

Attachment 5  
Data Dictionary

Enhanced STD Surveillance Network  
(SSuN)

Revision Request  
OMB#0920-1072

March 2020

DE #	OMB	Data Element Name	Description/Response Coding
<b>Strategy A (STD Clinic) Data Elements</b>			
1	Y	<b>F1_FacilityID</b>	<p>Unique facility identifier</p> <p><i>This ID should be supplied by the site and is a unique facility identifier from underlying surveillance systems or may be generated specifically for SSuN. Regardless of source, this ID must be unique and allow for longitudinal tracking of the facility. This data element MUST NOT be 'null' or contain missing values.</i></p>
2	Y	<b>F1_SiteID</b>	<p>Unique site code</p> <p>BA=Baltimore (Cycle II, Cycle III, Cycle IV)  <b>CB=Columbus Ohio (Cycle IV)</b>            CA=California (Cycle II, Cycle III, Cycle IV)            FL=Florida (Cycle III &amp; Cycle IV)  <b>IN=Indiana (Cycle IV)</b>            MC=Multnomah County (Cycle III &amp; Cycle IV)            NY=New York City (Cycle II, Cycle III, Cycle IV)            PH=Philadelphia (Cycle II, Cycle III, Cycle IV)            SF=San Francisco (Cycle II, Cycle III, Cycle IV)            WA=Washington (Cycle II, Cycle III, Cycle IV)  <b>UT=UTAH (Cycle IV)</b>            LA=Louisiana (Cycle II)            VA=Virginia (Cycle II)            AL=Alabama (Cycle II)            CO=Colorado (Cycle II)            CH=Chicago (Cycle II)            MA=Massachusetts (Cycle III)            MN=Minnesota (Cycle III)</p> <p><i>This data element MUST NOT be 'null' or contain missing values.</i></p>
3	Y	<b>F1_PatientID</b>	<p>Unique patient identification number assigned by site</p> <p><i>This ID should be supplied by the site and may be a unique patient identifier from underlying surveillance systems or may be generated specifically for SSuN. Regardless of source, this ID must be unique and allow for longitudinal tracking of patients within facilities. This data element MUST NOT be 'null' or contain missing values.</i></p>
4	Y	<b>F1_Visdate</b>	<p>Date of clinic visit</p> <p><i>This data element MUST NOT be 'null' or contain missing values except fo HIV eHARS lab match records.</i></p>
5	Y	<b>F1_EventID</b>	<p>Unique visit identification</p> <p><i>This record ID should be supplied by the site and may be an event or</i></p>
6	Y	<b>F1_sex_Birth</b>	<p><b>What is the patients assigned sex at birth?</b></p> <p><b>1= Male</b>  <b>2= Female</b>  <b>3=Intersex</b></p>

DE #	OMB	Data Element Name	Description/Response Coding
			<p>4=Unknown</p> <p>9=Not Captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the information is collected by the facility but is unknown for this record.</i></p>
7	Y	F1_Gender	<p>What is the patient's gender?</p> <p>1= Male</p> <p>2= Female</p> <p>3=Transgender M to F</p> <p>4=Transgender F to M</p> <p>5=Transgender unspecified</p> <p>6= Other</p> <p>9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the information is collected by the facility but is unknown for this record.</i></p>
8	Y	F1_Age	<p>How old is the patient?(Age in years).</p> <p><i>If age is unknown or missing, use null value.</i></p>
9	Y	F1_Hisp	<p>Is the patient of Hispanic ethnicity?</p> <p>1= Yes</p> <p>2= No</p> <p>9= Not captured</p>
10	Y	F1_AIAN	<p>Is the patient American Indian or Alaskan Native?</p> <p>1= Yes</p> <p>2= No</p> <p>9= Not captured</p>
11	Y	F1_Asian	<p>Is the patient Asian?</p> <p>1= Yes</p> <p>2= No</p> <p>9= Not captured</p>
12	Y	F1_PIH	<p>Is the patient Native Hawaiian or Pacific Islander?</p> <p>1= Yes</p> <p>2= No</p> <p>9= Not captured</p>
13	Y	F1_Black	<p>Is the patient Black?</p>

DE #	OMB	Data Element Name	Description/Response Coding
			1= Yes 2= No 9= Not captured
14	Y	F1_White	Is the patient White?  1= Yes 2= No 9= Not captured
15	Y	F1_Multirace	Is the patient Multirace?  1= Yes 2= No 9= Not captured
16	Y	F1_Otherrace	Is the patient another race not listed above?  1= Yes 2= No 9= Not captured <i>Indicate yes for all of the race/ethnic questions that apply. A response of 9 indicates the information is not captured/ collected by the facility or is not provided to SSuN. Response should be null if (1) race is collected by the facility but is unknown for this record, or (2) a response of "no" is not collected separately.</i>
17	Y	F1_Insurance	What is the primary health insurance status of the patient?  1= Insured, Public only 2= Insured, Private only 3= Insured, Multiple types 4=Unknown type 5=Uninsured 9= Insurance status not captured <i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the information is collected but is unknown for this record.</i>
18	Y	F1_Visit_type	Type of clinic visit  1 = Clinician 2= express/fast track 8= Other 9= Not captured <i>A response of 9 indicates the information is not captured or collected by the facility or not provided to SSuN. A response of null indicates that the information is collected but is unknown for this record.</i>

DE #	OMB	Data Element Name	Description/Response Coding
19	Y	F1_Reason_visit	<p>What was the primary purpose of the visit?</p> <p>1= Symptomatic/new problem            2= Treatment only            3= Follow-up            4= Family planning            5= STD/HIV screening only            6= Prenatal care            7=PrEP Visit            8= Other            9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the information is collected but is unknown for this record.</i></p>
20	Y	F1_Pregnant	<p>Is the patient currently pregnant?</p> <p>1= Yes            2= No            3= Patient does not know/ not sure            9= Not captured</p> <p><i>If information is collected but patient is not sure, then appropriate response is 3. A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values allowed for men or if information is collected by the facility but unknown for this record.</i></p>
21	Y	F1_Sympt	<p>Does the patient have STI symptoms?</p> <p>1= Yes            2= No            9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the information is collected by the facility but is unknown for this record.</i></p>
22	Y	F1_Contact_STD	<p>Was the patient a contact or exposed to a STD?</p> <p>1= Yes, to gonorrhea            2= Yes, to chlamydia            3= yes, unknown            4=Yes, Other STI            5= No            9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the information is collected by the facility but is unknown for this record.</i></p>

DE #	OMB	Data Element Name	Description/Response Coding
23	P	F1_Pelvic_exam	<p>Was a pelvic exam performed?</p> <p>1= Yes 2= No 9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values allowed for men or if information is collected by the facility but unknown for this record.</i></p>
24	Y	F1_MENSEX	<p>How many male sex partners has the patient had in the last 3 months? <i>If number of male sex partners is unknown, missing, or not captured, use null value.</i></p>
25	Y	F1_FEMSEX	<p>How many female sex partners has the patient had in the last 3 months? <i>If number of female sex partners is unknown, missing, or not captured, use null value.</i></p>
26	Y	F1_TRANSEX	<p>How many transgender sex partners has the patient had in the last 3 months? <i>If number of female sex partners is unknown, missing, or not captured, use null value.</i></p>
27	Y	F1_MSM_12	<p>Does the patient (male) have a history of having male sex partners in the previous 12 months? <i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values are allowed if the information is collected by the facility but (1) is unknown for this record or (2) there is not an opportunity for a "no" response (radio button), or 3(patient is a female).</i></p> <p>1= Yes 2= No 9= Not captured</p>
28	Y	F1_SEXOR3	<p>Has the patient had sex with men only, women only or both men and women?</p> <p>1= Men Only 2= Women Only 3= Both men and women 9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the information is collected by the facility but is unknown for this record.</i></p>
29	P	F1_SEXOR3TG	<p>Has the patient had sex with a transgender man or woman?</p> <p>1= Yes 2= No 9= Not captured</p>

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			<i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the information is collected by the facility but is unknown for this record.</i>
30	Y	F1_NUMSEX3	How many sex partners has the patient had in the past 3 months? <i>If number of sex partners is unknown, missing, or not captured, use null value.</i>
31	Y	F1_SEXUALITY	Does the patient consider him/herself to be gay (homosexual), straight ?  1 = gay/lesbian/homosexual 2= straight/heterosexual (not Gay or Lesbian) 3= bisexual 4= Other 9 = Not captured <i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the information is collected by the facility but is unknown for this record.</i>
32	Y	F1_NewSex	Did the patient have a new sex partner in last 3 months? 1= Yes 2= No 9= Not captured <i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the (1) information is collected by the facility but is unknown for this record or (2) that there was not an opportunity for a "no" response (radio button).</i>
33	Y	F1_Rectal_exposure	Does the patient report receptive anal sex with a male in the last 3 months? 1= Yes 2= No 9= Not captured <i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the (1) information is collected by the facility but is unknown for this record or (2) that there was not an opportunity for a "no" response (radio button).</i>
34	Y	F1_Oral_Sex	Did the patient engage in receptive oral sex in last 3 months? 1= Yes 2= No 9= Not captured <i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the (1) information is collected by the facility but is unknown for this record or (2) that there was not an opportunity for a "no" response (radio button).</i>
35	P	F1_condom	Does the patient report receptive anal sex without a condom with a male in the last 3 months?

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			<p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the (1) information is collected by the facility but is unknown for this record or (2) that there was not an opportunity for a "no" response (radio button).</i></p> <p>1= Yes 2= No 3= Unsure/ doesn't know 9= Not captured</p>
36	Y	F1_HIV_partner	<p>Does the patient report having sex with a known HIV positive partner in the last 12 months?</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. A response of null indicates that the (1) information is collected by the facility but is unknown for this record or (2) that there was not an opportunity for a "no" response (radio button).</i></p> <p>1= Yes 2= No 3= Unsure/ doesn't know 9= Not captured</p>
37	Y	F1_IVDU	<p>Does the patient report use of illicit injected drugs in the past 3 months?</p> <p>1= Yes 2= No 3= Patient not sure/ unknown 4= Not captured</p>
38	Y	F1_OPIOD	<p>Does the patient report use of opioids (but not under a physician's orders) in the past 3 months?</p> <p>1= Yes 2= No 3= Patient not sure/ unknown /refused 4= Not captured</p>
39	Y	F1_PrEP	<p>Is the patient currently on or taking PrEP?</p> <p>1= Yes 2= No 9= Not captured</p>
40	P	F1_PEP_referral	<p>Was the patient recommended for or given PEP at the STD clinic?</p> <p>1= Yes 2= No 3= No, but a referral to outside clinic was given</p>
41	Y	F1_PrEP_referral	<p>Was the patient referred for PrEP?</p>



DE #	OMB	Data Element Name	Description/Response Coding
			<p>1= Yes</p> <p>2= No</p> <p>3= No, but a referral to outside clinic was given</p>
42	Y	F1_Partner_tx	<p>Was the patient prescribed or given medication for expedited partner therapy?</p> <p><i>A response of 9 indicates that EPT is provided by the facility, but information is not captured or collected or is not provided to SSuN. A response of null indicates that the (1) information is collected by the facility but is unknown for this record, (2) facility does not provide EPT, or (3) information is collected by the facility but there is not an opportunity for a “no” response (radio button).</i></p> <p>1= Yes</p> <p>2= No</p> <p>9= Not captured</p>
43	Y	F1_SXRectal	<p>Does the patient report rectal symptoms (e.g., discharge, rectal pain) today?</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values are allowed if the information is collected by the facility but (1) is unknown for this record or (2) there is not an opportunity for a “no” response (radio button).</i></p> <p>1= Yes</p> <p>2= No</p> <p>9= Not captured</p>
44	Y	F1_SXPharyngeal	<p>Does the patient report any oral symptoms (e.g., sore throat) today?</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values are allowed if the information is collected by the facility but (1) is unknown for this record or (2) there is not an opportunity for a “no” response (radio button).</i></p> <p>1= Yes</p> <p>2= No</p> <p>9= Not captured</p>
45	P	F1_SXAbdomen	<p>Did the patient report abdominal pain?</p> <p>1= Yes</p> <p>2= No</p> <p>9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values are allowed if the information is collected by the facility but (1) is unknown for this record or (2) there is not an opportunity for a “no” response (radio button).</i></p>
46	Y	F1_SXDysuria	<p>Did the patient report dysuria?</p> <p>1= Yes</p>

DE #	OMB	Data Element Name	Description/Response Coding
			<p>2= No</p> <p>9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values are allowed if the information is collected by the facility but (1) is unknown for this record or (2) there is not an opportunity for a “no” response (radio button).</i></p>
47	Y	F1_SXDischarge	<p>Did the patient report a vaginal/anal/urethral discharge?</p> <p>1= Yes</p> <p>2= No</p> <p>9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values are allowed if the information is collected by the facility but (1) is unknown for this record or (2) there is not an opportunity for a “no” response (radio button).</i></p>
48	Y	F1_SXLesion	<p>Did the patient report a genital lesion?</p> <p>1= Yes</p> <p>2= No</p> <p>9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values are allowed if the information is collected by the facility but (1) is unknown for this record or (2) there is not an opportunity for a “no” response (radio button).</i></p>
49	Y	F1_PEDischarge	<p>Was there a vaginal discharge seen on physical exam?</p> <p>1= Yes</p> <p>2= No</p> <p>9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values are allowed if the information is collected by the facility but (1) is unknown for this record or (2) there is not an opportunity for a “no” response (radio button), or 3(patient is a female).</i></p>
50	Y	F1_PEAbdomen	<p>Was lower abdominal pain/tenderness reported on exam?</p> <p>1= Yes</p> <p>2= No</p> <p>9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values are allowed if the information is collected by the facility but (1) is unknown for this record or (2) there is not an opportunity for a “no” response (radio button), or 3(patient is a female).</i></p>
51	Y	F1_CMT	<p>Was there cervical motion tenderness on exam?</p> <p>1= Yes</p> <p>2= No</p> <p>9= Not captured</p>

DE #	OMB	Data Element Name	Description/Response Coding
			<i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values are allowed if the information is collected by the facility but (1) is unknown for this record or (2) there is not an opportunity for a "no" response (radio button), or 3(patient is a female).</i>
52	Y	F1_Adnexal	<p>Was there adnexal tenderness on exam?</p> <p>1= Yes 2= No 9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values are allowed if the information is collected by the facility but (1) is unknown for this record or (2) there is not an opportunity for a "no" response (radio button), or 3(patient is a female).</i></p>
53	P	F1_HIVTest	<p>Has the patient ever been tested for HIV? (excluding HIV testing on today's visit)?</p> <p>1= Yes 2= No 3= Patient does not know/ not sure 9= Not captured</p> <p><i>If information is collected by the facility but patient is not sure, then appropriate response is 3. A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values allowed if information is collected by the facility but unknown for this record.</i></p>
54	Y	F1_HIVTestdate	<p>When was the patient's most recent test for HIV (month and year)? (excluding HIV testing on today's visit)?</p> <p><i>Null values are allowed if (1) response to F1_HIVTest is either 2, 3, 9 or (2) patient does not know/ or not sure of the date of most recent HIV test. This should be coded as character data ("MM/YY") with missing information as "../." or "../YY"</i></p>
55	Y	F1_HIVResultlast	<p>What was the result of the patient's most recent test for HIV (excluding HIV testing on today's visit)?</p> <p>0 = Negative 1 = Positive/preliminary positive 2 = Indeterminant 3= Patient does not know/ not sure 9 = Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null value are allowed if (1) response to F1_HIVTest is either 2, 3,9 or (2) patient does not know/ or not sure of the result of the most recent HIV test.</i></p>
56	Y	F1_HIVTest_refuse	Did the patient refuse an HIV test today?

