Form Approved

OMB No. 0920-0842

Expiration Date XX/XX/20XX

**Population Based Surveillance**

**Data Elements**

*Public Reporting burden of this collection of information is estimated to average 8 minutes per response, including the time 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 persons 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 CDC/ATSDR Reports, clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-09XX)*

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| --- | --- | --- | --- | --- | --- | --- |
| **Domain** | **Variable name** | **Type (N=**  **numeric, C= character)** | **Length** | **County (R=**  **Recommended, O= optional)** | **Question** | **Response Coding** |
| **State** | **STATE** | **N** | **2** | **R** | What state is the patient being reported by? | Standard reporting state FIPS code, 99 = default |
| **Survey county** | **COUNTY** | **N** | **3** | **R** | Which survey county submitted this patient's data? | FIPS code, example: 075 (County of SF), 999 = default |
| **Eligible for SSuN** | **ELIGIBLE** | **N** | **1** | **R** | Is this patient eligible to be selected for SSuN? | 0 = No, reported >60 days from specimen collection date, 1 = Yes, all others |
| **Sampling fraction threshold** | **SAMPFRACT** | **N** | **3** | **R** | What sample fraction threshold was used in the selection of this case? | Range: 1-100 |
| **Randomization number** | **RANDOM** | **N** | **3** | **R** | What was the random number assigned to this patient? | Range: 1-100 |
| **Selected for SSuN** | **SELECT** | **N** | **1** | **R** | Was this patient selected for inclusion in the SSuN random sample? | 0 = No, 1 = Yes, 9 = No answer/default |
| **Interview date** | **INTDATE** | **Date** | **10** | **R** | What day was the patient interviewed or did the patient fill out the questionnaire? | mm/dd/yyyy, blank = unknown/default |
| **Interview status** | **INTSTAT** | **N** | **1** | **R** | What was the final status of the attempt to administer the questionnaire to the patient? | 0 = Patient contacted, interview completed, 1 = Patient contacted, interview refused, 2 = Patient contacted, partial interview, 3 = Unable to locate/lost to follow-up, 4 = Patient contacted, interview not complete due to language barrier, 5 = Case is selected for a SSuN interview >60 days from specimen collection date, 6 = Case is found to be OOJ in the process of interviewing or obtaining contact information, 7 = Provider refused patient interview, 8=Pending interview, 9 = Unknown/default, 10 = No response to contact attempts, 11 = No or insufficient contact information |
| **Interview method** | **INTTYPE** | **N** | **1** | **R** | How were the data for the patient collected? | 1 = In person interview, 2 = Telephone, 3 = Self-administered questionnaire, 9 = Unknown/default |
| **Report date** | **REPDATE** | **Date** | **10** | **R** | What date was the case reported to state/county? | mm/dd/yyyy, blank = unknown/default, REQUIRED FIELD FOR EVERY RECORD |
| **Patient ID** | **PATIENTID** | **C** | **16** | **R** | Unique patient identification number assigned by state | Locally defined, REQUIRED FIELD FOR EVERY RECORD |
| **Event ID** | **EVENTID** | **C** | **18** | **R** | Event identification number assigned by state | Locally defined, REQUIRED FIELD FOR EVERY RECORD |
| **County of Residence** | **COUNTYRES** | **N** | **3** | **R** | What county does the patient reside in? | FIPS code, example: 075 (County of SF), 888= out of state, 999 = default |
| **Zip code** | **ZIP** | **C** | **5** | **R** | What zipcode does the patient reside in? | 99999 = missing |
| **Census tract** | **TRACT** | **C** | **11** | **O** | What census tract does the patient reside in? | 99999999999 = non-geocodable or missing Do not partially code TRACT. |
| **Accuracy of patient address** | **ACCURACY** | **N** | **2** | **O** | 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), 5=Data suppressed to protect confidentiality, 9 =Missing (no address available) |
| **Age** | **AGE** | **N** | **2** | **R** | How old are you? | Age in years, 99 = No answer/default |
| **Sex** | **SEX** | **N** | **1** | **R** | 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 |
