

Name: _____

North Carolina ID: _____

CDC ID: _____

CDC Study ID: _____

Charts Reviewed:

Clinic: _____ Date of Visit: __ __ - __ __ - __ __ Chart Requested Chart Abstracted

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Date of syphilis diagnosis (mm/yyyy): _____ - _____ - _____
Date of ocular syphilis diagnosis (mm/yyyy): _____ - _____ - _____

Demographics:

1: Patient's sex

1: Male 2: Female 3: Transgender 4: Unknown

2: Patient's age at time of diagnosis: _____ years of age

3: Race/ethnicity:

1: White 2: Black 3: Hispanic or Latino 4: Asian
5: Native Hawaiian/Other Pacific Islander 6: American Indian or Alaska Native

Syphilis Information:

4: Does patient report or have documented history of syphilis prior to this episode?

1: Yes 2: No 3: Unknown

5: If Yes: Approximate date of previous syphilis infection: (mm-yyyy) _____ - _____

6: What stage of syphilis did patient have at time of ocular syphilis diagnosis?

1: Primary syphilis 2: Secondary syphilis 3: Early latent 4: Late latent

7: What was the patient's syphilis serology result at the time of ocular syphilis diagnosis?

Please circle

"Yes" for all tests performed and provide test result and date of test

RPR	Yes	No	Result (titer):	Date of test:	mm/dd/yyyy
VDRL	Yes	No	Result (titer):	Date of test: :	mm/dd/yyyy
EIA	Yes	No	Result:	Date of test: :	mm/dd/yyyy
TP-PA	Yes	No	Result:	Date of test: :	mm/dd/yyyy
FTA-ABS	Yes	No	Result:	Date of test:	mm/dd/yyyy
Other-	Type of test:		Result:	Date of test:	mm/dd/yyyy

8: Did the patient have or report recent history of any symptoms that could be associated with primary or secondary syphilis?

1: Yes 2: No 3: Unknown

9: If yes, please detail symptoms patient reported: Choose as many as apply:

1: Chancre/genital lesion 2: Skin rash 3: Lymphadenopathy/swollen lymph nodes
4: Alopecia 5: Other: _____

10: Did the patient have a diagnosis of neurosyphilis?

1: Yes 2: No 3: Unknown

11: Did the patient have any extraocular neurologic symptoms?

1: Yes 2: No 3: Unknown

12: If yes, please detail neurologic symptoms patient reported: (e.g. headache, neck stiffness):

13: Did patient have a lumbar puncture (LP) performed?

1: Yes 2: No 3: Unknown

14: If yes LP was performed please answer the following questions:

- 1: CSF VDRL result _____
- 2: CSF FTA-abs _____
- 3: CSF WBC _____
- 4: CSF total protein _____
- 5: CSF glucose _____

15: What treatment did patient receive and what was the duration?

- 1: Benzathine penicillin G Doses _____
- 2: Aqueous crystalline penicillin G IV Duration (days) _____
- 3: Procaine penicillin Duration (days) _____
- 4: Ceftriaxone 2 g daily either IM or IV Doses _____
- 5: Other _____

HIV Information:

16: Patient's HIV status:

- 1: HIV-infected Approximate year of diagnosis (yyyy) ____ _
- 2: HIV-uninfected Date of most recent negative HIV test if known: (mm-yyyy) ____ - ____
- 3: Unknown

17: If HIV-uninfected, was the patient on PrEP?

1: Yes 2: No 3: Unknown

Question 6-8: If HIV-infected:

18: Was this a new diagnosis, concurrent with syphilis diagnosis?

1: Yes 2: No 3: Unknown

19: Was patient on cART at time of diagnosis?

1: Yes 2: No 3: Unknown

20: Patient's most recent CD4 count: _____

21: Patient's most recent viral load: _____

22: What HIV medication has the patient been on in the last 5 years:

- Medication: _____ Dates on medication: _____
- Medication: _____ Dates on medication: _____
- Medication: _____ Dates on medication: _____
- Medication: _____ Dates on medication: _____
- Medication: _____ Dates on medication: _____

23: During the course of this illness, where did the patient seek treatment?

