Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

**EMR Data Dictionary**

Public reporting burden of this collection of information is estimated to average 16 hours 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 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/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

**EMR Data Dictionaries**

*Appointment Data (from EMR or other electronic system)*

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Definition** | **Values** |
| Appt\_ID | Number identifying the record | [Number] |
| PHC\_ID | Patient’s PHC study ID | [Short Text] |
| Appt\_Date | The date of the appointment | MM/DD/YYYY |
| Appt\_Time | The time of the appointment | HH:MM AM/PM |
| Appt\_Type | The type of appointment | 1 Primary care  2 Lab  3 Other |
| Appt\_Attendance | The status of the appointment | 1 Attended  2 Canceled |

*Clinical Outcomes – Demographics*

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| --- | --- | --- |
| **Variable Name** | **Definition** | **Values** |
| ClinicalOutcomes\_ID | Number identifying the record. | [Number] |
| PHC\_ID | Patient’s PHC study ID | [Short Text] |
| Pt\_DOB | Patient’s date of birth | MM/DD/YYYY |
| Pt\_BirthSex | Patient’s sex at birth | 1 Male  2 Female  3 Unknown |
| Pt\_Gender | Patient’s current gender identity | 1 Male  2 Female  3 Transgender Male to Female  4 Transgender Female to Male  5 Other gender identity |
| Pt\_Race | Patient’s racial identity | 1 American Indian or Alaska Native  2 Asian  3 Black or African American  4 Native Hawaiian or Other Pacific Islander  5 White  6 More than one race  7 Not reported/Unknown |
| Pt\_Ethnicity | Patient’s ethnic identity | 0 Not Hispanic/Latino  1 Hispanic/Latino |
| Pt\_RiskFactor | Patient’s HIV risk factor | 1 Men who have sex with men  2 Injection drug user  3 MSM and IDU  4 Hemophilia/coagulation disorder  5 Receipt of transfusion of blood, blood components, or tissue  6 Mother with/at risk for HIV infection (perinatal transmission)  7 Other  8 Undetermined/unknown |
| Pt\_Insurance | Patient’s insurance status | 1 Private  2 Medicare  3 Medicaid  4 Other public  5 No insurance  6 Other  7 Unknown/unreported |

*Clinical Outcomes – STD Testing*

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Definition** | **Values** |
| S\_Lab\_ID | Number identifying the record. | [Number] |
| PHC\_ID | Patient’s PHC study ID | [Short Text] |
| Lab\_Type | The type of STD screening | 1 Syphillis  2 Chlamydia  3 Gonorrhea  4 Hepatitis B  5 Hepatitis C  6 Trichomoniasis |
| Lab\_Result | STD screening result | 1 Indeterminate  2 Negative  3 Positive  4 Presumptive  9 Unknown  OR a numerical value |
| Lab\_Date | Date of STD screening | MM/DD/YYYY |

*Clinical Outcomes – HIV Lab Results*

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Definition** | **Values** |
| H\_Lab\_ID | Number identifying the record. | [Number] |
| PHC\_ID | Patient’s PHC study ID | [Short Text] |
| Lab\_Date | The date of the HIV lab | MM/DD/YYYY |
| Lab\_Type | The type of HIV lab | 1 Viral Load  2 CD4 Cell Count  3 CD4 Cell Percent |
| Lab\_Result | The result of the HIV Lab; units are dependent on lab type:  Viral load – copies/mL  CD4 cell count – count/mL  CD4 cell percent – CD4 cells/all cells | [Number] |