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 care2 Lab3 Other |
| Appt\_Attendance | The status of the appointment | 1 Attended2 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 Male2 Female3 Unknown |
| Pt\_Gender | Patient’s current gender identity | 1 Male2 Female3 Transgender Male to Female4 Transgender Female to Male5 Other gender identity |
| Pt\_Race | Patient’s racial identity | 1 American Indian or Alaska Native2 Asian3 Black or African American4 Native Hawaiian or Other Pacific Islander5 White6 More than one race7 Not reported/Unknown |
| Pt\_Ethnicity | Patient’s ethnic identity | 0 Not Hispanic/Latino1 Hispanic/Latino |
| Pt\_RiskFactor | Patient’s HIV risk factor | 1 Men who have sex with men2 Injection drug user3 MSM and IDU4 Hemophilia/coagulation disorder5 Receipt of transfusion of blood, blood components, or tissue6 Mother with/at risk for HIV infection (perinatal transmission)7 Other8 Undetermined/unknown |
| Pt\_Insurance | Patient’s insurance status | 1 Private2 Medicare3 Medicaid4 Other public5 No insurance6 Other7 Unknown/unreported |

*Clinical Outcomes – STD Testing*

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| --- | --- | --- |
| **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 Syphillis2 Chlamydia3 Gonorrhea4 Hepatitis B5 Hepatitis C6 Trichomoniasis |
| Lab\_Result | STD screening result | 1 Indeterminate2 Negative3 Positive4 Presumptive9 UnknownOR 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 Load2 CD4 Cell Count3 CD4 Cell Percent |
| Lab\_Result | The result of the HIV Lab; units are dependent on lab type:Viral load – copies/mLCD4 cell count – count/mLCD4 cell percent – CD4 cells/all cells | [Number] |