- 1: STD or HIV Clinic 2: Infectious Disease Clinic 3: Eye Clinic
- 4: Emergency Room 5: Primary Care Clinic 6: Admitted as inpatient

Sexual Behavior Questions:

24: Gender of the patient's sexual partners

1: Men only 2: Women only 3: Both men and women 4: Unknown

If patient reports MSM behavior:

25: In the past 12 months, with how many different men has the patient had oral or anal sex?

26: In the past 12 months, with how many different men has the patient had *anal* sex?

27: In the past 12 months, with how many different men has the patient had *oral* sex?

28: How often does the patient say they use condoms?

1: All/most of the time 2: Some of the time 3: Never or almost never

29: In the past 12 months, has the patient exchanged drugs or money for sex?

1: Yes 2: No 3: Unknown

30: Does the patient report using the internet or apps/social media to meet sexual partners?

1: Yes 2: No 3: Unknown

31: (Females only). In the past 12 months, has the patient had sex with a person who is known to her to be an MSM?

1: Yes 2: No 3: Unknown

32: In the past 12 months, has the patient engaged in injection drug use?

1: Yes 2: No 3: Unknown

33: In the past 12 months, has the patient used any of the following injection or non-injection drug?

1: Crack 2: Cocaine 3: Heroin 4: Nitrates/Poppers 5: Methamphetamines
6: Other: _____

34: In the past 12 months has the patient used erectile dysfunction medications?

1: Yes 2: No 3: Unknown

35: In the past 12 months, has the patient been incarcerated?

1: Yes 2: No 3: Unknown

36: In the past 12 months, has the patient been diagnosed with another STD?

1: Yes 2: No 3: Unknown

37: If yes: what was patient diagnosed with:

1: Syphilis 2: Gonorrhea 3: Chlamydia 4: Trichomonas 5: HSV

38: In the past 12 months, has the patient traveled?

1: Yes, but only within the United States 2: Yes, internationally 3: No 4: Unknown

39: If yes to travel, do they report sexual contacts during the travel?

1: Yes 2: No 3: Unknown

Ophthalmologic Exam:

40: Did the patient have an ophthalmologic exam?

1: Yes 2: No 3: Unknown

41: Date of first ophthalmologic exam: (mm-dd-yyyy) ____-____-____

42: What were the patient's ocular symptoms?

Choose as many as apply. Please detail, including length of symptoms.

- | | |
|---|----------------|
| 1: Eye pain | Details: _____ |
| 2: Red eye | Details: _____ |
| 3: Blurry vision/Change in vision | Details: _____ |
| 4: Partial vision loss | Details: _____ |
| 5: Loss of functional vision in 1 eye | Details: _____ |
| 6: Loss of function vision in both eyes | Details: _____ |
| 7: Other visual symptoms | Details: _____ |
| 8: Unknown | |

43: Detail pertinent findings, diagnoses and date of exam:

Choose as many as apply:

- | | |
|--------------------------|----------------|
| 1: Scleritis/Keratitis | Details: _____ |
| 2: Uveitis: | Details: _____ |
| 3: Chorioretinitis | Details: _____ |
| 4: Optic Neuritis | Details: _____ |
| 5: Retinal Detachment | Details: _____ |
| 6: Other ocular findings | Details: _____ |

44: If yes to Uveitis, was it:

- 1: Anterior Uveitis 2: Posterior Uveitis 3: Panuveitis

45: What was the patient's visual acuity at presentation?

- 1: Left eye: 20/_____
2: Right eye: 20/_____

46: Which eye was involved?

- 1: Left eye only 2: Right eye only 3: Both eyes 4: Unknown

Follow-up Ophthalmologic Exam:

47: Did the patient have a follow up eye exam(s)?

- 1: Yes 2: No 3: Unknown

48: Date of most recent follow up ophthalmologic exam: (mm-dd-yyyy) ____-____-____

49: What was the patient's visual acuity at most recent follow-up?

- 1: Left eye: 20/_____
2: Right eye: 20/_____

50: Did the patient's ocular symptoms improve following treatment?

- 1: Yes, symptoms completely resolved 2: Yes, but still with residual deficit 3: No