DE #	OMB	Data Element Name	Description/Response Coding
			<p>1= Yes 2= No 9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values are allowed if the information is collected by the facility but (1) is unknown for this record or (2) there is not an opportunity for a “no” response (radio button).</i></p>
57	P	F1_HregMatch	<p>Was eHARS registry match done for this patient?</p> <p><i>This data element may be initially coded as ‘2’ if the grantee conducts a batch match with their HIV registry and the case is reported before that batch is processed. This information can be updated in the SSuN record in the next data transmission following the match. This data element should not be ‘null’ or contain missing values.</i></p> <p>1=Yes 2=No</p>
58	Y	F1_HIVcare	<p>Is the patient currently in HIV care?</p> <p>1=Yes 2=No 3= Patient is not HIV positive 4= Unknown 9= Not captured</p>
59	P	F1_HregMatchStat	<p>Did this patient match a registry entry in eHARS?</p> <p><i>This data element may be initially coded as ‘3’ if the grantee conducts a batch match with their HIV registry and the case is reported before that batch is processed. This information can be updated in the SSuN record in the next data transmission following the match. This data element should not be ‘null’ or contain missing values.</i></p> <p>1=Matching Record Found 2=No Matching Record 3=Match Not Performed</p>
60	P	F1_HregID	<p>Unique record number from HIV registry (such as stateno from eHARS).</p> <p><i>This data element should not be ‘null’ or contain missing values if a matching record is present in eHARS</i></p>
61	P	F1_HDXMOYR	<p>What is this patient's earliest indication of HIV positive result?</p> <p><i>This information can be obtained from the eHARS person table (HIVPMOYR). If eHARS match found. This should be coded as character data (“MM/YY”) with missing information as “../..” or “../YY”</i></p>
62	P	F1_EXPMOD	<p>Exposure mode from HIV registry.</p> <p><i>This data element should not be ‘null’ or contain missing values if a matching record is present in eHARS.</i></p>

DE #	OMB	Data Element Name	Description/Response Coding
			<p>1=Male who had sex with another male (MSM)</p> <p>2=Injected illicit or non-prescription drugs (IDU)</p> <p>3=Had sex with someone with either 1 or 2 (above)</p> <p>4=Had Sex with Someone of the Opposite Sex but May Not Have Known whether HIV Infection was diagnosed in that Person, or Any of the Risk factors of Sex Partners Described in Items 3 or 5</p> <p>5=Had Sex with Someone of the Opposite Sex in whom HIV Infection was Diagnosed after Having Any Risk Factor for HIV Infection in Items 6 (Receipt of Clotting Factor for Coagulation Disorder),7 (Receipt of Blood Transfusion), or 8 (Receipt of Transplant or Artificial Insemination)</p> <p>6=Received Clotting Factor Injection for Hemophilia or Another Coagulation Disorder</p> <p>7=Received Transfusion of Blood or Blood Components (e.g., Platelets)</p> <p>8=Received a Transplant of Tissue or Organ or Artificial Insemination</p> <p>9=Worked in a Health-Care or Clinical Laboratory Setting with Possible Exposure to Human Blood or Other Body Fluids</p> <p>10=Had Other Exposure to Human Blood or Body Fluids</p> <p>11=No Risk Reported</p>

63	Y	F1_HPVVaxadmin	<p>Was the patient given HPV vaccination at this visit?</p> <p>1= Yes</p> <p>2= No, not indicated/refused</p> <p>3= No, clinic does not administer/offer HPV vaccination</p> <p>9= Not captured</p> <p><i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null values are allowed if the information is collected by the facility but (1) is unknown for this record or (2) there is not an opportunity for a “no” response (radio button).</i></p>
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		Data Element Name	Description/Response Coding
<b>Diagnosis Dataset</b>			
64	Y	F2_PatientID	<p>Unique patient identification number assigned by site</p> <p><i>Will be a secondary key for merging laboratory and case data; should correspond to F1_Visdate. This data element MUST NOT be ‘null’ or contain missing values.</i></p>
65	Y	F2_Eventid	<p>Unique visit identification</p> <p><i>Will be a secondary key for merging laboratory and case data; should correspond to F1_Visdate. This data element MUST NOT be ‘null’ or contain missing values.</i></p>
66	Y	F2_Visdate	<p>Date of clinic visit</p> <p><i>Will be a secondary key for merging laboratory and case data; should correspond to F1_Visdate. This data element MUST NOT be ‘null’ or contain missing values.</i></p>

DE #	OMB	Data Element Name	Description/Response Coding
67	Y	F2_DXCODE	<p>Diagnosis Code</p> <p>SY01=Syphilis, primary</p> <p>SY02=Syphilis, secondary</p> <p>SY03=Syphilis, early latent</p> <p>SY04=Syphilis, late latent/Unknown</p> <p>SY05=Syphilis, neurosyphilis</p> <p>SY06=Syphilis, unspecified/other</p> <p>GC01=Gonorrhea</p> <p>CT01=Chlamydia</p> <p>GW01=Genital Warts</p> <p>HI01=HIV/AIDS</p> <p>BV01=Bacterial vaginosis (BV)</p> <p>TR01=Trichomoniasis</p> <p>GH01=Genital Herpes</p> <p>NU01=Nongonococcal Urethritis (NGU)</p> <p>MC01=Muco-purulent cervicitis (MPC)</p> <p>PI01=Pelvic Inflammatory Disease (PID)</p> <p>EP01=Epididymitis</p> <p>CC01=Chancroid</p> <p>LV01=Lymphogranuloma venereum (LGV)</p> <p>GI01=Granuloma Inguinale</p> <p>CD01=Candidiasis</p> <p>SC01=Scabies</p> <p>PD01=Pediculosis</p> <p>CS01=Contact to STD</p> <p>PG01=Pregnancy</p> <p>NE01=Normal exam/diagnosis</p> <p>Null values allowed if information is collected by the facility but unknown for this record.</p>
<b>Data Element Name</b>			<b>Description/Response Coding</b>
<b>Laboratory Dataset</b>			
68	Y	F3_PatientID	<p>Unique patient identification number assigned by site</p> <p><i>Will be a secondary key for merging laboratory and case data; should correspond to F1_Visdate. This data element MUST NOT be 'null' or contain missing values.</i></p>
69	Y	F3_Eventid	<p>Unique visit identification</p> <p><i>Will be a secondary key for merging laboratory and case data; should correspond to F1_Visdate. This data element MUST NOT be 'null' or contain missing values.</i></p>
70	Y	F3_Visdate	<p>Date of clinic visit</p> <p><i>Will be a secondary key for merging laboratory and case data; should correspond to F1_Visdate. This data element MUST NOT be 'null' or contain missing values.</i></p>

DE #	OMB	Data Element Name	Description/Response Coding
71	P	F3_SpecColdate	Date of specimen collection for this laboratory observation <i>This data element MUST NOT be 'null' or contain missing values.</i>
72	Y	F3_Condtested	What condition was the patient tested for? 1 = Syphilis 2 = Gonorrhea 3 = Chlamydia 4 = Chancroid 5 = Trichomoniasis 6 = HIV/AIDS 7 = Bacterial vaginosis 8 = Herpes 9= Mycoplasm genitalium 20 = Pregnancy <i>Although a null value is allowed, sites should make every attempt to make sure the value is not a null value. A record for a lab condition not included in the list above, should not be submitted.</i>
73	Y	F3_Anatsite	What anatomic site was tested? 1 = Urethral 2 = Vaginal/cervical 3 = Urine 4 = Rectal 5 = Pharynx 6 = Blood 8 = Other 9= Not captured <i>Although a null value is allowed, sites should make every attempt to make sure the value is not a null value.</i>
74	Y	F3_Test_Type	What type of test was used? (Will be expanded, recoded) 1=Culture 2=NAAT 3=Non-amplified nucleic acid test/DNA probe 4=Gram Stain 5=DFA 6=Rapid HIV 7=ELISA 8=Western blot (deprecated code, see 27, 28 below) 9=Pooled RNA 10=RPR 11=VDRL 12=FTA 13=TP-PA 14=MHA 15=Wet Mount/Clue Cell 16=PH 17=Other, not listed 18=Unknown

DE #	OMB	Data Element Name	Description/Response Coding
			22=HIV-1 IA (EIA or Other)
			23=HIV-1/2 IA (EIA or Other)
			24=HIV-2 IA (EIA or Other)
			25=HIV-1/2 Ag/Ab
			26=HIV-1/2 Type-Differentiating Immunoassay
			27=HIV-1 Western Blot
			28=HIV-2 Western Blot
			29=HIV-1 IFA
			30=HIV-1 Culture
			31=HIV-2 Culture
			32=HIV-1 p24 Antigen
			33=HIV-1 RNA/DNA NAAT (Qualitative)
			34=HIV-2 RNA/DNA NAAT (Qualitative)
			35=HIV-1 RNA/DNA NAAT (Quantitative viral load)
			36=HIV-2 RNA/DNA NAAT (Quantitative viral load)
			37=CD4 T-lymphocytes
			38=CD4 Percent
			39=HIV-1 Genotype (PR Nucleotide Sequence)
			40=HIV-1 Genotype (RT Nucleotide Sequence)
			41=HIV-1 Genotype (PR/RT Nucleotide Sequence)
			42=HIV-1 Genotype (IN Nucleotide Sequence)
			43=HIV-1 Genotype (PR/RT/IN Nucleotide Sequence)
			44=STARHS (BED)
			45=STARHS (Vironostika-LS)
			46=STARHS ( BIO-RAD AVIDITY)
			47=STARHS (Other)
			48=STARHS (Unknown)
			49=Rapid (Retired)
			50=HIV-1/2 Ag/Ab-Distinguishing Immunoassay
			51=HIV-1 Genotype (EN Nucleotide Sequence)
			52=HIV-1 Genotype (FI Nucleotide Sequence)
			53=HIV-1/2 Ag/Ab and Type-Differentiating Immunoassay
			54=HIV-1/2 Ag/Ab and Type-Differentiating IA - HIV-1 p24 Antigen Analyte
			55=HIV-1/2 Ag/Ab and Type-Differentiating IA - HIV-1 Antibody Analyte
			56=HIV-1/2 Ag/Ab and Type-Differentiating IA - HIV-2 Antibody Analyte
			57=HIV-1/2 Type-Differentiating Immunoassay (Supplemental)
			58=HIV-1/2 Type-Differentiating IA (Suppl) - HIV-1 Antibody Analyte
			59=HIV-1/2 Type-Differentiating IA (Suppl) - HIV-2 Antibody Analyte
			60=HIV-1 Genotype (Unspecified)
			61=WB/IFA-Legacy
			62=RIPA-Legacy
			63=Latex Ag-Legacy
			64=Peptide-Legacy
			65=Rapid-Legacy
			66=Iga-Legacy
			67=IVAP-Legacy
			68=Other HIV Antibody-Other-Legacy
			69=Other HIV Antibody-Unspecified-Legacy
			70=Viral Load-Other-Legacy



DE #	OMB	Data Element Name	Description/Response Coding
			<p>71=Viral Load-Unspecified-Legacy  72=HIV Detection/Antigen/Viral Load-Other-Legacy  73=HIV Detection/Antigen/Viral Load-Unspecified-Legacy  80=Pregnancy  88= Other  99=Not captured  <i>Although a null value is allowed, sites should make every attempt to make sure the value is not a null value.</i></p>
75	Y	F3_Qualres	<p>What was the qualitative test result?  0 = Negative  1 = Positive  2 = Nonreactive  3 = Reactive  4 = Indeterminate  5= Weakly Reactive  6 = QNS/Contaminated/Unsaturated  8 = Other/pending  9=Not captured  <i>Although a null value is allowed, sites should make every attempt to make sure the value is not a null value.</i></p>
76	P	F3_Quantres	Numeric - or Ratio (for RPR/VDRL, e.g. 1:2, 1:4, etc.)
77	P	F3_QuantUnits	<p>Units for quantitative results:  1=Copies/mL  2=Log Copies/mL  3=Cells/Cubic mm  4=CD4%  5=Titer Ratio  6=Cycles/Time (rtPCR)</p>
Data Element Name			Description/Response Coding
Treatment Dataset			
78	Y	F4_PatientID	<p>Unique patient identification number assigned by site  <i>Will be a secondary key for merging treatment and case data; should correspond to F1_PatientID. This data element MUST NOT be 'null' or contain missing values.</i></p>
79	Y	F4_Eventid	<p>Unique visit identification    <i>Will be a secondary key for merging treatment and case data; should correspond to F1_EventID. This data element MUST NOT be 'null' or contain missing values</i></p>
80	Y	F4_Visdate	<p>Date of clinic visit  <i>Will be a secondary key for merging treatment and case data; should not be 'null' or contain missing values</i></p>