| **Hispanic** | **HISP** | **N** | **1** | **R** | Are you of Hispanic ethnicity? | 0 = No, 1 = Yes, 9 = No answer/default |
| **Race** | **AIAN** | **N** | **1** | **R** | Are you American Indian or Alaska Native? | 0 = No, 1 = Yes, 9 = No answer/default |
|  | **ASIAN** | **N** | **1** | **R** | Are you Asian? | 0 = No, 1 = Yes, 9 = No answer/default |
|  | **PIH** | **N** | **1** | **R** | Are you Pacific Islander or Hawaiian? | 0 = No, 1 = Yes, 9 = No answer/default |
|  | **BLACK** | **N** | **1** | **R** | Are you Black? | 0 = No, 1 = Yes, 9 = No answer/default |
|  | **WHITE** | **N** | **1** | **R** | Are you White? | 0 = No, 1 = Yes, 9 = No answer/default |
|  | **OTHERRACE** | **N** | **1** | **R** | Are you another race not listed above? | 0 = No, 1 = Yes, 9 = No answer/default |
| **Provider** | **PROVIDER** | **N** | **2** | **R** | What type of clinic were you at when you were tested for gonorrhea? OR What type of clinic reported this episode of gonorrhea? | 2 = STD Clinic |
|  |  |  |  |  |  | 11 = Emergency Room/Urgent care |
|  |  |  |  |  |  | 8 = Jail/Prison |
|  |  |  |  |  |  | 5 = HIV Care Clinic |
|  |  |  |  |  |  | 13 = Outreach |
|  |  |  |  |  |  | 14 = Military |
|  |  |  |  |  |  | 15 = School |
|  |  |  |  |  |  | 6 = Family Planning/Gynecology/Reproductive health |
|  |  |  |  |  |  | 17 = Private Provider/HMO |
|  |  |  |  |  |  | 18 = Public clinic (not STD)/Community Health Center |
|  |  |  |  |  |  | 12 = Hospital (other) |
|  |  |  |  |  |  | 16 = Other |
|  |  |  |  |  |  | 99 = No answer/default |
| **STD clinic** | **STDCLINIC** | **N** | **1** | **R** | Have you been to an STD clinic in the past year? | 0 = No, 1 = Yes, 9 = No answer |
| **Education** | **EDUCATION** | **N** | **1** | **O** | 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** | **O** | 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 |
| **Employment status** | **EMPLOY** | **N** | **1** | **O** | 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 |
| **Patient symptoms** | **SYMPPT** | **N** | **1** | **R** | In the 3 months before you were tested for gonorrhea, did you have any symptoms of gonorrhea (vaginal or penile discharge, burning with urination, abdominal pain, abnormal vaginal bleeding, testicular pain, anal symptoms, sore throat)? | 0 = No, 1 = Yes, 9 = No answer, not asked, refused, default |
| **Care seeking behavior** | **DAYSTOCARE** | **N** | **3** | **R** | How many days did you have your symptoms before you sought medical care? | 0 = none/same day, 888 = Did not have symptoms, 999 = unknown/noanswer/default |
| **STD contact** | **STDCONT** | **N** | **1** | **R** | At the time you were tested for gonorrhea, were you seeking care because you had a sex partner with an STD? | 0 = No, 1 = Yes, 9 = No answer, not asked, refused, default |
| **Pregnancy status** | **PREGNANT** | **N** | **1** | **R** | At the time you were tested for gonorrhea, were you pregnant? | 0 = No, 1 = Yes, 8 = Don't know, 9 = No answer/default/male |
| **Sex of sex partners** | **MENSEX3** | **N** | **4** | **R\*** | In the 3 months before you were tested for gonorrhea, how many male sex partners did you have ? | #; 9999 = No answer, refused, default |
|  | **FEMSEX3** | **N** | **4** | **R\*** | In the 3 months before you were tested for gonorrhea, how many female sex partners did you have ? | #; 9999 = No answer, refused, default |
|  | **SEXOR3** | **N** | **1** | **R\*** | In the 3 months before you were tested for gonorrhea, did you have sex with men, women, or both ? | 1 = Men, 2 = Women, 3 = Both, 4 = None, 9 = No answer/default |
|  | **NUMSEX3** | **N** | **4** | **R\*** | How many sex partners dis you have in the 3 months before you were tested for gonorrhea? | #; 9999 = No answer, refused, default |
|  | **SEXUALITY** | **N** | **1** | **O** | Do you consider yourself gay (homosexual), straight (heterosexual), or bisexual? | 1 = gay/homosexual, 2 = straight/heterosexual, 3 = bisexual, 9 = No answer/default |
| **Anonymous sex partners** | **ANONSEX12** | **N** | **1** | **R** | In the 12 months before you were tested for gonorrhea, did you have sex with anyone that you would not be able to contact again? | 0 = No, 1 = Yes, 9 = No answer/default |
