = Yes, 9 = No answer/default
	INCARCPART12	**N**	**1**	**N**	Have you had sex in the past 12 months with a partner who has been in jail or prison recently?	0 = No, 1 = Yes, 9 = No answer/default
STD history	**GCEVER**	**N**	**1**	**N**	Haver you ever been diagnosed with GC?	0 = No, 1 = Yes, 9 = No answer/default

	CTEVER	**N**	**4**	**N**	Haver you ever been diagnosed with CT?	0 = No, 1 = Yes, 9 = No answer/default
	SYPHEVER	**N**	**2**	**N**	Haver you ever been diagnosed with syphilis?	0 = No, 1 = Yes, 9 = No answer/default
STD contact	**STDCONT**	**N**	**1**	**N**	Are you seeking care today because you have a sex partner with an STD?	0 = No, 1 = Yes, 9 = No answer, not asked, refused, default