DE #	OMB	Data Element Name	Description/Response Coding
81	P	F4_TxDate	Treatment Date <i>Date treatment dispensed or prescribed; should not be 'null' or contain missing values</i>
82	Y	F4_Medication	<p>What medication was prescribed to the patient (brand name)?</p> <p>10= Amoxicillin (Amoxil, Polymox, Trimox, Wymox)            11= Ampicillin (Omnipen, Polycillin, Polycillin-N, Principen, Totacillin)            20= Azithromycin (Zithromax)            21= Erythromycin base            22= Clindamycin (Cleocin)            23= Gentamicin (Garamycin, G-Mycin, Jenamicin)            30= Cefixime (Suprax)            31= Ceftizoxime (Cefizox)            32= Cefotaxime (Claforan)            33= Cefoxitin (Mefoxin)            34= Cefpodoxime (Vantin)            35= Ceftibuten (Cedax)            36= Cefdinir (omnicef)            37= Ceftriaxone (Rocephin)            38= Cefuroxime (Ceftin, Kefurox, Zinacef, Zinnat)            40= Ciprofloxacin (Cipro, Cipro XR, Ciprobay, Ciproxin)            41= Levofloxacin (Cravit, Levaquin)            42= Moxifloxacin (Avelox, Vigamox)            43= Ofloxacin (Floxin, Oxaldin, Tarivid)            44= Gemifloxacin (Factive)            50= Doxycycline (Doryx, Vibramycin)            60= Metronidazole (Flagyl, Helidac, Metizol, Metric 21, Neo-Metric, Noritate, Novonidazol)            61= Tinidazole (Tindamax)            70= Truvada (Tenofovir/emtricitabine)            88= Other</p> <p><i>Although a null value is allowed, sites should make every attempt to make sure the value is not a null value.</i></p>
83	Y	F4_Medication_Oth	If the patient received a medication other than what is listed above as indicated by response option #88, please provide name of other medication (Free text description of other medication)
84	Y	F4_Dosage	<p>What was the dosage of the medication prescribed?</p> <p>1= 100mg            2= 125mg            3= 150mg            4= 200mg            5= 240mg            6= 250mg            7= 300mg            8= 320mg            9= 400mg</p>

DE #	OMB	Data Element Name	Description/Response Coding
			10= 500mg 11= 600mg 12= 750mg 13= 800mg 14= 1g 15= 2g 88= Other 99= Not captured <i>A response of 99 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null value allowed if dosage is unknown or missing.</i>
85	Y	F4_Number_doses	Total number of doses prescribed? <i>Null value allowed if (1) number of total doses is unknown or missing or (2) the information is not captured or collected by the facility or is not provided to SSuN.</i>
86	Y	F4_Dose_Freq	What is the frequency of doses? 1=one single dose 2= twice day 3= three times a day 4= four times a day 8= other 9= Not captured <i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null value allowed if frequency of doses is unknown or missing.</i>
87	Y	F4_Duration	What duration was the medication prescribed for? 1= 1 day 2= 3 days 3= 5 days 4= 7 days 5= 10 days 6= 14 days 8= Other 9= Not captured <i>A response of 9 indicates the information is not captured or collected by the facility or is not provided to SSuN. Null value allowed if duration of medication is unknown or missing.</i>

## Data Element Name

## Description/Response Coding

## Facility Reference Dataset

88	Y	F5_Facility_ID	Unique facility identifier
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DE #	OMB	Data Element Name	Description/Response Coding
			<i>This ID should be supplied by the site and is a unique facility identifier from underlying surveillance systems or may be generated specifically for SSuN. Regardless of source, this ID must be unique and allow for longitudinal tracking of the facility. This data element MUST NOT be 'null' or contain missing values.</i>
89	Y	F5_SiteID	<p>Unique site code</p> <p>BA=Baltimore CA=California FL=Florida MA=Massachusetts MN=Minnesota MC=Multnomah county NY=New York City PH=Philadelphia SF=San Francisco WA= Washington</p> <p>VA=Virginia (Cycle II) AL=Alabama (Cycle II) CO=Colorado (Cycle II) CH=Chicago (Cycle II) CB= Columbus (Cycle IV) UT = Utah (Cycle IV) IN= Indiana (Cycle IV)</p> <p><i>This data element MUST NOT be 'null' or contain missing values.</i></p>
90	Y	F5_Facility_name	What is the name of the facility?
91	Y	F5_Facility_type	<p>What is the facility type?</p> <p>1= STD clinic 88= Other</p>
92	Y	F5_FQHC	<p>Is this facility a FQHC?</p> <p>1= Yes 2= No</p>
93	Y	F5_Facility_Address	What is the physical street address of the facility?
94	Y	F5_Facility_City	<p>In what city is the facility located?</p> <p><i>FIPS code, example: 3290 (City of SF)</i></p>
95	Y	F5_Facility_State	<p>In what state is the facility located?</p> <p><i>FIPS code</i></p>
96	Y	F5_Facility_Zip	Zip code for the facility (9-digit ZIP code of facility)
97	Y	F5_Point_contact	Point of contact at facility

DE #	OMB	Data Element Name	Description/Response Coding
98	Y	F5_EPT	Does the facility have written policies governing EPT? 1= Yes 2= No 3= facility does not employ EPT
99	P	F5_PrEP	Does the facility have written policies governing referral or management of PrEP?  1= Yes 2= No 3= facility does not refer to or manage PrEP
100	P	F5_PrEP_Rx	Does the facility prescribe PrEP? 1= Yes 2= No 3= facility does not prescribe PrEP
101	P	F5_PEP_Rx	Does the facility prescribe PEP? 1= Yes 2= No 3= facility does not prescribe PEP
102	P	F5_PrEP_Manage	Does the facility actively manage patients on PrEP? 1= Yes 2= No 3= facility does not refer to or manage PrEP
103	Y	F5_HPVP_vaccine	Does the facility have written policies governing HPV vaccination? 2= No 3= facility does not provide HPV vaccination
104	Y	F5_HIV_algorithm	Does the facility have written policies governing HIV testing? 1= Yes 2= No 3= facility does not provide HIV testing
105	Y	F5_Screening_CT	Does the facility have written policies governing chlamydia screening? 1= Yes 2= No 3= facility does not provide CT testing
106	Y	F5_Screening_GC	Does the facility have written policies governing gonorrhea screening? 1= Yes 2= No 3= facility does not provide GC testing
107	Y	F5_Billing	Does the facility bill for STD services? 1= Yes 2 = No

<b>DE #</b>	<b>OMB</b>	<b>Data Element Name</b>	<b>Description/Response Coding</b>
			3= Other
<b>108</b>	<b>Y</b>	<b>F5_Medical_record</b>	Type of medical record system? 1= paper-based 2= electronic 3=combination 9= not sure
<b>109</b>	<b>Y</b>	<b>F5_Insurance</b>	Is the facility in an insurance network? 1=Yes 2=No

#	OMB	Data Element Name	Description/Response Coding
110	P	FS1_FirstVis	Is this your first time to this clinic?  1=Yes 2=No
111	P	FS1_Welcome	Do you feel that this clinic provides a welcoming and respectful environment?  1=Yes 2=No 3=Not Sure
112	P	FS1_Reas1	What are the reasons for your visit to this clinic today (choose all that apply)?  Code Below Health problem or symptoms  1=Yes 2=No
113	P	FS1_Reas2	No health problems or symptoms, but came to get STD screening/check-up  1=Yes 2=No
114	P	FS1_Reas3	Told to get checked by partner  1=Yes 2=No
115	P	FS1_Reas4	Referred by health department/disease intervention specialist (DIS)  1=Yes 2=No
116	P	FS1_Reas5	Follow-up visit  1=Yes

#	OMB	Data Element Name	Description/Response Coding
			2=No
117	P	FS1_Reas6	Came to get STD test results  1=Yes 2=No
118	P	FS1_Reas7	Came to get HIV test  1=Yes 2=No
119	P	FS1_Reas8	Came to get medication that I can take every day to prevent getting HIV infection before I am exposed to the virus (PrEP)  1=Yes 2=No
120	P	FS1_Reas9	Came to get medication that I can take right away because I think I was exposed to HIV in the past few days (PEP)  1=Yes 2=No
121	P	FS1_Reas10	Came to get contraception  1=Yes 2=No
122	P	FS1_Reas11	Some other reason  1=Yes 2=No
123	P	FS1_Reas12_TXT	Specify _____
124	P	FS1_ReasThisClin	What is the main reason you chose this clinic for care (choose only one)?  1=Could walk in or get same day appointment



#	OMB	Data Element Name	Description/Response Coding
			2=Cost 3=Privacy concern 4=Expert care 5=Embarrassed to go to usual doctor 6=Some other reason
125	P	FS1_ReasThisClin_TXT	Please specify other reason <hr/>
126	P	FS1_WhereElse	Where would you have gone today if this STD clinic did not exist (choose only one)?  1=I would have waited to see how I felt and then decided what to do 2=Community health center  3=Public clinic/ health department clinic  4=Family planning clinic 5=Private doctor’s office 6=Urgent care clinic/walk in clinic 7=Hospital emergency room (ER) 8=Hospital outpatient department 9=School-based clinic 10=Some other place
127	P	FS1_WhereElse_TXT	Please specify other place <hr/>
128	P	FS1_UsualPlace	Is there a place that you USUALLY go to when you are sick or need advice about your health?  1=Yes 2=No
129	P	FS1_MostOftenGo	If YES, what kind of place do you go to most often (choose only one)?  1=Community health center  2=Public clinic/health department clinic  3=Family planning clinic 4=Private doctor’s office 5=Urgent care clinic/walk in clinic

#	OMB	Data Element Name	Description/Response Coding
			6=Hospital emergency room (ER) 7=Hospital outpatient department 8=School-based clinic 9=Some other place
130	P	FS1_MostOftenGo_TXT	Please specify _____
131	P	FS1_PrevCare	Is there a place you USUALLY go to when you need routine care or preventive care such as a physical exam or check-up?  1=Yes 2=No
132	P	FS1_PrevCareGo	If YES, what kind of place do you go to most often (choose only one)  1=Community health center 2=Public clinic/health department clinic 3=Family planning clinic 4=Private doctor’s office 5=Urgent care clinic/walk in clinic 6=Hospital emergency room (ER) 7=Hospital outpatient department 8=School-based clinic 9=Some other place
133	P	FS1_PrevCareGo_TXT	Please specify _____
134	P	FS1_Insurance	Do you have health insurance (choose only one)?  1=Yes, parents’ insurance plan 2=Yes, government (Medicaid, Medicare, etc.) 3=Yes, private insurance (through employer) 4=Yes, private insurance (purchased by yourself/healthcare.gov exchange)

#	OMB	Data Element Name	Description/Response Coding
			5=No coverage of any type → GO TO QUESTION # 13 6=Don't know → GO TO QUESTION # 13
135	P	FS1_UseIns	If YES, would you be willing to use your health insurance for today's visit?  1=Yes 2=No  If No, why not (choose all that apply)?
136	P	FS1_NOTUseIns1	I do not want my insurance company to know  1=Yes 2=No
137	P	FS1_NOTUseIns2	Insurance company might send records home  1=Yes 2=No
138	P	FS1_NOTUseIns3	I do not want my parents/spouse/significant other to know  1=Yes 2=No
139	P	FS1_NOTUseIns4	Usual doctor might send records home
140	P	FS1_NOTUseIns5	I cannot afford to pay the co-pay or deductible
141	P	FS1_NOTUseIns6	My insurance will not cover this visit
142	P	FS1_NOTUseIns7	Some other reason
143	P	FS1_NOTUseIns_TXT	Please specify
144	P	FS1_BirthSex	What sex were you assigned at birth on your original birth certificate?

#	OMB	Data Element Name	Description/Response Coding
			1=Male 2=Female 3=Refused 4=Don't know
145	P	FS1_GendID	How do you currently describe yourself?
			1=Male 2=Female 3=Trans, Male to Female 4=Trans, Female to Male 5=TG Unknown or Unspecified 6=Gender Queer/Non-Binary 7=Other
146	P	FS1_Age	How old are you? Age in years_____
147	P	FS1_HispEth	Do you consider yourself Hispanic/Latino/a?
			1=Yes, Hispanic 2=No, Not Hispanic 8=Unknown/Can't guess 9=Refused
148	P	FS1_RaceWhite	What is your race (choose all that apply)? White
			1=Yes 2=No
149	P	FS1_RaceBlack	Black
			1=Yes 2=No
150	P	FS1_RaceAIAN	AI/AN
			1=Yes 2=No
151	P	FS1_RaceAsian	ASIAN

#	OMB	Data Element Name	Description/Response Coding
			1=Yes 2=No
152	P	FS1_RaceNHOPi	NH/OPI
			1=Yes 2=No
153	P	FS1_RaceOther	Other race
			1=Yes 2=No
154	P	FS1_RaceUnk	Unknown/Can't guess
			1=Yes 2=No
155	P	FS1_RaceRef	Refused Race
			1=Yes 2=No
156	P	FS1_SexOrient	Which of the following best represents how you think of yourself?  1=Heterosexual/Straight 2=Gay/Lesbian/Homosexual 3=Bisexual 4=Other 5=I don't know 9=Refused
			What is your current employment status (choose all that apply)?
157	P	FS1_Employ1	Full-time employment
			1=Yes 2=No
158	P	FS1_Employ2	Part-time employment

#	OMB	Data Element Name	Description/Response Coding
			1=Yes 2=No
159	P	FS1_Employ3	Unemployed  1=Yes 2=No
160	P	FS1_Employ4	Disabled  1=Yes 2=No
161	P	FS1_Employ5	Student  1=Yes 2=No
162	P	FS1_Employ6	Other  1=Yes 2=No
163	P	FS1_Educate	What is your highest level of school you have completed or the highest degree you have received 1=Middle school 2=Some high school 3=High school diploma 4=GED or equivalent 5=Some college 6=College degree or higher