| **Internet** | **INTERNET12** | **N** | **1** | **R** | In the 12 months before you were tested for gonorrhea, did you meet sex partners through the Internet ? | 0 = No, 1 = Yes, 9 = No answer/default |
| **Commercial sex** | **EXCHANGESEX12** | **N** | **1** | **R** | Have you given or received drugs or money for sex in the past 12 months? | 0 = No, 1 = Yes, 9 = No answer/default |
| **Incarceration** | **INCARC12** | **N** | **1** | **R** | In the 12 months before you were tested for gonorrhea, were you jail or prison? | 0 = No, 1 = Yes, 9 = No answer/default |
|  | **INCARCPART12** | **N** | **1** | **R** | In the 12 months before you were tested for gonorrhea, did you have sex with a partner who had been in jail or prison recently? | 0 = No, 1 = Yes, 9 = No answer/default |
| **Drug use** | **IVDU12** | **N** | **1** | **R** | In the 12 months before you were tested for gonorrhea, did you inject drugs? | 0 = No, 1 = Yes, 9 = No answer/default |
|  | **COCCRACK12** | **N** | **1** | **R** | Have you used crack or cocaine in past 12 months? | 0 = No, 1 = Yes, 9 = No answer/default |
|  | **METH12** | **N** | **1** | **R** | Methamphetamines? | 0 = No, 1 = Yes, 9 = No answer/default |
|  | **NITRATES12** | **N** | **1** | **R** | Nitrates/poppers? | 0 = No, 1 = Yes, 9 = No answer/default |
|  | **PERFDRUG12** | **N** | **1** | **R** | Sexual performance enhancing drugs such as Viagra (sildenafil)? | 0 = No, 1 = Yes, 9 = No answer/default/not applicable |
|  | **HEROIN12** | **N** | **1** | **R** | Heroin? | 0 = No, 1 = Yes, 9 = No answer/default |
| **Last partner** |  |  |  |  | Think back to the last person you had sex with before you were tested for gonorrhea. The next questions are about this sex partner. |  |
|  | **PARTAGE** | **N** | **2** | **R** | How old was this sex partner? | Age in years, 99 = No answer/default |
|  | **PARTSEX** | **N** | **1** | **R** | Was this partner 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 |
|  | **PARTETHN** | **N** | **1** | **R** | Was this partner Hispanic? | 0 = No, 1 = Yes, 9 = No answer/default |
|  | **PARTRACE** | **N** | **1** | **R** | What was the race of this partner? | 1 = American Indians or Alaska Native, 2 = Asian, 3 = Pacific Islander or Hawaiian, 4 = Black, 5 = White, 6 = Other race, 9 = Unknown/default |
|  | **PARTHIV** | **N** | **1** | **R** | Was this partner HIV positive? | 0 = No, 1 = Yes, 8 = Don't know, 9 = No answer/default |
|  | **PARTCOND** | **N** | **1** | **R** | In the time before you weretested for gonorrrhea, did you use a condom the last time you had anal or vaginal sex with this partner? | 0 = No, 1 = Yes, 9 = No answer/default |
|  | **PARTSINCE** | **N** | **1** | **R** | Have you had sex with this partner since you were tested for gonorrhea? | 0 = No, 1 = Yes, 9 = No answer/default |
|  | **PARTRX** | **N** | **1** | **R** | How sure are you that this partner got treated? | 1 = Sure partner got treated, 2 = Unsure, 3 = Sure partner did NOT get treated, 9 = Unknown/default |
| **Partner services** | **PDPT** | **N** | **1** | **O** | Were you given medication or a prescription to give to your partner(s)? | 0 = No, 4 = No, partner already treated, 5 = Yes, 9 = Unknown/default |
| **GC history** | **GCHX12** | **N** | **1** | **R** | At the time you were tested for gonorrhea, had you had another episode of gonorrhea in the 12 months before that? | 0 = No, 1 = Yes, 8 = Don't know, 9 = No answer/default |
| **HIV history** | **HIVEVERTEST** | **N** | **1** | **R** | Haver you ever been tested for HIV? | 0 = No, 1 = Yes, 9 = No/answer/default |
|  | **HIVDATE** | **C** | **7** | **R** | When were you last tested for HIV? | mm/yyyy, put 99 in mm if pt doesn't know month, blank = unknown/default |
|  | **HIVRESULTLAST** | **N** | **1** | **R** | What was your last HIV test result? | 0 = Negative, 1 = Positive, 2 = Indeterminate, 9 = Unknown/didn't receive results/not applicable/default |
| **PID history** | **PID** | **N** | **1** | **R** | Were you told by your doctor that you had pelvic inflammatory disease, also known as PID? | 0 = No, 1 = Yes, 9 = Unknown/default |
