Interview Record

Patient ID	Condition(s)	Neurological Involvement?	Case ID	Lot #	Interview Record ID
0110002681	1 720 / 2	C P X U	1 0100412008 / 2	028	A1342584

Patient Name: Cooke, Debra K.

Case ID: 0100412008

Lot #

Name

Cooke, Debra K.
Last Name | First Name | Middle Name

Debbie
Preferred Name / AKA

Sinclair
Maiden Name

Phone/Contact

(404) 213-8945
Home Phone

None
Work Phone

(770) 312-4689
Cellular Phone

None
Pager

DaCook@yahoo.com
E-Mail Address(es)

Darren Cooke
Emergency Contact Name

(404) 894-2319
Emergency Contact Phone

Husband
Emergency Contact Relationship

Address

415 Abrams Ave
Residence Street (Apt. #)

Stone Mountain
City

Ga — State
30088 — Zip
DeKalb — County
01 — District
46 — Country

Living With: Husband

Residence Type: H

Time At Address: 15 W M X

Time In State: 41 W M X

Time In Country: 41 W M X

Currently Institutionalized? Y X N U

Name of Institution _____

Institution Type _____

Demographics

03 / 18 / 1967
Date of Birth

Sex at Birth: M X

Current Gender: M X MTF FTM U R

Age: 0 4 1

Marital Status: S X Sep D W C U R

Hispanic/Latino? Y X U R

Race: AI/AN A B NH/PI X U R

English Speaking? X N U

Primary Language _____

Pregnancy

Pregnant at Exam? Y X U R — # Weeks

Pregnant at Interview? Y X U R — # Weeks

Currently in Prenatal Care? Y X U R

Pregnant in Last 12 Mos? Y X U R

Pregnancy Outcome: D S M A U

Condition 1 Reporting Information

Method of Case Detection: 2 0 — Other

OP Condition _____ — OP Case ID

Facility First Tested

02 — If Other, Describe

05 / 30 / 2008 — Laboratory Report Date

X N — Interviewed?

If not, why not? _____ — If Other, Describe

0 8 — Interview Period (mos.)

Place of Interview: C — If Other, Describe

PEMS Site ID

05 / 30 / 2008 — Date First Assigned for Interview

201 — DIS #

Date Reassigned for Interview

DIS #

05 / 30 / 2008 — Date Original Interview

201 — DIS #

Date First Re-Interview

DIS #

Date Case Closed

DIS #

200 — Supervisor #

Imported Case? X C S J D U

Import Location

Condition 2 Reporting Information

Method of Case Detection _____ — Other

OP Condition _____ — OP Case ID

Facility First Tested

If Other, Describe

Laboratory Report Date

Y N — Interviewed?

If not, why not? _____ — If Other, Describe

Interview Period (mos.)

Place of Interview: _____ — If Other, Describe

PEMS Site ID

Date First Assigned for Interview

DIS #

Date Reassigned for Interview

DIS #

Date Original Interview

DIS #

Date First Re-Interview

DIS #

Date Case Closed

DIS #

Supervisor #

Imported Case? N C S J D U

Import Location

Local Use: A B C D E F G H I J K L

Case ID 0100412008

RISK FACTORS

I. Sexual Behaviors	Within past 3 months	Within past 12 months
Sex is defined as having engaged in oral, anal or vaginal contact with partners.	Y - Yes N - No R - Refused to Answer D - Did not Ask	
Has the patient:	Y/N/R/D	Y/N/R/D
1. Had sex with a male?	Y	Y
2. Had sex with a female?	N	N
3. Had sex with an anonymous partner?	N	N
4. Had sex with a person known to him/her to be an IDU?	N	N
5. Had sex while intoxicated and/or high on drugs?	Y	Y
6. Exchanged drugs/money for sex?	N	N
7. **[Females only]** Had sex with a person who is known to her to be an MSM?	N	N

II. Drug Use Behaviors	Within past 3 months	Within past 12 months
	Y - Yes N - No R - Refused to Answer D - Did not Ask	
	Y/N/R/D	Y/N/R/D
8. Engaged in injection drug use?	N	N
9. During the past 12 months, which of the following injection or non-injection drugs have been used?		☐ Crack ☐ Cocaine ☐ Heroin ☐ None ☐ Methamphetamines ☐ Nitrates/Poppers ☐ Erectile dysfunction medications (e.g., Viagra) ☒ Other, specify: mariiuana

III. Other Risk Factors	Within past 3 months	Within past 12 months
	Y – Yes N – No R -- Refused to Answer D - Did not Ask	
	Y/N/R/D	Y/N/R/D
10. Been incarcerated?	N	N

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STD Testing

Date Collected	Provider	Test	Specimen Source	Qualitative Result	Quantitative Result
05/30/2008	DEKALB CO HD-STD	VDRL	13	[X] P N I U Q C	1: 32
05/30/2008	DEKALB CO HD-STD	FTA	13	[X] P N I U Q C	1:
/ /				P N I U Q C	1:
/ /				P N I U Q C	1:

HIV Testing

Tested for HIV at this event? [X] N U R Not Asked

Previously Tested for HIV? Y N U R Not Asked [X]

Date Collected	Provider	Test	Specimen Source	Qualitative Result	Provider Confirmed
05/30/2008	DEKALB CO HD-STD	EIA/WB	13	P [X] I U Q C	X
/ /				P N I U Q C	
/ /				P N I U Q C	

Signs and Symptoms

	Signs/ Symptoms	Earliest Observation Date	Anatomic Site	Clinician Observed?	Patient Described?	Duration (Days)
1.	B	05/07/2008	D	X	X	21
2.		/ /				
3.		/ /				

If Other, Please Describe:

STD History

Previous STD History? Y [X] U R

	Condition	Dx Date (mm/yyyy)	Rx Date (mm/yyyy)	Confirmed?
1.		/	/	
2.		/	/	
3.		/	/	

STD/HIV Treatment/Counseling

Treatment Date	Provider	Drug and Dosage
05/30/2008	DEKALB CO HD-STD	2.4 mu Biccillin
/ /		
/ /		

Treatment Comments:

Incidental Antibiotic Treatment in Last 12 Months? Y N U

Rx Date (mm/yyyy)	**Drug/Dosage/Duration**	**Condition**
/		
/		

Anti-Retroviral Therapy for Diagnosed HIV Infection? In Last 12 Months? Y [X] U R Ever? Y [X] U R

HIV Pre-Test Counseled at this event? [X] N U R

HIV Post-Test Counseled at this event? Y [X] U R

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Social History

Places Met Partners		Places Had Sex	
Type	Name	Type	Name
Did not ask		Did not ask	
Refused to answer		Refused to answer	

Partners in Last 12 Months

Female	Male	Transgender
0 0 0	0 0 1	0 0 0
Unknown U	Unknown U	Unknown U
Refused R	Refused R	Refused R

Interview Period Partners

	Condition 1	Unknown	Refused	Condition 2	Unknown	Refused
Female	0 0 0	U	R		U	R
Male	0 0 1	U	R		U	R
Transgender	0 0 0	U	R		U	R

Partner/Cluster Information

1

Last Name	First Name	AKA	Jurisdiction
Cooke	Darren	Dar-Baby	01

P/CL: P1 | First Exposure: 01/01/1993 | Freq.: 2xwk | Last Exposure: 05/15/2008 | Sex: [X] F T U R | Pregnant: Y [X] U R | Spouse: [X] N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	05/30/2008	06/02/2008	201	O	[X] 2 3	3456789D		/ /			
Condition 2	/ /	/ /			1 2 3			/ /			

2

Last Name	First Name	AKA	Jurisdiction

P/CL: | First Exposure: / / | Freq.: | Last Exposure: / / | Sex: M F T U R | Pregnant: Y N U R | Spouse: Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	/ /	/ /			1 2 3			/ /			
Condition 2	/ /	/ /			1 2 3			/ /			

3

Last Name	First Name	AKA	Jurisdiction

P/CL: | First Exposure: / / | Freq.: | Last Exposure: / / | Sex: M F T U R | Pregnant: Y N U R | Spouse: Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	/ /	/ /			1 2 3			/ /			
Condition 2	/ /	/ /			1 2 3			/ /			

4

Last Name	First Name	AKA	Jurisdiction

P/CL: | First Exposure: / / | Freq.: | Last Exposure: / / | Sex: M F T U R | Pregnant: Y N U R | Spouse: Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	/ /	/ /			1 2 3			/ /			
Condition 2	/ /	/ /			1 2 3			/ /			

5

Last Name	First Name	AKA	Jurisdiction

P/CL: | First Exposure: / / | Freq.: | Last Exposure: / / | Sex: M F T U R | Pregnant: Y N U R | Spouse: Y N U R

	Ix Date	Init. Date	Ix DIS #	Ix Type	Referral	FR#	Dispo	Dispo Date	Cond.	DIS #	SO/SP
Condition 1	/ /	/ /			1 2 3			/ /			
Condition 2	/ /	/ /			1 2 3			/ /			

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Marginal Partners

	Name	Sex	Age	Race	Height	Weight	Hair	Exposure	Locating Information
1									
2									
3									
4									
5									

Interview / Investigation Comments

Patient claims she can not be infected with an STD as she has only had sex with her husband. Additionally, she does not believe her husband is capable of cheating on her as he is a soft-spoken man.

Travel History and Internet Use

Claims not to have traveled within the last year and that she only uses the internet to pay bills and shop online.

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Investigation Plans & Supervisory Review

Date Submitted: 06/02/2008 **Initial Review Date:**

Date	DIS #	DIS Investigation Plans	Date	Sup #	Supervisory Comments
06/02/2008	201	Will RS (record search) both OP and her husband			
		Will also try to speak with husband before conduct-			
		ing re-interview of OP.			