DE #	OMB	Data Element Name	Description/Response Coding
<b>Strategy B (Case-Based Surveillance) Data Elements</b>			
164	Y	P1_SiteID	<p>SSuN Site ID</p> <p><i>This 2 character code primarily identifies sites funded under SSuN Cycle 2 &amp; 3 and will include additional sites as required for Cycle 4. This data element MUST NOT be 'null' or contain missing values.</i></p> <p>BA=Baltimore (Cycle II, Cycle III, Cycle IV)</p> <p>CB=Columbus (Cycle IV)</p> <p>CA=California (Cycle II, Cycle III, Cycle IV)</p> <p>FL=Florida (Cycle III &amp; Cycle IV)</p> <p>IN=Indiana (Cycle IV)</p> <p>MC=Multnomah County (Cycle III &amp; Cycle IV)</p> <p>NY=New York City (Cycle II, Cycle III, Cycle IV)</p> <p>PH=Philadelphia (Cycle II, Cycle III, Cycle IV)</p> <p>SF=San Francisco (Cycle II, Cycle III, Cycle IV)</p> <p>WA= Washington (Cycle II, Cycle III, Cycle IV)</p> <p>UT=UTAH (Cycle IV)</p> <p>LA=Louisiana (Cycle II)</p> <p>VA=Virginia (Cycle II)</p> <p>AL=Alabama (Cycle II)</p> <p>CO=Colorado (Cycle II)</p> <p>CH=Chicago (Cycle II)</p> <p>MA=Massachusetts (Cycle III)</p> <p>MN=Minnesota (Cycle III)</p>
165	Y	P1_EventID	<p>Site generated unique event identifier</p> <p><i>This record ID should be supplied by the site and may be an event or report identifier from underlying surveillance system. Regardless of source, this ID must be unique for each confirmed case report. This data element MUST NOT be 'null' or contain missing values.</i></p>
166	Y	P1_PatientID	<p>Site generated ID allows for longitudinal tracking of unique persons</p> <p><i>This ID should be supplied by the site and may be a unique patient identifier from underlying surveillance systems or may be generated specifically for SSuN from identifying information provided through case reporting. Regardless of source, this ID must be unique and allow for longitudinal tracking of persons reported with multiple episodes of disease. This data element MUST NOT be 'null' or contain missing values.</i></p>
167	Y	P1_RecRepDte	<p>Earliest date this specific disease event/report received at health department?</p> <p><i>This date should reflect the earliest information available to the health department</i></p>
168	Y	P1_DxDte	<p>What is the diagnosis date for the current episode of disease (may be date of provider visit, specimen collection date, laboratory report date or other suitable proxy)</p> <p><i>This data element should not be 'null' or contain missing values. This should be coded as a 'SAS' numeric date.</i></p>

DE #	OMB	Data Element Name	Description/Response Coding
169	Y	P1_DxCode	<p>Diagnosis</p> <p><i>This data element should not be 'null' or contain missing values.</i></p> <p>10273=Chancroid  10274=Chlamydia  10280=Gonorrhea  10311=Syphilis, primary  10312=Syphilis, secondary  10313=Syphilis, early non-primary non-secondary  10320=Syphilis, unknown duration or late</p>
170	Y	P1_RandSamp	<p>Is this record/case selected in the random sample?</p> <p><i>This data element MUST NOT be 'null' or contain missing values.</i></p> <p>. = Not Sampled  0=Not in random sample  1=In random sample</p>
171	Y	P1_SampDte	<p>Date record/case sampled by jurisdiction</p> <p><i>For jurisdiction deploying a batch process for record sampling, this should be the actual date that the batch was sampled. For jurisdictions deploying real-time sampling of cases through their surveillance system, this date should match the report date (or date case status was confirmed if appropriate). This data element should not be 'null' or contain missing values. This should be coded as a 'SAS' numeric date.</i></p>
172	Y	P1_RecSx	<p>Was lab or provider report how case was initially reported to the health department?</p> <p><i>This data element is intended to capture the source of the initial case notification to the health department. If the grantee is not able to reliably capture this information for a specific case, this must be documented by entering a value of '3' for that case record. This data element should not be 'null' or contain missing values.</i></p> <p>0=Laboratory report, electronic  1=Laboratory report, paper  2=Provider report, electronic or paper  3=Report source not captured by surveillance system</p>
173	Y	P1_PrevPtx	<p>Is patient previously known to HD from infectious disease reporting records (TB, HIV, STDs, Hep)?</p> <p><i>This data element is designed to capture whether this patient is known to the HD from a previous case report. This data element should not be 'null' or contain missing values. If a match with previous patients is not done, please code as a new patient. If a subsequent match is performed and patient found to be previously reported, the value should be changed accordingly.</i></p> <p>0=New Patient, not previously reported  1=Patient previously reported</p>



DE #	OMB	Data Element Name	Description/Response Coding
174	Y	P1_InitSx	<p>If patient previously reported, what is the registry/source of <b>earliest</b> report for this PATIENT?</p> <p>0=STD Registry 1=HIV Registry 2=Viral Hepatitis Registry 3=Other Disease Registry 4=Unknown</p>
175	Y	P1_HregMatch	<p>Was eHARS registry match done for this patient?</p> <p><i>This data element may be initially coded as '2' if the grantee conducts a periodic batch match with their HIV registry and the case is reported before that batch is processed. This information can be updated in the SSuN record in the next data transmission following the match. This data element should not be 'null' or contain missing values.</i></p> <p>1=Yes 2=No</p>
176	Y	P1_HregMatchStat	<p>Did this patient match a registry entry in eHARS?</p> <p><i>This data element may be initially coded as '3' if the grantee conducts a periodic batch match with their HIV registry and the case is reported before that batch is processed. This information can be updated in the SSuN record in the next data transmission following the match. This data element should not be 'null' or contain missing values.</i></p> <p>1=Matching Record Found 2=No Matching Record 3=Match Not Performed</p>
177	Y	P1_HregID	<p>Unique record number from HIV registry (such as stateno from eHARS).</p> <p><i>This data element should not be 'null' or contain missing values if a matching record is present in eHARS.</i></p>
178	Y	P1_HDXMOYR	<p>What is this patient's earliest indication of HIV positive result?</p> <p><i>This information can be obtained from the eHARS person table (HIVPMOYR). If eHARS match found. This should be coded as character data ("MM/YY") with missing information as "../.." or "../YY"</i></p>
179	Y	P1_EXPMOD	<p>Exposure (HIV transmission) mode from HIV registry.</p> <p><i>This data element should not be 'null' or contain missing values if a matching record is present in eHARS.</i></p> <p>1=Male who had sex with another male (MSM) 2=Injected illicit or non-prescription drugs (IDU) 3=Had sex with someone with either 1 or 2 (above) 4=Had Sex with Someone of the Opposite Sex but May Not Have Known whether HIV Infection was Diagnosed in that Person, or Any of the Risk factors of Sex Partners Described in Items 3 or 5</p>

DE #	OMB	Data Element Name	Description/Response Coding
			<p>5=Had Sex with Someone of the Opposite Sex in whom HIV Infection was Diagnosed after Having Any Risk Factor for HIV Infection in Items 6 (Receipt of Clotting Factor for Coagulation Disorder), 7 (Receipt of Blood Transfusion), or 8 (Receipt of Transplant or Artificial Insemination)</p> <p>6=Received Clotting Factor Injection for Hemophilia or Another Coagulation Disorder</p> <p>7=Received Transfusion of Blood or Blood Components (e.g., Platelets)</p> <p>8=Received a Transplant of Tissue or Organ or Artificial Insemination</p> <p>9=Worked in a Health-Care or Clinical Laboratory Setting with Possible Exposure to Human Blood or Other Body Fluids</p> <p>10=Had Other Exposure to Human Blood or Body Fluids</p> <p>11=No Risk Reported</p>
180	Y	P1_Othno	<p>Additional registry number</p> <p><i>If this patient also has a record in other/ancillary disease registries. This is primarily for local use in matching patient records to update missing information.</i></p>
181	Y	P1_Othsx	<p>Additional registry source</p> <p><i>If this patient also has a record in other/ancillary disease registries and P1_Othno is not blank, this element should be populated with the source.</i></p> <p>0=STD Registry</p> <p>1=HIV Registry (deprecated)</p> <p>2=Viral Hepatitis Registry</p> <p>3=Other Disease Registry</p> <p>4=Unknown</p>
182	Y	P1_PrevDx	<p>Most recent previous diagnosis (if applicable; could include hep, TB or HIV)</p> <p><i>If this patient also has a record in other/ancillary disease registries as indicated above, indicate the diagnosis documented by that record. Should be 'Null' if no previous diagnosis is confirmed.</i></p> <p>10311=Syphilis, primary</p> <p>10312=Syphilis, secondary</p> <p>10313=Syphilis, early non-primary non-secondary</p> <p>10320=Syphilis, unknown duration or late</p> <p>10280=Gonorrhea</p> <p>10274=Chlamydia</p> <p>10100=Hepatitis B, acute</p> <p>10105=Hepatitis B, chronic</p> <p>20001=Hepatitis C</p> <p>10562=HIV infection (non-AIDS)</p> <p>10560=AIDS</p> <p>10307=Nongonococcal Urethritis (NGU)</p> <p>10308=Muco-purulent cervicitis (MPC)</p> <p>10309=Pelvic Inflammatory Disease (PID)</p> <p>10273=Chancroid</p> <p>10306=Lymphogranuloma venereum (LGV)</p> <p>10276=Granuloma Inguinale</p> <p>20002=TB</p>

DE #	OMB	Data Element Name	Description/Response Coding
			20003=Other
183	Y	P1_PrevDxDte	Date of most recent previous diagnosis documented above. <i>Should not be null if P1_PrevDx is not null.</i>
184	Y	P1_PrevGCDx	Has the patient been previously diagnosed and reported with GC?  1=Yes 2=No 3=Registry records not searched
185	Y	P1_PrevGCDxDte	Date of most recent previous diagnosis of GC documented above. <i>Should not be null if P1_PrevGCDx = 1. This should be coded as a 'SAS' numeric date.</i>
186	P	P1_ConcurCTDx	Was this patient diagnosed with CT at the same time as their current GC diagnoses?  1=Yes, tested and found to be CT positive 2=No, tested and found to be CT negative 3=No, patient not tested for CT/No CT information available
187	Y	P1_CaseDup	Is this record/case a duplicate report, new report or was duplicate status not determined?  <i>The grantee should document if an initial case report was subsequently found to be a duplicate of an existing case – the record should be retained in the SSuN dataset and coded as a duplicate ('1')? If the jurisdiction receives a report that they know to be a duplicate at the time of report, the record can be omitted from the SSuN datasets and not sampled for enhanced investigation. This data element should not be 'null' or contain missing values.</i>  0=New Case 1=Duplicate Case (previously reported <30 days) 9=Unknown, site surveillance system does not capture
188	Y	P1_FacilityID	Site generated facility ID. Each reporting provider/facility must have a unique ID.  <i>This is a primary key for linking the provider type and other provider information to the case record. Historically, the majority of cases in any grantee's jurisdictions will be reported from known providers, but for cases reported from entirely new or unknown providers, this field should be populated with that facility's new number and be included in the next update of the provider reference file. This data element should not be 'null' or contain missing values.</i>
189	Y	P1_Dispo	What is the status of the internal health department look-back investigation (Includes HIV and other disease registry matching)?

DE #	OMB	Data Element Name	Description/Response Coding
			<p><i>The investigation referred to for this data element includes the search of existing health department records, matching and merging with electronic or other laboratory data, eHARS match and other disease registries. At initial report, cases may be coded as '10'. This should be updated as appropriate. Cases listed as "pending" should be updated within 60 days and this information updated in the next SSuN data transmission. This data element should not be 'null' or contain missing values. Jurisdictions may choose to initiate provider investigations on all reported cases, regardless of whether they fall into the random sample, or may elect to initiate investigations on only those records in the random sample.</i></p> <p>0=Investigation complete: record referred to provider investigation  1=Investigation complete: no further action, record determined to be a duplicate of existibng case  2=Investigation complete: no further action, case determined to reside OOI  3=Investigation complete: no further action, case not in Sample  4=Investigation complete: no further action, case not eligible for SSuN  10=Investigation not complete: investigation pending (May be default value)  11=Investigation not complete: no further action, insufficient contact/provider information  22=Investigation not complete: other reason</p>
190	Y	P1_Referral1	<p>Is this record/case referred for provider investigation?  <i>This indicates whether the record has been referred to provider investigation. If provider is not contacted, surveyed or otherwise followed up with to supply any additional case-specific information, code as '1'. This data element should not be 'null' or contain missing values.</i></p> <p>0=Referred to Provider Investigation  1=Not Referred to Provider Investigation  2=Referral Pending</p>
191	Y	P1_PtxSex	<p>Current sex of the patient as indicated on initial health department report?  <i>This data element should not be 'null' or contain missing values.</i></p> <p>1=Male  2=Female  9=Unknown</p>
192	P	P1_PtxGendID	<p>Gender Identity of the patient as indicated on initial health department report.</p> <p>1=Male-to-Female Transgender  2=Female-to-Male Transgender  3=Transgender, not specified  4=CIS Gender (Male or Female, <u>NOT</u> transgendered)  9=Gender Identity not documented</p>
193	Y	P1_PtxRace_White	White Race

DE #	OMB	Data Element Name	Description/Response Coding
			<p><i>Information from case/lab reports to the health department only. Patient self-report from interviews should be captured in interview variables. If additional information from any source (other than patient report) is received, these data may be updated as required by underlying surveillance system.</i></p> <p>1=Yes 2=No 3=Unknown 4=Refused</p>
194	Y	P1_PtxRace_Black	<p>Black Race</p> <p><i>Information from case/lab reports to the health department only. Patient self-report from interviews should be captured in interview variables. If additional information from any source (other than patient report) is received, these data may be updated as required by underlying surveillance system.</i></p> <p>1=Yes 2=No 3=Unknown 4=Refused</p>
195	Y	P1_PtxRace_AIAN	<p>American Indian/Alaska Native Race</p> <p><i>Information from case/lab reports to the health department only. Patient self-report from interviews should be captured in interview variables. If additional information from any source (other than patient report) is received, these data may be updated as required by underlying surveillance system.</i></p> <p>1=Yes 2=No 3=Unknown 4=Refused</p>
196	Y	P1_PtxRace_Asian	<p>Asian Race</p> <p><i>Information from case/lab reports to the health department only. Patient self-report from interviews should be captured in interview variables. If additional information from any source (other than patient report) is received, these data may be updated as required by underlying surveillance system.</i></p> <p>1=Yes 2=No 3=Unknown 4=Refused</p>
197	Y	P1_PtxRace_NHOPI	<p>Native Hawaiian/Other Pacific Islander Race</p> <p><i>Information from case/lab reports to the health department only. Patient self-report from interviews should be captured in interview variables. If additional information from any source (other than patient report) is received, these data may be updated as required by underlying surveillance system.</i></p> <p>1=Yes 2=No</p>