| **CT Coinfection** | **CTCOINFECT** | **N** | **1** | **R** | Was the patient coinfected with chlamydia at time of this gonorrhea episode? | 0 = No, 1 = Yes, 9 = Unknown/not tested/results not available/default |
| **GC Specimen collection date** | **SPECDATE** | **Date** | **10** | **R** | What date was the gonococcal specimen collected? | mm/dd/yyyy, blank = unknown/default |
| **GC test type** | **CULTURE** | **N** | **1** | **R** | What was the result of the gonorrhea culture test? | 0 = Negative, 1 = Positive, 2 = Indeterminate, 9 = Unknown/didn't receive results/not applicable/default |
|  | **NAAT** | **N** | **1** | **R** | What was the result of the nucleic acid amplification test (NAAT)? | 0 = Negative, 1 = Positive, 2 = Indeterminate, 9 = Unknown/didn't receive results/not applicable/default |
|  | **NONAMP** | **N** | **1** | **R** | What was the result of the non-amplified nuceic acid test? | 0 = Negative, 1 = Positive, 2 = Indeterminate, 9 = Unknown/didn't receive results/not applicable/default |
|  | **GRAM** | **N** | **1** | **R** | What was the result of the gram stain? | 0 = Negative, 1 = Positive, 2 = Indeterminate, 9 = Unknown/didn't receive results/not applicable/default |
|  | **OTHER** | **N** | **1** | **R** | What was the result of any other type of gonorrhea test? | 0 = Negative, 1 = Positive, 2 = Indeterminate, 9 = Unknown/didn't receive results/not applicable/default |
| **Treatment** | **TXDATE** | **Date** | **10** | **R** | What date was medicine given for the treatment of gonorrhea? | mm/dd/yyyy, blank = unknown/default |
| **Treatment 1** | **TX1** | **N** | **2** | **R** | Were any of these drugs given for the treatment of gonorrhea? | 00 = no treatment given, 10 = ceftriaxone (Rocephin), 11 = cefixime (Suprax), 12 = cefpodoxime proxetil (Vantin), 13 = cefoxitin (Mefoxin), 14 = ceftizoxime (Cefizox), 15 = cefotaxime (Claforan), 16 = cefuroxime axetil (Ceftin), 20 = ciprofloxacin (Cipro), 21 = levofloxacin (Levaquin), 22 = ofloxacin (Floxin), 23 = gatifloxacin (Tequin), 24 = norfloxacin (Noroxin), 25 = lomefloxacin (Maxaquin), 26 = gemifloxacin (Factive), 30 = spectinomycin (Trobicin), 31 = gentamicin (Garamycin), 40 = azithromycin (Zithromax), 88 = other, 99 = unknown/default |
| **Dosage 1** | **DOSE1** | **N** | **4** | **O** | What was the dosage in milligrams of the treatment given? | 100, 125, 200, 240, 250, 280, 300, 400, 500, 800, 1000, 2000, 8888 = other, 9999 = unknown/default |
| **Treatment 2** | **TX2** | **N** | **2** | **O** | Were any of these drugs given for the treatment of chlamydia? | 00 = no treatment given, 20 = ciprofloxacin (Cipro), 21 = levofloxacin (Levaquin), 22 = ofloxacin (Floxin), 40 = azithromycin (Zithromax), 41 = erythromycin, 51 = doxycycline, 88 = other, 99 = unknown/default |
| **Dosage 2** | **DOSE2** | **N** | **4** | **O** | What was the dosage in milligrams of the treatment given? | 100, 125, 200, 250, 300, 400, 500, 800, 1000, 2000, 8888 = other, 9999 = unknown/default |
| **Insurance Questions** | **ClinicCare** | **N** | **1** | **R** | At the time you were tested for gonorrhea, what was the main reason that you sought care from the provider who tested you? | 1 = It was my usual place for medical care, 2= Ability to do walk in/same day appt, 3= Costs less, 4= Privacy concerns, 5= Expert care, 6 = Other, please specify **(if they choose this go to free text field)** |
|  | **OtherCare** | **C** | **50** | **R** | Free text field to put in Other from the previous question. | Free text field |
|  | **HealthIns** | **N** | **1** | **R** | Do you have any kind of health care coverage or insurance? | 0 = No, 1 = Yes, 3= Refused, 8 = Don't know/not sure |
|  | **TypeIns** | **N** | **1** | **R** | Is your insurance a private health insurance or publically-funded health insurance, such as Medicaid or insert name of the state health plan related to Medicaid or CHIP? | 1 = Private health insurance, 2= Government health insurance, 3= Refused, 8= Don't know/not sure |
|  | **Copay** | **N** | **1** | **R** | Did you have to pay a co-pay when you were diagnosed with gonorrhea? | 0 = No, 1 = Yes, 3= Refused, 8 = Don't know/not sure |