Form Approved
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Strengthening United States Response to Resistant Gonorrhea (SURRG)

Attachment 3B

SURRG Facility non-STD Clinic Data Elements

Data element	Description and Response Codes

CL_PATIENTID	SURRG records from interviews will be assigned (by the local or state health department) a unique patient identifier (patient ID). CDC will only receive the unique identifier and will not have the ability to back-convert the Patient ID or other event ID to a medical record number, name, social security number, or date of birth. (see SSA 9)
CL_EVENTID	This ID can be up to 18 characters in length. SURRG records from interviews will be assigned (by the local or state health department) a unique event identification number for each investigation. CDC will only receive the unique identifier and will not have the ability to back-convert the Patient ID or other event ID to a medical record number, name, social security number, or date of birth.
CL_STATE	**SURRG Project State code (using state FIPS code)** This 2-character code identifies the SURRG site state 06=California (CA) 08=Colorado (CO) 18=Indiana (IN) 36=New York (NY) 37=North Carolina (NC) 42=Pennsylvania (PA) 53=Washington (WA) 55=Wisconsin (WI) 99=Unknown
VISDATE	**Date of clinic visit (e.g. date of specimen collection) YYYYMMDD** This data element must not be 'null' or contain missing values
Facility_location	**Unique facility/clinic identifier** This ID is generated specifically for the SURRG activity and identifies the health center. A 3-character sentinel site code, hyphen, 2 digits (keep preceding 0 for single digits).
PTJURIS	Does the patient reside in the funded jurisdiction (typically the county funded for SURRG; CA – SURRG region; NYC – NYC) 0=No 1=Yes 9=Unknown (Use 9 if not collected)
GENDER (If non-STD sites can only capture sex, capture sex as gender)	**How do you describe your gender identity?** 1=Male 2=Female 3=Female-to-male transgender (FTM) 4=Male-to-female transgender (MTF) 5=Other gender identity 8=Refused to Answer 9=Unknown
SEXBIRTH	**What sex were you assigned at birth, on your original birth certificate?** 1=Male 2=Female 8=Refused to Answer 9=Unknown
PT_AGE	**How old is the patient?** (Age in years) Numeric If age is unknown or missing, use 99. [Calculated as visitdate-birthdate; do not round up]
HISP_ETH	Is the patient of Hispanic or Latino ethnicity?

	0=No 1=Yes 8=Refused to Answer 9=Unknown
AIAN	Does the patient identify as American Indian or Alaska Native? 0=No 1=Yes 8=Refused to Answer 9=Unknown
ASIAN	Does the patient identify as Asian? 0=No 1=Yes 8=Refused to Answer 9=Unknown
NHOPI	Does the patient identify as Native Hawaiian or Pacific Islander? 0=No 1=Yes 8=Refused to Answer 9=Unknown
BLACK	Does the patient identify as Black or African American? 0=No 1=Yes 8=Refused to Answer 9=Unknown
WHITE	Does the patient identify as white? 0=No 1=Yes 8=Refused to Answer 9=Unknown
MULTIRACE	Does the patient identify as multiracial? 0=No 1=Yes 8=Refused to Answer 9=Unknown
OTHRACE	Does the patient identify as another race not listed? 0=No 1=Yes 8=Refused to Answer 9=Unknown
GENDER_SP	Provider-documented gender of patient's sex partners? 1=Males only 2=Females only 3=Both Males and Females 9=Unknown
DATETX	Date of gonorrhea (GC) treatment YYYYMMDD
TRMT1	What is the patient's primary treatment for gonorrhea? 00=none 03=spectinomycin (Trobicin) 2 gm

	04=ceftriaxone (Rocephin) 250 mg 05=ceftriaxone (Rocephin) 125 mg 06=ciprofloxacin (Cipro) 500 mg 07=cefoxitin (Mefoxin) 2 gm 12=cefixime (Suprax) 400 mg 14=cefpodoxime proxetil (Vantin) 200 mg 15=ofloxacin (Floxin) 400 mg 17=ceftizoxime (Cefizox) 500 mg 18=cefotaxime (Claforan) 500 mg 21=azithromycin (Zithromax) 2 gm 22=levofloxacin (Levaquin) 250 mg 23=cefpodoxime proxetil (Vantin) 400 mg 24=ceftibuten (Cedax) 400 mg 25=cefdinir (Omnicef) 300 mg 26=cefdinir (Omnicef) 600 mg 27=gemifloxacin 320 mg 28=gentamicin 240 mg (or weight-based dosage) 29=ceftriaxone 500 mg 30=ceftriaxone 1000 mg 77=other (please indicate in Other Treatment 1) 99=unknown [If not treated, select 00]
MEDICATION1_OTH	If the patient received a medication other than what is listed above (and Medication 1 was coded as 77 for 'other'), please provide the name of the other medication. Free text description of the other medication Leave blank if not applicable
TRMT2	What (if any) second antimicrobial was used as part of dual therapy for gonorrhea treatment or treatment of chlamydia? 00=none 01=ampicillin/amoxicillin 09=doxycycline (Vibramycin) 100mg bid x 7days 11=azithromycin (Zithromax) 1 gm 21=azithromycin (Zithromax) 2 gm 77=other 99=unknown [If not treated for gonorrhea {TRMT1=00} or a second antimicrobial treatment was not given, choose 00=none]