DE #	OMB	Data Element Name	Description/Response Coding
			3=Unknown 4=Refused
198	Y	P1_PtxRace_Other	Other Race <i>Information from case/lab reports to the health department only. Patient self-report from interviews should be captured in interview variables. If additional information from any source (other than patient report) is received, these data may be updated as required by underlying surveillance system.</i>  1=Yes 2=No 3=Unknown 4=Refused
199	Y	P1_PtxRace_UNK	Is all information on race and Hispanic ethnicity missing from initial <i>If additional/supplemental information is received on race and ethnicity of patient but this information was missing from the initial report to the health department, please leave this data element coded as '1' and capture the source of supplemental information below.</i>  1=Yes 2=No
200	Y	P1_PtxRaceSource	What is the source of the final race information of record as ascertained for this patient?  <i>For grantees able to distinguish the source of information for race, please indicate as appropriate. For grantees NOT able to distinguish the source of race data at all, code as '6'. If race information is missing/unknown from all sources, code as '5'.</i>  1=Patient Self-Report 2=Provider Case Report 3=Laboratory Report 4=Previous Registry Record 5=No Information Available from Any Source 6=Source not Identifiable
201	Y	P1_PtxHisp	Patient Hispanic ethnicity <i>Information from case/lab reports to the health department only. Patient self-report from interviews should be captured in interview variables. If additional information from any source (other than patient report) is received, these data may be updated as required by underlying surveillance system.</i>  1=Hispanic 2=Non-Hispanic 3=Unknown 4=Refused
202	Y	P1_PtxHISPSource	What is the source of the final Hispanic ethnicity information

DE #	OMB	Data Element Name	Description/Response Coding
			<p><i>For grantees able to distinguish the source of information for Hispanic ethnicity, please indicate as appropriate. For grantees NOT able to distinguish the source of Hispanic ethnicity data at all, code as '6'. If information is missing/unknown from all sources, code as '5'.</i></p> <p>1=Patient Self-Report 2=Provider Case Report 3=Laboratory Report 4=Previous Registry Record 5=No Information Available from Any Source 6=Source not Identifiable</p>
203	Y	P1_PtxAGE	<p>Age of patient from initial reporting record/document . <i>If age information is missing/unknown from all sources, use null value.</i></p>
204	Y	P1_PtxAgeUnit	<p>Age unit <i>If #32 is null, use null value for this data element ('.')</i></p> <p>1=Years 2=Months</p>
205	Y	P1_PtxCountyres	<p>County of patient residence <i>If information is missing/unknown, code to null value ('.')</i></p>
206	Y	P1_PtxCTract	<p>Census Tract of patient residence <i>If information is missing/unknown, code to null value ('.')</i></p>
207	Y	P1_PtxAddrStat	<p>Was patient street address present and complete in initial reporting documents?</p> <p><i>This data element should not be 'null' or contain missing values.</i></p> <p>1=Street Address Known 2=Street Address Missing 3=Street Address Incomplete</p>
208	Y	P1_GCAccuracy	<p>What is the basis of census tract assignment (XY coordinates, street segment, centroid, etc.) <i>This data element should not be 'null' or contain missing values.</i></p> <p>1=Close (based on direct street segment, parcel, or lon/lat 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) 9=Missing (no address available)</p>
209	Y	P1_SiteUrine	<p>Urine 'site' of infection <i>If information is missing/unknown, code as '3'</i></p> <p>1=Yes 2=No</p>

DE #	OMB	Data Element Name	Description/Response Coding
			3=Unknown
210	Y	P1_SiteVagCerv	Vaginal or cervical site of infection in women <i>If information is missing/unknown, code as '3'</i>  1=Yes 2=No 3=Unknown
211	Y	P1_SiteUreth	Urethral site of infection - only if this is specifically indicated. <i>If information is missing/unknown, code as '3'</i>  1=Yes 2=No 3=Unknown
212	Y	P1_SiteRect	Rectal site of infection <i>If information is missing/unknown, code as '3'</i>  1=Yes 2=No 3=Unknown
213	Y	P1_SitePhar	Pharyngeal site of infection <i>If information is missing/unknown, code as '3'</i>  1=Yes 2=No 3=Unknown
214	Y	P1_SiteEye	Ocular site of infection <i>If information is missing/unknown, code as '3'</i>  1=Yes 2=No 3=Unknown
215	Y	P1_SiteSera	Blood or sera infection <i>If information is missing/unknown, code as '3'</i>  1=Yes 2=No 3=Unknown
216	Y	P1_SiteJoint	Joint or synovial fluid infection <i>If information is missing/unknown, code as '3'</i> 1=Yes 2=No 3=Unknown
217	Y	P1_SiteOTH	Site of infection, not specified above



DE #	OMB	Data Element Name	Description/Response Coding
			<i>If information is missing/unknown, code as '3'</i>
			1=Yes 2=No 3=Unknown
218	Y	P1_SiteUNK	All site of infection information missing for this case - use only if no other information is available. <i>If the answer to any one of 40-48 above is '1' or '2' then this data element should be coded '2'. If all data elements 40-48 are coded as '3' then code this data element as '1'.</i>
			1=Yes 2=No
219	Y	P2_ProvID	Unique facility/provider ID <i>This data element MUST NOT be 'null' or contain missing values for cases in the random sample. SHOULD NOT be null for all other cases (collaborators requested to include this information for all gonorrhea case records – this can be accomplished with a default coding of P2_ProvID= P1_FacilityID.</i>
220	Y	P2_ProvCO	County FIPS code for provider/facility physical location <i>This should be coded as the 3-digit FIPS code for the county.</i>
221	Y	P2_ProvZIP	Facility/provider physical location 5-digit ZIP
222	Y	P2_ProvCHC	Is facility/provider a Community Health Center (CHC)? <i>Community Health Centers are not-for-profit primary care organizations governed by a community board and whose primary mission is to provide medical services to traditionally under-served populations. The primary way of determining CHC status is by self-identification (though some put it in their name). The National Association of Community Health Centers (NACHC) does maintain member lists as well. Non-profit and community board governance are the key features.</i>
			1=Yes 2=No 3=Unknown/Missing
223	Y	P2_ProvFQHC	Is facility/provider a Federally Qualified Health Center (FQHC)? <i>Federally qualified health centers (FQHCs) include all organizations receiving grants under Section 330 of the Public Health Service Act (PHS). These are a matter of public record and lists are available from HRSA</i>
			1=Yes 2=No 3=Unknown/Missing
224	Y	P2_ProvPTXvisitDte	Date of patient initial visit for this issue, can be supplied/filled in from initial case report.  <i>This should be formatted as a 'SAS' numeric date.</i>

DE #	OMB	Data Element Name	Description/Response Coding
225	Y	P2_ProvClinType	<p>What was the category of provider examining/treating this patient?</p> <p>1=MD 2=RN 3=PA 4=ARNP 5=LPN 6=Other 7=Unknown/Not Ascertained</p>
226	Y	P2_ProvPTX_GenderSP	<p>Provider documented gender of sex partners</p> <p>1=Males only 2=Females only 3=Both Males and Females 4=Not Documented</p>
227	Y	P2_ProvPTX_Insure	<p>Insurance status of patient from provider's records</p> <p>1=Yes, Insured 2=No, Not Insured 3=Unknown/Missing</p>
228	Y	P2_Urethritis	<p>Was urethritis found on exam <i>Missing/unknown information code as null ('.').</i></p> <p>1=Yes 2=No</p>
229	Y	P2_Proctitis	<p>Was proctitis found on exam <i>Missing/unknown information code as null ('.').</i></p> <p>1=Yes 2=No</p>
230	Y	P2_Epididymitis	<p>Was epididymitis found on exam <i>Missing/unknown information code as null ('.').</i></p> <p>1=Yes 2=No</p>
231	Y	P2_PID	<p>Was PID diagnosed. <i>Missing/unknown information code as null ('.').</i></p> <p>1=Yes 2=No</p>
232	Y	P2_Discharge	<p>Was discharge found on exam <i>Missing/unknown information code as null ('.').</i></p>

DE #	OMB	Data Element Name	Description/Response Coding
			1=Yes 2=No
233	Y	P2_OtherFinding	Were there other STD-related findings on exam <i>Missing/unknown information code as null ('.').</i>  1=Yes 2=No
234	Y	P2_NoFinding	Were there NO findings on exam <i>Missing/unknown information code as null ('.').</i>  1=Yes 2=No
235	Y	P2_ProvScrnUreth	Was patient screened/tested for infection at urethral site  1=Yes 2=No 3=Unknown 4=Refused
236	Y	P2_ProvScrnVagCerv	Was patient screened/tested for infection at vaginal/cervical site  1=Yes 2=No 3=Unknown 4=Refused
237	Y	P2_ProvScrnAnal	Was patient screened/tested for infection at anorectal site  1=Yes 2=No 3=Unknown 4=Refused
238	Y	P2_ProvScrnPhar	Was patient screened/tested for infection at pharyngeal site  1=Yes 2=No 3=Unknown 4=Refused
239	Y	P2_ProvScrnHIV	Was patient screened/tested for HIV infection at time of visit  1=Yes 2=No 3=Unknown 4=Refused

DE #	OMB	Data Element Name	Description/Response Coding
240	Y	P2_PR_EventID	Primary key for merging treatment records with case file, should be the same as P1_EventID  <i>Must not be missing or null.</i>
241	Y	P2_PR_ProvPTX_TxDte	Treatment date (or date of administration, date prescription given) <i>This should be coded as a 'SAS' numeric date. Missing/unknown information code as null ('.').</i>
242	P	P2_PR_DrugName	What drug was patient treated with?  01=Penicillin G (benzathine, aqueous procaine, or aqueous crystalline) 02=Probenacid 10= Amoxicillin (Amoxil, Polymox, Trimox, Wymox) 11= Ampicillin (Omnipen, Polycillin, Polycillin-N, Principen, Totacillin) 20= Azithromycin (Zithromax) 21= Erythromycin base 22= Clindamycin (Cleocin) 23= Gentamicin (Garamycin, G-Mycin, Jenamicin) 30= Cefixime (Suprax) 31= Cefprozime (Cefprozil) 32= Cefotaxime (Claforan) 33= Cefoxitin (Mefoxin) 34= Cefpodoxime (Vantin) 35= Cefibuten (Cedax) 36= Cefdinir (omnicef) 37= Ceftriaxone (Rocephin) 38= Cefuroxime (Ceftin, Kefurox, Zinacef, Zinnat) 40= Ciprofloxacin (Cipro, Cipro XR, Ciprobay, Ciproxin) 41= Levofloxacin (Cravit, Levaquin) 42= Moxifloxacin (Avelox, Vigamox) 43= Ofloxacin (Floxin, Oxaldin, Tarivid) 44= Gemifloxacin (Factive) 50= Doxycycline (Doryx, Vibramycin) 60= Metronidazole (Flagyl, Helidac, Metizol, Metric 21, Neo-Metric, Noritate, Novonidazol) 61= Tinidazole (Tindamax) 70= Truvada (Tenofovir/emtricitabine) 88= Other (provide text in P2_PR_OthMedTXT)  <i>Must not be missing or null.</i>
243	P	P2_PR_OthMedTXT	Other medication if value of 88 selected for P2_PR_DrugName
244	P	P2_PR_Dosage	Dosage - numeric <i>Missing/unknown information code as null ('.').</i>
245	P	P2_PR_Dose_Units	Dosage units  01-Miligrams (mg)

DE #	OMB	Data Element Name	Description/Response Coding
			02-Grams (g) 03-Units 04-Units/Kilogram 05-Million Units 06-Million Units/Kilogram 07-Milliliters (ml)
246	P	P2_PR_Method	Method of administration  01=PO - oral dosing 02=IM - intramuscular 03=IV - intravenous/infusion 04=Other 05=Unknown <i>Missing/unknown information code as null ('.').</i>
247	P	P2_PR_Number	Number of doses/day  0=Single dose, STAT Numeric value for all other <i>Missing/unknown information code as null ('.').</i>
248	P	P2_PR_Duration_Number	Days duration or frequency of doses <i>Missing/unknown information code as null ('.').</i>
249	Y	P2_ProvPTX_PDPT	Were any medications/prescriptions provided for patient's partner(s)? <i>Missing/unknown information code as null ('.').</i>  1=Yes 2=No
250	Y	P2_ProvPTX_HIBC	Was patient counseled to prevent transmission/reinfection? <i>Missing/unknown information code as null ('.').</i>  1=Yes 2=No
251	Y	P2_ProvPTX_Refer	Was patient referred to HD (or other) for partner services? <i>Missing/unknown information code as null ('.').</i>  1=Yes 2=No
252	Y	P2_ProvPTX_PrepRefer	Was patient referred for PrEP? <i>Missing/unknown information code as null ('.').</i>  1=Yes 2=No
			Patient Interview

DE #	OMB	Data Element Name	Description/Response Coding
253 1	Y	P3_IDX_ID	(1) Interviewer/Investigator ID <i>This is a locally assigned ID to uniquely identify the person conducting patient interview. This data element should not be 'null' or contain missing values for interviewed cases.</i>
254 2	Y	P3_PatientID	(2) Unique identifier for person/patient <i>Will be a secondary key for merging data; should correspond to P1_PatientID. This data element should not be 'null' or contain missing values for interviewed cases.</i>
255 3	Y	P3_EventID	(3) Unique identifier for record <i>Will be a primary key for merging data; should correspond to P1_EventID. This data element should not be 'null' or contain missing values for interviewed cases.</i>
256 4	Y	P3_IDX_CADate1	(4) Contact attempt date 1 <i>This data element should not be 'null' or contain missing values for interviewed cases.</i>
257 5	Y	P3_IDX_CAout1	(5) Contact attempt outcome 1 <i>This data element should not be 'null' or contain missing values for interviewed cases.</i>
			0=Answer/Partial or Complete Interview Obtained 1=No Answer/No Message 2=No Answer/Message Left 3=Answer/Hang up 4=Answer/Refusal 5=Answer/Reschedule DIS call-back 6=Answer/Reschedule Patient Callback 7=Number out of service 8=Other
258 6	Y	P3_IDX_CADate2	(6) Contact attempt date 2 <i>This should be coded as a 'SAS' numeric date.</i>
259 7	Y	P3_IDX_CAout2	(7) Contact attempt outcome 2
			0=Answer/Partial or Complete Interview Obtained 1=No Answer/No Message 2=No Answer/Message Left 3=Answer/Hang up 4=Answer/Refusal 5=Answer/Reschedule DIS call-back 6=Answer/Reschedule Patient Callback 7=Number out of service 8=Other
260 8	Y	P3_IDX_CADate3	(8) Contact attempt date 3 <i>This should be coded as a 'SAS' numeric date.</i>

