



Gonococcal Isolate Surveillance Project

Form 1: Demographic/Clinical Data

(1)

Sentinel Site: (3 letter code) _____ (2-4)

Specimens collected during: _____ Year _____ Month _____
(5-8) (9-10)

Form approved OMB no. 0920-0307 exp.1/31/2008

(SEE CODING INSTRUCTIONS ON BACK)

Corresponding date (yyyy/mm) of clinic totals for gonorrhea:		Number of gonorrhea episodes diagnosed:																												
Year _____ Month _____ (11-14) (15-16)		Female:	[]			Male:	[]			Total episodes:	[]																			
		(17-19)			(20-22)			(23-25)																						
Patient # (26-27)	Clinic (28)	Sex (29)	Ethnicity (30)	American Indian/ Alaskan Native (31)	Asian (32)	Black (33)	Native Hawaiian/ Pacific Islander (34)	White (35)	Other (36)	Date of clinic visit (mm/dd/yyyy) (37-46)	Date of birth (mm/dd/yyyy) (47-56)	Age (57-58)	Sexual orientation (59)	Symptoms (60)	Reason for visit (61)	Previous hx of gonorrhea (ever) (62)	# of previous episodes (past 12 mos.) (63-64)	Zipcode (65-69)	HIV status (70)	Travel history (71)	Sex work exposure (72)	Previous antibiotic use (73)	IDU (74)	Non-IDU (75)	Treatment 1 (gonorrhea) (76-77)	Other treatment 1 (78-88)	Treatment 2 (chlamydia) (89-90)			
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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 CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0307). Do not send the completed form to this address.



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Corresponding date (yyyy/mm) of clinic totals for gonorrhea:		Year		Month		Number of gonorrhea episodes diagnosed:													Female:		Male:		Total episodes:					
		____ / ____		____ / ____															____		____		____					
		(11-14)		(15-16)															(17-19)		(20-22)		(23-25)					
Patient #	Clinic	Sex	Ethnicity	American Indian / Alaskan Native	Asian	Black	Native Hawaiian / Pacific Islander	White	Other	Date of clinic visit (mm/dd/yyyy)	Date of birth (mm/dd/yyyy)	Age	Sexual orientation	Symptoms	Reason for visit	Previous hx of gonorrhea (ever)	# of previous episodes (past 12 mos.)	Zipcode	HIV status	Travel history	Sex work exposure	Previous antibiotic use	IDU	Non-IDU	Treatment 1 (gonorrhea)	Other treatment 1	Treatment 2 (chlamydia)	
																												(26-27)
26										__/__/__	__/__/__																	
27										__/__/__	__/__/__																	
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