DE #	OMB	Data Element Name	Description/Response Coding
261 9	Y	P3_IDX_CAout3	(9) Contact attempt outcome 3  0=Answer/Partial or Complete Interview Obtained 1=No Answer/No Message 2=No Answer/Message Left 3=Answer/Hang up 4=Answer/Refusal 5=Answer/Reschedule DIS call-back 6=Answer/Reschedule Patient Callback 7=Number out of service 8=Other
262 10	Y	P3_IDX_CADate4	(10) Contact attempt date 4 <i>This should be coded as a 'SAS' numeric date.</i>
263 11	Y	P3_IDX_CAout4	(11) Contact attempt outcome 4  0=Answer/Partial or Complete Interview Obtained 1=No Answer/No Message 2=No Answer/Message Left 3=Answer/Hang up 4=Answer/Refusal 5=Answer/Reschedule DIS call-back 6=Answer/Reschedule Patient Callback 7=Number out of service 8=Other
264 12	Y	P3_IDX_Ixdate	(12) Interview/Disposition Date <i>This should be coded as a 'SAS' numeric date.</i>
265 13	Y	P3_IDX_Dispo	(13) Patient Investigation/Interview Disposition <i>Should not be 'null' for cases included in random sample.</i>  0=Investigation complete: patient contacted, interview 1=Investigation complete: patient contacted, partial interview 10=Investigation not complete: P3 investigation pending 11=Investigation not complete: patient contacted, refused 12=Investigation not complete: patient contacted, unable to 22=Investigation not complete: patient did not respond to at 33=Investigation not complete: patient contact not initiated 44=Investigation not complete: patient contact not initiated 55=Investigation not complete: >60 days from diagnosis 66=Investigation not complete: case determined to be OoJ 77=Investigation not complete: insufficient contact information 88=Investigation not complete: provider refused patient contact 99=Investigation not complete: administrative closure/other
266 14	Y	P3_PTX_age	(14) What is your age? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>

DE #	OMB	Data Element Name	Description/Response Coding
			888=Refused
267 15	Y	P3_PTX_sex	(15) What gender or sex do you consider yourself to be? <b>Gender Identity</b> 1= CIS Male 2=CIS Female 3=Male-to-Female TG 4=Female-to-Male TG 5=TG Unspecified 6=Queer, Gender Non-binary 7=Other 8=Refused
268 16	Y	P3_PTX_HispEthnic	(16) Do you consider yourself to be Hispanic or Latino/a? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No 3=Unknown 4=Refused
269 16.1	P	P3_PTX_HISPOrgin	Do you consider yourself to be...?  1=Mexican, Mexican Am., Chicano/a, Latino/a 2=Puerto Rican 3=Cuban 4=Central American (Guatemalan, Honduran, Nicaraguan, El Salvadoran) 5=Other Hispanic Origin 6=Unknown 9=Refused
270 16.2	P	P3_PTX_HISPTXT	Other Hispanic Origin
271 17	Y	P3_PTX_White	(17) patient reported White race <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No 3=Unknown 4=Refused
272 18	Y	P3_PTX_Black	(18) patient reported Black race <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No 3=Unknown 4=Refused



DE #	OMB	Data Element Name	Description/Response Coding
273 19	Y	P3_PTX_AIAN	(19) patient reported AIAN race <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No 3=Unknown 4=Refused
274 19.1	P	P3_PTX_AIAN_TXT	Tribal Affiliation
275 20	Y	P3_PTX_Asian	(20) patient reported Asian race <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No 3=Unknown 4=Refused
276 20.1	P	P3_PTX_AsianOrigin	Asian Origin  1=Asian Indian (India) 2 =Japanese 3=Chinese/Taiwanese 4=Korean 5=Filipona/o 6=Southeast Asian (Vietnamese, Thai, Cambodian, Burmese) 7=Indonesian 8=West Asians (Middle East) 9=Other/Unk Asian 10=Refused
277 21	Y	P3_PTX_NHOPI	(21.1) patient reported NHOPI race <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No 3=Unknown 4=Refused
278 21.1	P	P3_PTX_PIOigin	(21) patient reported NHOPI origin  1=Native Hawaiian 2=Guamanian/Chamorro/Fijian/Chuukese/Carolinian 3=Samoan/Tokelauan/Tongan/Yapese 4=Niuean/Palauan/Pohnpeian 5=Kosraean/Marshallese 6=Other Pacific Island

DE #	OMB	Data Element Name	Description/Response Coding
			9=Refused
279 22	Y	P3_PTX_OTHrace	(22) patient reported other race <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No 3=Unknown 4=Refused
280 22.1	Y	P3_PTX_OTHraceTxt	Patient-reported other race
281 23	Y	P3_PTX_RefRace	(23) patient refuses provision of all race information <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No
282 23.1	P	P3_PTXNativity	Where were you born?  1=In the US 2=Outside the US
283 23.2	P	P3_PTXBirtState	Birth State
284 23.3	P	P3_PTXBirtCount	Birth County
285 24	Y	P3_PTX_Insure	(24) Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, Indian Health Services, the V.A. or Military? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
286 25	Y	P3_PTX_InsType	(25) What kind of healthcare insurance do you have? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Private healthcare insurance provided by my employer 2=Private healthcare insurance I pay for myself 3=Public healthcare insurance like Medicaid, Medicare, or a 4=Active or retired military or dependent plan like the V.A. or 5=Bureau of Indian Affairs/IHS/Urban Indian Health

DE #	OMB	Data Element Name	Description/Response Coding
			7=Other 8=Don't know / Not sure 9=Refused
287 25.1	Y	P3_PTX_OthInsSpecify	(25a) Other type of insurance (text)
288 26	Y	P3_PTX_PriCareDoc	(26) Do you have one person you think of as your personal doctor or health care provider? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>
			1=Yes, only one 2=More than one or facility 3=No 4=Don't Know /Not Sure 5=Refused
289 27	Y	P3_PTX_Hccost	(27) Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>
			1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
290 28	Y	P3_PTX_OOPE	(28) When you went to see _____ (mention provider, clinic or facility name) when you were diagnosed with gonorrhea, did you need to pay anything out-of-pocket at the time of your visit? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>
			1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
291 28.1	Y	P3_PTX_SYMP1	(28.1) Before you went to see _____ (mention provider, clinic or facility name) when you were diagnosed with gonorrhea, did you have any unusual discharge or oozing from your (penis/vagina)? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>
			1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused

DE #	OMB	Data Element Name	Description/Response Coding
292	Y	P3_PTX_SYMP2	(28.2) Before you went to see _____ (mention provider, clinic or facility name) did you notice any unexplained sores or bumps on your (penis/vagina)?
28.2			<i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>
			1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
293	Y	P3_PTX_SYMP3	(28.3) Before you went to see _____ (mention provider, clinic or facility name) when you were diagnosed with gonorrhea, did you have any pain or burning when you urinated?
28.3			<i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>
			1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
294	Y	P3_PTX_SYMP4	(289) Did you go to the doctor that time because you were having symptoms or pains you thought might be from an STD
29			<i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>
			1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
295	Y	P3_PTX_Delay	(30) How long did you have these symptoms or pains before you were able to see the doctor?
30			<i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>
			1=1 Day 2=2 - 6 Days 3=1 - 2 weeks 4=More than 2 weeks 5=Don't know / Not sure / Don't remember 6=Refused
296	Y	P3_PTX_ExpSTD	(31) Before you went to the doctor that time, did any of your sex partners tell you that you might have been exposed to an STD?
31			<i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>
			1=Yes

DE #	OMB	Data Element Name	Description/Response Coding
			2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
297 32	Y	P3_PTX_reasA	(32) Reason for going to specific doctor: regular doctor: Because this is your usual/regular doctor. <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No
298 33	Y	P3_PTX_reasB	(33) Reason for going to doctor: Because you could get seen for free? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No
299 34	Y	P3_PTX_reasC	(34) Reason for going to doctor: Because they take your insurance? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No
300 35	Y	P3_PTX_reasD	(35) Reason for going to specific doctor: Because you felt more comfortable about your privacy there? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No
301 36	Y	P3_PTX_reasE	(36) Reason for going to specific doctor: Because you could get seen right away? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No
302 37	Y	P3_PTX_reasF	(37) Reason for going to specific doctor: Because you wanted to see an expert specializing in STDs. <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No
303	Y	P3_PTX_reasI	(38) Reason for going to specific doctor: Because this doctor is close to your house and easy to get to.

DE #	OMB	Data Element Name	Description/Response Coding
<b>38</b>			<i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No
<b>304</b>	Y	P3_PTX_reasG	(39) Reason for going to specific doctor: Because you were embarrassed and didn't want to go to your regular doctor.
<b>39</b>			<i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No
<b>305</b>	Y	P3_PTX_reasH	(40) Reason for going to specific doctor: Because I didn't want the insurance papers/info sent to my home/parents.
<b>40</b>			<i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No
<b>306</b>	Y	P3_PTX_reasJ	(41) Reason for going to specific doctor: Any other reason?
<b>41</b>			<i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No
<b>307</b>	Y	P3_PTX_othReasonText	(42) Other reason text.
<b>42</b>			
<b>308</b>	Y	P3_PTX_refusreason	(43) Refused all reasons
<b>43</b>			<i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No
<b>309</b>	Y	P3_PTX_PartnerTest	(44) Did the doctor, nurse or anyone else during that visit talk to you about the importance of getting your sex partners examined and tested for STDs?
<b>44</b>			<i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i>  1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
<b>310</b>	Y	P3_PTX_TellParts	(45) In the time since your visit, did you tell any of your sex partners they may need to tested or treated for STDs?

DE #	OMB	Data Element Name	Description/Response Coding
45			<p><i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i></p> <p>1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused</p>
311	Y	P3_PTX_EPToffer	<p>(46) Did a doctor, nurse or someone at the health department offer to give you medications or a prescription for you to give to any of your sex partner(s)?</p> <p><i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i></p> <p>1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused</p>
46			<p><i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i></p> <p>1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused</p>
312	Y	P3_PTX_EPTWHO	<p>(47) Who was it that offered you the additional medications or prescriptions? Was it someone from your doctor's office or someone from the health department?</p>
47			<p><i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i></p> <p>1=My doctor's office 2=The health department 3=Someone else 4=Don't know / Not sure 5=Refused</p>
313	Y	P3_PTX_EPTGET	<p>(48) Did you actually get the additional medications or prescriptions for your sex partners?</p>
48			<p><i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i></p> <p>1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused</p>
314	Y	P3_PTX_EPTMEDORRX	<p>(49) Did you get medicine to give to your partner? Or did you get prescriptions that your partners needed to have filled at a pharmacy?</p>
49			<p><i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i></p> <p>1=I got additional medications 2=I got prescription(s) 3=Don't know / Not sure</p>
315	Y	P3_PTX_EPTGAVE	<p>(50) Did you give the additional medications or prescriptions to at least one of your sex partners?</p>

DE #	OMB	Data Element Name	Description/Response Coding
<b>50</b>			<p><i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i></p> <p>1=Yes 2=No 9=Refused</p>
<b>316</b> <b>51</b>	P	P3_PTX_EPTPARTAKE	<p>Do you <i>think</i> at least one of your sex partners took this medication?</p> <p>1=Yes, I think at least one of my partner(s) took this medicine 2=No, I do not think any of my partner(s) took these medicines 9=Refused</p>
<b>317</b> <b>52</b>	Y	P3_PTX_HIVtested	<p>(52) Did you get tested for HIV at that visit?</p> <p><i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' (P3_IDX_Dispo) = '1', partial interview.</i></p> <p>1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused</p>
<b>318</b> <b>53</b>	Y	P3_PTX_HIVresult	<p>(53) What was the result of your HIV test at that visit?</p> <p><i>This data element should not be 'null' or contain missing values if P3_PTX_HIVtested=1.</i></p> <p>1=Positive 2=Negative 3=Don't Know / Not Sure / did not get results 4=Refused</p>
<b>319</b> <b>54</b>	Y	P3_PTX_everHIVtst	<p>(54) Have you ever been tested for HIV?</p> <p><i>May be 'Null' if P3_PTX_HIVtested=1. This data element should not be 'null' or contain missing values for cases responding with 2, 3 or 4 to P3_PTX_HIVtested.</i></p> <p>1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused</p>
<b>320</b> <b>55</b>	Y	P3_PTX_whenHIVtest	<p>(55) When was your last HIV test? Just month and year is ok? (IF PATIENT UNABLE TO RECALL, PROBE UNTIL APPROXIMATE RESPONSE ELICITED)</p> <p><i>This should be character data "MM/YYYY", missing/REFUSED information as "../YYYY" or "../..."</i></p>
<b>321</b> <b>56</b>	Y	P3_PTX_HIVeverResult	<p>(56) What was the result of that HIV test?</p> <p><i>This data element should not be 'null' or contain missing values for cases responding to P3_PTX_everHIVtst=1.</i></p> <p>1=Positive</p>



DE #	OMB	Data Element Name	Description/Response Coding
			2=Negative 3=Don't Know / Not Sure / did not get results 4=Refused
322 57	Y	P3_PTX_inHIVcare	(57) When was your most recent visit to a doctor, nurse or other health <i>This data element should not be 'null' or contain missing values for cases identifying as HIV positive (P3_PTX_HIVResult=1 or P3_PTX_HIVeverResult=1). This should be entered as character data "MM/YYYY", missing/REFUSED information as "../YYYY" or "../..."</i>
323 58	Y	P3_PTX_ART	(58) Are you taking antiretroviral medicines to treat your HIV infection? <i>This data element should not be 'null' or contain missing values for cases identifying as HIV positive (P3_PTX_HIVResult=1 or P3_PTX_HIVeverResult=1). This should be entered as character data "MM/YYYY", missing/REFUSED information as "../YYYY" or "../..."</i>  1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
324 58.1	Y	P3_PTX_PrEP	(58.1) When you were diagnosed with gonorrhea, did your health care provider or anyone else discuss medications to help you prevent getting HIV? This is often called PrEP, or pre-exposure prophylaxis. <i>This data element should be 'null' for patients reporting being HIV positive. This data element should not be 'null' or contain missing values for patients identifying as HIV negative or unknown HIV status.</i>  1=Yes 2=No 3= Don't know / Not sure 4=Refused
325 58.2	Y	P3_PTX_PREP1	(58.2) Did your health care provider offer to prescribe or give you medications to help you prevent getting HIV? <i>This data element should not be 'null' or contain missing values if patient reports PrEP.</i>  1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
326 58.3	Y	P3_PTX_PREP2	(58.3) Did you fill a prescription or get medications to help you prevent getting HIV?  <i>This data element should not be 'null' or contain missing values for those answering "Yes" to P3_PTX_PrEP.</i>  1=Yes 2=No

DE #	OMB	Data Element Name	Description/Response Coding
			3=Don't Know /Don't Remember/ Not Sure 4=Refused
327 58.4	Y	P3_PTX_PREP3	(58.4) Are you currently taking daily medications to help you prevent getting HIV (on PrEP)? <i>This data element should not be 'null' or contain missing values.</i>  1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
328 59	Y	P3_PTX_Pregnant	(59) Were you pregnant at the time you were told that you had gonorrhea? <i>This data element should not be 'null' or contain missing value for female cases interviewed. May be null for partial interviews, must be null for male cases.</i>  1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
329 60	Y	P3_PTX_GenderSP	(60) During the past 12 months, have you had sex with only males, only females or both?  <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo) = '1', partial interview.</i>  1=Males only 2=Females only 3=Both Males and Females 4=Unknown 9=refused
330 60.1	P	P3_PTX_TGSP	During the past 12 months, have you had sex with a transgender man or transgender woman?  1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
331 61	Y	P3_PTX_Sxorient	(61) Do you consider yourself to be... <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo) = '1', partial interview.</i>  1=Heterosexual/Straight (not Gay or Lesbian) 2=Gay/Lesbian/Homosexual 3=Bisexual 4=Other/Don't Know 9=Refused
332	Y	P3_PTX_MaleSPL3MO	(62) Thinking back to the 3 months before you were diagnosed with

DE #	OMB	Data Element Name	Description/Response Coding
<b>62</b>			<i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo = '1', partial interview. Probe for approximate response or 'best' guess. Enter 0 to indicate 'None', 9999 to indicate "Refused".</i>
<b>333</b> <b>63</b>	Y	P3_PTX_FemaleSPL3MO	(63) Thinking back to the 3 months before you were diagnosed with <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo = '1', partial interview. May be 'Null' if P3_IDX_Dispo = '1', partial interview. Probe for approximate response or 'best' guess. Enter 0 to indicate 'None', 9999 to indicate "Refused".</i>
<b>334</b> <b>63.1</b>	Y	P3_PTX_SPtreatOne	(63.1) To the best of your knowledge, was your sex partner treated? <i>This data element is for patient reporting only a single sex partner.</i>  1=Yes, definitely 2=Yes, probably 3=Don't Know / Not Sure 4=No, probably not 5=Refused 6=No need/no partners infected
<b>335</b> <b>63.2</b>	Y	P3_PTX_SPtreatMult	(63.2) To the best of your knowledge, would you say that all of your sex partners were definitely treated, at least one of your partners was definitely treated, or that none were treated? <i>This data element is for patients reporting multiple sex partners.</i>  1=All definitely treated 2=At least one definitely treated 3=At least one probably treated 4=Not sure 5=Probably none treated 6=Refused 7=No need/no partners infected
<b>336</b> <b>64</b>	Y	P3_PTX_SexExch	(64) During the past 12 months, have you given drugs or money in exchange for sex or received drugs or money in exchange for sex? By sex we mean vaginal, oral, or anal sex.  <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo = '1', partial interview.</i>  1=Yes 2=No 3=Don't Know /Don't Remember/ Not Sure 4=Refused
<b>337</b> <b>64.1</b>	Y	P3_PTX_Opioid	(64.1) In the past year, how often have you used <u>prescription</u> pain medications other than as prescribed by a doctor? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if #107 (P3_IDX_Dispo) = '1', partial interview.</i>  1=Never

DE #	OMB	Data Element Name	Description/Response Coding
			2=Once or Twice 3=Monthly 4=Weekly 5=Daily or Almost Daily 9=Refused
338 64.2	Y	P3_IVDU	In the past year, have you used any injection drugs such as heroin, cocaine or meth?  1=Yes 2=No 3=Don't Know/Can't Remember 4=Refused
339 64.3	Y	P3_IVDU_HER	In the past year, did you inject heroin?  1=Yes 2=No 3=Don't Know/Can't Remember 4=Refused
339.1 64.4	Y	P3_IVDU_COC	In the past year, did you inject cocaine/crack?  1=Yes 2=No 3=Don't Know/Can't Remember 4=Refused
339.2 64.5	Y	P3_IVDU_MTH	In the past year, did you inject Crystal Meth/Methamphetamine/Methadrone?  1=Yes 2=No 3=Don't Know/Can't Remember 4=Refused
339.3 64.6	Y	P3_IVDU_OXY	In the past year, did you inject Oxycodone/morphine/Fentanyl/Carfentanil/some other opioid?  1=Yes 2=No 3=Don't Know/Can't Remember 4=Refused
339.4 64.7	Y	P3_IVDU_OTH	In the past year, did you inject other drugs not listed?  1=Yes 2=No 3=Don't Know/Can't Remember 4=Refused
340	Y	P3_IVDU_DR_TX	Other drug injected text.

DE #	OMB	Data Element Name	Description/Response Coding
<b>64.8</b>			
<b>341</b> <b>65</b>	Y	P3_PTX_LastSex	<p>(65) When was the last time you had sex?  <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo = '1', partial interview.</i></p> <p>1=In last week            2=&gt; 1 week but within last month            3=&gt; 1 month, but within 2 months            4=&gt; 2 months ago            5=Don't Know / Not sure            9=Refused</p>
<b>342</b> <b>66</b>	Y	P3_PTX_GenderMRSP	<p>(66) Thinking back to the last time you had sex, was the person you had sex with...(male/female)?  <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo = '1', partial interview.</i></p> <p>1=Cis Male            2=Cis Female            3=Male-to-Female TG            4=Female-to-Male TG            5=TG Unknown or Unspecified            9=Unknown</p>
<b>343</b> <b>67</b>	Y	P3_PTX_AgeMRSP	<p>(67) Thinking back to the last person you had sex with, how old do you think that person is? If you don't know for sure, it's OK to make your best guess.  <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo = '1', partial interview.</i></p>
<b>344</b> <b>68</b>	Y	P3_PTX_HISPMRSP	<p>(68) Would you say that person is Hispanic/Latino/a? If you don't know for sure, it's OK to make your best guess.  <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo = '1', partial interview.</i></p> <p>1=Yes, Hispanic            2=No, Not Hispanic            8=Unknown/Can't guess            9=Refused</p>
<b>345</b> <b>69</b>	Y	P3_PTX_RaceMRSP	<p>(69) Thinking back to the last person you had sex with, what race(s) would you say that person is? If you don't know for sure, it's OK to make your best guess.  <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo = '1', partial interview.</i></p> <p>1=White            2=Black            3=AI/AN            4=ASIAN            5=NH/OPI            6=Multiple Races</p>

DE #	OMB	Data Element Name	Description/Response Coding
			7=Other race 8=Unknown/Can't guess 9=Refused
346 70	Y	P3_PTX_MRSPHIV	(70) Thinking back to the last person you had sex with, do you know if that person HIV positive? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo = '1', partial interview.</i>  1=Yes, I know that person is HIV positive 2=No, I know that person is HIV negative 3=Don't Know /Don't Remember/ Not Sure 4=Refused
347 71	Y	P3_PTX_SexAgainMRSP	(71) Thinking back to the last person you had sex with; do you think you will have sex with this person again? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo = '1', partial interview.</i>  1=Yes 2=No 3=Don't Know /Maybe/ Not Sure 4=Refused
348 72	Y	P3_PTX_DIS_EPT	(73) Did the interviewer/DIS provide EPT/PDPT to patient? <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo = '1', partial interview.</i>  1=Yes 2=No
349 73	Y	P3_PTX_DIS_EPTnum	(74) Number of partners EPT provided for <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo = '1', partial interview.</i>
350 74	Y	P3_PTX_DIS_OtherPS	(75) Did interviewer/DIS provide other partner services to patient (DIS referral?)  <i>This data element should not be 'null' or contain missing values for interviewed cases. May be 'Null' if P3_IDX_Dispo = '1', partial interview.</i>  1=Yes 2=No
<b>Data Element Name</b>			<b>Description/Response Coding</b>
<b>Laboratory Observation Dataset</b>			
351	Y	P1_L1_EventID	Unique identifier for associated surveillance record <i>Will be a primary key for merging lab and case data; should correspond to P1_EventID. This data element MUST NOT be 'null' or contain missing values.</i>

DE #	OMB	Data Element Name	Description/Response Coding
352	Y	P1_L1_LabID	Unique identifier for laboratory performing testing <i>Site assigned; may be ID from other system or specifically created for SSuN. If performing lab is not known, site should still create a lab record with a locally defined ID corresponding to unknown lab that they will use throughout the SSuN data collection period. This data element should not be 'null' or contain missing values.</i>
353	Y	P1_L1_Accession	Unique identifier (accession number) for laboratory record <i>Leave blank (null) if not available/ascertained</i>
354	Y	P1_L1_PatientID	Unique identifier for person (allowing longitudinal tracking of persons) <i>Will be a secondary key for merging lab and case data; should correspond to P1_PatientID. This data element MUST NOT be 'null' or contain missing values.</i>
355	Y	P1_L1_CondTested	specific condition/pathogen tested <i>This data element MUST NOT be 'null' or contain missing values.</i>  1=Syphilis 2=Gonorrhea 3=Chlamydia 4=Genital Herpes 5=Trichomoniasis 6=HIV 7=Hep A 8=Hep B 9=Hep C 10=BV 11=Other
356	Y	P1_L1_SpecColDte	Specimen collection date - this is often used as a proxy for diagnosis <i>This data element should not be 'null' or contain missing values. This should be coded as a 'SAS' numeric date.</i>
357	Y	P1_L1_LabRepDte	This is the date that the performing lab reported the results to the <i>This should be coded as a 'SAS' numeric date.</i>
358	Y	P1_L1_SecType	Type of specimen <i>This data element should not be 'null' or contain missing values.</i>  1=Exudate 2=Blood/sera 3=Synovial fluid 4=Urine 5=CSF 6=Tissue 7=Saliva 8=Other 9=Unknown
359	Y	P1_L1_AnatSite	This is the anatomic site from which the specimen was obtained and is important in determining the anatomic site of infection.

DE #	OMB	Data Element Name	Description/Response Coding
			<i>This data element should not be 'null' or contain missing values.</i>
			1=Urethra 2=Vagina/cervix 3=Urine 4=Rectum 5=Pharynx 6=Eye 7=Sera/Blood 8=Joint 9=Other Anatomic Site 10=Unknown Anatomic Site
360	Y	P1_L1_TestType	As test technology advances, it is important to obtain the type of test performed  <i>This data element should not be 'null' or contain missing values.</i>  1=Culture 2=NAAT 3=Non-amplified nucleic acid test/DNA probe 4=Gram Stain 5=DFA 6=Rapid HIV 7=ELISA 8=Western blot (deprecated code, see 27, 28 below) 9=Pooled RNA 10=RPR 11=VDRL 12=FTA 13=TP-PA 14=MHA 15=Wet Mount/Clue Cell 16=PH 17=Other, not listed 18=Unknown 22=HIV-1 IA (EIA or Other) 23=HIV-1/2 IA (EIA or Other) 24=HIV-2 IA (EIA or Other) 25=HIV-1/2 Ag/Ab 26=HIV-1/2 Type-Differentiating Immunoassay 27=HIV-1 Western Blot 28=HIV-2 Western Blot 29=HIV-1 IFA 30=HIV-1 Culture 31=HIV-2 Culture 32=HIV-1 p24 Antigen 33=HIV-1 RNA/DNA NAAT (Qualitative) 34=HIV-2 RNA/DNA NAAT (Qualitative) 35=HIV-1 RNA/DNA NAAT (Quantitative viral load) 36=HIV-2 RNA/DNA NAAT (Quantitative viral load) 37=CD4 T-lymphocytes



DE #	OMB	Data Element Name	Description/Response Coding
			38=CD4 Percent
			39=HIV-1 Genotype (PR Nucleotide Sequence)
			40=HIV-1 Genotype (RT Nucleotide Sequence)
			41=HIV-1 Genotype (PR/RT Nucleotide Sequence)
			42=HIV-1 Genotype (IN Nucleotide Sequence)
			43=HIV-1 Genotype (PR/RT/IN Nucleotide Sequence)
			44=STARHS (BED)
			45=STARHS (Vironostika-LS)
			46=STARHS ( BIO-RAD AVIDITY)
			47=STARHS (Other)
			48=STARHS (Unknown)
			49=Rapid (Retired)
			50=HIV-1/2 Ag/Ab-Distinguishing Immunoassay
			51=HIV-1 Genotype (EN Nucleotide Sequence)
			52=HIV-1 Genotype (FI Nucleotide Sequence)
			53=HIV-1/2 Ag/Ab and Type-Differentiating Immunoassay
			54=HIV-1/2 Ag/Ab and Type-Differentiating IA - HIV-1 p24 Antigen Analyte
			55=HIV-1/2 Ag/Ab and Type-Differentiating IA - HIV-1 Antibody Analyte
			56=HIV-1/2 Ag/Ab and Type-Differentiating IA - HIV-2 Antibody Analyte
			57=HIV-1/2 Type-Differentiating Immunoassay (Supplemental)
			58=HIV-1/2 Type-Differentiating IA (Suppl) - HIV-1 Antibody Analyte
			59=HIV-1/2 Type-Differentiating IA (Suppl) - HIV-2 Antibody Analyte
			60=HIV-1 Genotype (Unspecified)
			61=WB/IFA-Legacy
			62=RIPA-Legacy
			63=Latex Ag-Legacy
			64=Peptide-Legacy
			65=Rapid-Legacy
			66=Iga-Legacy
			67=IVAP-Legacy
			68=Other HIV Antibody-Other-Legacy
			69=Other HIV Antibody-Unspecified-Legacy
			70=Viral Load-Other-Legacy
			71=Viral Load-Unspecified-Legacy
			72=HIV Detection/Antigen/Viral Load-Other-Legacy
			73=HIV Detection/Antigen/Viral Load-Unspecified-Legacy
			80=Pregnancy
			88= Other
			99=Not captured
361	Y	P1_L1_QualRes	Qualitative result: For most pathogens/tests, positive, negative, <i>This data element should not be 'null' or contain missing values.</i>
			1=Positive
			2=Negative
			3=Reactive
			4=Weakly Reactive
			5=Non-Reactive
			6=Equivocal/Indeterminate
			7=Specimen Inadequate/Contaminated
			8=Other

DE #	OMB	Data Element Name	Description/Response Coding
			9=Unknown
362	Y	P1_L1_Quantres	Numeric - or Ratio (for RPR/VDRL, e.g. 1:2, 1:4, etc.)
363	P	P1_L1_QuantUnits	Units for quantitative results: 1=Copies/mL 2=Log Copies/mL 3=Cells/Cubic mm 4=CD4% 5=Titer Ratio 6=Cycles/Time (rtPCR)

Data Element Name	Description/Response Coding
<b>Provider Reference Dataset</b>	

364	Y	P4_ProvID	Unique identifier for provider/facility <i>This data element MUST NOT be 'null' or contain missing values.</i>
365	Y	P4_ProvName	Name of provider or facility
366	Y	P4_ProvCO	FIPS code for provider/facility physical location
367	Y	P4_ProvZIP	Facility/provider physical location 5-digit ZIP <i>This data element should not be 'null' or contain missing values.</i>
368	Y	P4_UpdateDate	Date provider information last updated/verified <i>This data element should not be 'null' or contain missing values. This</i>
369	Y	P4_LocationLon	Provider physical location longitude
370	Y	P4_LocationLat	Provider physical location latitude
371	Y	P4_CensusTract	Census tract of provider physical location
372	Y	P4_Prov_Fac_Type	Facility or provider type code (PHINVAD compatible) <i>This data element MUST NOT be 'null' or contain missing values.</i>  1=Blood Bank Includes for-profit sera collection centers 2=Correctional Facilities Includes jails, prisons, juvenile detention, etc. 3=Day care center (environment) 4=Dentist 5=Drug Treatment Facility 6=Emergency Room/Emergency Department Include HMO/other urgent care in this category 7=Family Planning Facility Includes reproductive health clinics 8=Other Federal Agencies Do not include bureau of prisons in this category (should be 2, 9=HIV Care Facility

DE #	OMB	Data Element Name	Description/Response Coding
			<p>Includes and care facility whose primary service is HIV care</p> <p>10=HIV Counseling and Testing Site</p> <p>Include HIV outreach &amp; street testing in this category</p> <p>11=Hospital - Not ED/ER</p> <p>This should include in-patient facilities where the patient was</p> <p>12=Labor and Delivery</p> <p>13=Laboratory</p> <p>14=Managed Care/HMOs</p> <p>15=Mental Health Provider</p> <p>16=Military</p> <p>17=National Job Training Program</p> <p>18=Other, not otherwise specified</p> <p>19=Other Health Department Clinic</p> <p>Do not include health department clinics whose primary</p> <p>20=Other State and Local Agencies</p> <p>21=Other Treatment Center</p> <p>22=Pharmacy</p> <p>23=Prenatal/Obstetrics Facility</p> <p>24=Private physicians' group office</p> <p>25=Public Health Clinic</p> <p>Include ONLY public clinics not otherwise categorized</p> <p>26=Data/Disease Registries</p> <p>27=Rural Health Clinic</p> <p>Includes clinics specifically designated as RHCs on the Centers</p> <p>28=Categorical STD Clinic</p> <p>29=School-Based Clinic</p> <p>30=TB Clinic</p> <p>31=Tribal Government Clinic</p> <p>Do not include IHS hospitals (those are coded as 32)</p> <p>32=Indian Health Service</p> <p>33=Veterinary Sources</p> <p>34=Vital Statistics</p> <p>99=unknown</p>
373		P4_ProvCHC	<p>Is facility/provider a Community Health Center (CHC)?</p> <p><i>This data element should not be 'null' or contain missing values.</i></p> <p>1=Yes</p> <p>2=No</p> <p>3=Unknown/Missing</p>
374		P4_ProvFQHC	<p>Is facility/provider a Federally Qualified Health Center (FQHC)?</p> <p><i>This data element should not be 'null' or contain missing values.</i></p> <p>1=Yes</p> <p>2=No</p> <p>3=Unknown/Missing</p>

DE #	OMB	Data Element Name	Description/Response Coding
375	Y	P5_S1SiteID	<p>Site ID</p> <p><i>This 2 character code primarily identifies sites funded under SSuN Cycle 2 &amp; 3 and will include additional sites as required for Cycle 4. This data element MUST NOT be 'null' or contain missing values.</i></p> <p>BA=Baltimore (Cycle II, Cycle III, Cycle IV)            CB=Columbus (Cycle IV)            CA=California (Cycle II, Cycle III, Cycle IV)            FL=Florida (Cycle III &amp; Cycle IV)            IN=Indiana (Cycle IV)            MC=Multnomah County (Cycle III &amp; Cycle IV)            NY=New York City (Cycle II, Cycle III, Cycle IV)            PH=Philadelphia (Cycle II, Cycle III, Cycle IV)            SF=San Francisco (Cycle II, Cycle III, Cycle IV)            WA= Washington (Cycle II, Cycle III, Cycle IV)            UT=UTAH (Cycle IV)            LA=Louisiana (Cycle II)            VA=Virginia (Cycle II)            AL=Alabama (Cycle II)            CO=Colorado (Cycle II)            CH=Chicago (Cycle II)            MA=Massachusetts (Cycle III)            MN=Minnesota (Cycle III)</p>
376	Y	P5_S1EventID	<p>Site generated unique event identifier</p> <p><i>This record ID should be supplied by the site and may be an event or report identifier from underlying surveillance system. Regardless of source, this ID must be unique for each confirmed case report. This data element MUST NOT be 'null' or contain missing values. <b>This must match the syphilis record in the Strategy B case file.</b></i></p>
377	Y	P5_S1PatientID	<p>Site generated ID allows for longitudinal tracking of unique persons</p> <p><i>This ID should be supplied by the site and may be a unique patient identifier from underlying surveillance systems or may be generated specifically for SSuN from identifying information provided through case reporting. Regardless of source, this ID must be unique and allow for longitudinal tracking of persons reported with multiple episodes of disease. This data element MUST NOT be 'null' or contain missing values. <b>This must match the syphilis record in the Strategy B case file.</b></i></p>
378	Y	P5_S1PREG_NETSS	<p>Pregnancy status for female syphilis cases</p> <p>1=Yes 2=No</p>

DE #	OMB	Data Element Name	Description/Response Coding
			9=Unknown
379	Y	P5_S1HIVSTAT_NETSS	Documented or self-reported HIV status at the time of event. P = HIV positive N = HIV negative E = Equivocal HIV test U = Unknown R = Refused to answer D = Did not ask
380	Y	P5_S1MSEX12_NETSS	Had sex with a male within past 12 months?  Y=Yes N=No R=Refused D=Did not ask
381	Y	P5_S1FSEX12_NETSS	Had sex with a female within past 12 months?  Y=Yes N=No R=Refused D=Did not ask
382	Y	P5_S1ANSEX12_NETSS	Had sex with an anonymous partner within past 12 months?  Y=Yes N=No R=Refused D=Did not ask
383	Y	P5_S1SXIDU12_NETSS	Had sex with an IVDU within past 12 months?  Y=Yes N=No R=Refused D=Did not ask
384	Y	P5_S1SXINTX12_NETSS	Had sex while intoxicated within past 12 months?  Y=Yes N=No R=Refused D=Did not ask
385	Y	P5_S1SXEX12_NETSS	Exchanged drugs/money for sex within past 12 months?

DE #	OMB	Data Element Name	Description/Response Coding
			Y=Yes N=No R=Refused D=Did not ask
386	Y	P5_S1SxFMSM12_NETSS	Had sex with MSM in last 12 months (females only)?  Y=Yes N=No R=Refused D=Did not ask
387	Y	P5_S1IVDU12_NETSS	Engaged in injection drug use in last 12 months?  Y=Yes N=No R=Refused D=Did not ask
388	Y	P5_S1Crack12_NETSS	Used crack last 12 months?  Y=Yes N=No R=Refused D=Did not ask
389	Y	P5_S1Coke12_NETSS	Used cocaine last 12 months?  Y=Yes N=No R=Refused D=Did not ask
390	Y	P5_S1Heroin12_NETSS	Used heroin last 12 months?  Y=Yes N=No R=Refused D=Did not ask
391	Y	P5_S1Meth12_NETSS	Used methamphetamine last 12 months?  Y=Yes N=No

DE #	OMB	Data Element Name	Description/Response Coding
			R=Refused D=Did not ask
932	Y	P5_S1Pops12_NETSS	Used poppers/nitrates last 12 months?  Y=Yes N=No R=Refused D=Did not ask
393	Y	P5_S1EDdru12_NETSS	Used ED drugs last 12 months?  Y=Yes N=No R=Refused D=Did not ask
394	Y	P5_S1OTHdru12_NETSS	Used other drugs last 12 months?  Y=Yes N=No R=Refused D=Did not ask
395	Y	P5_S1NOdru12_NETSS	No drug use reported last 12 months?  Y=Yes N=No R=Refused D=Did not ask
396	Y	P5_S1INCAR12_NETSS	Incarcerated in last 12 months?  Y=Yes N=No R=Refused D=Did not ask
397	Y	P5_S1STIlever_NETSS	Does the patient have a history of ever having had an STD prior to the condition reported in this case report?  Y=Yes N=No U=Unknown R=Refused

DE #	OMB	Data Element Name	Description/Response Coding
398	Y	P5_S1Sxlnet12_NETSS	<p>Did the patient use an online computer site to exchange messages by typing them onscreen to engage in conversation with other visitors to the site for the purpose of having sex?</p> <p>Y=Yes N=No R=Refused D=Did not ask</p>
399	Y	P5_S1TotSP12_NETSS	<p>Total number of sex partners last 12 months (###)</p> <p>888=Refused 999=Unknown</p>
400	Y	P5_S1LSNANUS_NETSS	<p>One or more lesion(s) indicative of syphilis were present in the anus or rectum.</p> <p>Y=Yes U=Default</p>
401	Y	P5_S1LSNPENIS_NETSS	<p>One or more lesion(s) indicative of syphilis were present on the penis.</p> <p>Y=Yes U=Default</p>
402	Y	P5_S1LSNSCRO_NETSS	<p>One or more lesion(s) indicative of syphilis were present on the scrotum.</p> <p>Y=Yes U=Default</p>
403	Y	P5_S1LSNVAGI_NETSS	<p>One or more lesion(s) indicative of syphilis were present on the vagina.</p> <p>Y=Yes U=Default</p>
404	Y	P5_S1LSNCERV_NETSS	<p>One or more lesion(s) indicative of syphilis were present on the cervix.</p> <p>Y=Yes U=Default</p>



DE #	OMB	Data Element Name	Description/Response Coding
405	Y	P5_S1LSNPHAR_NETSS	One or more lesion(s) indicative of syphilis were present in the nasopharynx.  Y=Yes U=Default
406	Y	P5_S1LSNORAL_NETSS	One or more lesion(s) indicative of syphilis were present in the mouth/oral cavity.  Y=Yes U=Default
407	Y	P5_S1LSNEYE_NETSS	One or more lesion(s) indicative of syphilis were present in the eye/conjunctiva.  Y=Yes U=Default
408	Y	P5_S1LSNHEAD_NETSS	One or more lesion(s) indicative of syphilis were present on the head.  Y=Yes U=Default
409	Y	P5_S1LSNTORS_NETSS	One or more lesion(s) indicative of syphilis were present on the torso.  Y=Yes U=Default
410	Y	P5_S1NEURO_NETSS	Does the patient have neurologic manifestations of syphilis? . = Missing 1=Yes, Verified 2=Yes, Likely 3=Yes, Possible 4=No 9=Unknown
411	Y	P5_S1OCULAR_NETSS	Does the patient have ocular manifestations of syphilis? . = Missing 1=Yes, Verified 2=Yes, Likely 3=Yes, Possible 4=No 9=Unknown

<b>DE #</b>	<b>OMB</b>	<b>Data Element Name</b>	<b>Description/Response Coding</b>
<b>412</b>	<b>Y</b>	<b>P5_S1OTIC_NETSS</b>	Does the patient have otic manifestations of syphilis? . = Missing 1=Yes, Verified 2=Yes, Likely 3=Yes, Possible 4=No 9=Unknown
<b>413</b>	<b>Y</b>	<b>P5_S1LATE_NETSS</b>	Does the patient have late clinical manifestations of syphilis? . = Missing 1=Yes, Verified 2=Yes, Likely 4=No 9=Unknown

<b>DE #</b>	<b>OMB</b>	<b>Data Element Name</b>	<b>Description/Response Coding</b>
<b>Strategy C (LGV Surveillance) Data Elements</b>			
<b>414</b>	<b>Y</b>	<b>LGV1_EventID</b>	Event ID from Facility Visit File
<b>415</b>	<b>Y</b>	<b>LGV1_PatientID</b>	Patient ID from Facility Visit File
<b>416</b>	<b>P</b>	<b>LGV1_SecimenID</b>	Specimen ID - locally assigned, unique specimen tracking ID