APPENDIX C--THE CDC’s AIDS CASE REPORTING FORM (FIGURE)
**ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) ADULT CONFIDENTIAL CASE REPORT**

Patients 13 years of age at time of diagnosis

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**HEALTH DEPARTMENT USE ONLY**

**DATE FORM COMPLETED:**

<table>
<thead>
<tr>
<th>Mo.</th>
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**SOUNDEX CODE:**

1. [ ] New Report
2. [ ] Update

**REPORTING HEALTH DEPARTMENT:**

- State: 
- City: 
- County: 
- Patient No.: 
- City/County Patient No.: 

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**I. BASIC PATIENT INFORMATION**

**CDC PATIENT NUMBER:**

**DATE OF BIRTH:**

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**AGE AT DIAGNOSIS OF AIDS:**

- Years: 
- Alive: 
- Dead: 
- Unk.: 

**DATE OF DEATH:**

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**SEX:**

1. Male (M) 
2. Female (F)

**RACE/ETHNICITY:**

1. White (not Hispanic) 
2. Black (not Hispanic) 
3. Hispanic 
4. Asian/Pacific Islander 
5. American Indian/Alaskan Native 
6. Not Specified 
7. Other (specify): 

**COUNTRY OF BIRTH:**

1. U.S. 
2. U.S. Dependencies and Possessions (including Puerto Rico) 
3. Other (specify): 
4. Unknown

**RESIDENCE AT DIAGNOSIS OF AIDS:**

- City: 
- State: 
- County: 
- Zip Code: 

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**II. FACILITY OF DIAGNOSIS**

**FACILITY NAME:**

Cty.

- State/County: 

1. Outpatient (Clinic, Private Physician, HMO) 
2. Hospital, Inpatient 
3. Other (specify): 

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**III. SOURCE OF REPORT**

**SOURCE:**

1. Healthcare provider/on-site review 
2. Death certificate review 
3. HIV report follow-up 
4. Alternate database (specify): 

8. Other (specify): 

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**IV. PATIENT HISTORY**

AFTER 1977 AND PRECEDING THE DIAGNOSIS OF HIV INFECTION OR AIDS THIS PATIENT HAD:

- Respond to All Categories
- Yes No
- Sex with male 
- Sex with female 
- Injected nonprescription drugs 
- Received clotting factor for coagulation disorder 
  - Specify disorder: 
    1. Factor VIII (Hemophilia A) 
    2. Factor IX (Hemophilia B) 
    3. Other (specify): 
- Heterosexual relations with: 
  - Intravenous/injection drug user 
  - Bisexual male 
  - Person with hemophilia/coagulation disorder 
  - Transfusion recipient with HIV infection 
  - Person with HIV/AIDS infection, risk not specified 
  - Person born in a country where heterosexual transmission predominates 
  - (specify country): 
- Received transfusion of blood/blood components (other than clotting factor) 
- Received transplant of tissue organs or artificial insemination 
- Worked in a health-care or clinical laboratory setting 
  - (specify occupation): 
- AIDS ADULT CONFIDENTIAL CASE REPORT
## V. SELECTED DISEASES (check all that apply)

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</thead>
<tbody>
<tr>
<td>Candidiasis, bronchi, trachea, or lungs</td>
<td>1</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td>1</td>
<td>NA</td>
<td></td>
<td></td>
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<tr>
<td>Candidiasis, esophageal</td>
<td>1</td>
<td>NA</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>NA</td>
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<tr>
<td>Coccosidormycosis, disseminated or extrapulmonary</td>
<td>1</td>
<td>NA</td>
<td>1</td>
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<td></td>
<td></td>
<td>1</td>
<td>NA</td>
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<tr>
<td>Cryptococcosis, extrapulmonary</td>
<td>1</td>
<td>NA</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>NA</td>
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<td>Cryptosporidiosis, chronic intestinal (±1 mo. duration)</td>
<td>1</td>
<td>NA</td>
<td>1</td>
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<td></td>
<td></td>
<td>1</td>
<td>NA</td>
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<td>Cytomegalovirus disease (other than in liver, spleen, or nodes)</td>
<td>1</td>
<td>NA</td>
<td>1</td>
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<td>Cytomegalovirus retinitis (with loss of vision)</td>
<td>1</td>
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<td>1</td>
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<td>HIV encephalopathy</td>
<td>1</td>
<td>NA</td>
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<td>1</td>
<td>NA</td>
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<td>Herpes simplex: chronic ulcer(s) (±1 mo. duration); or bronchitis, pneumonias or esophagitis</td>
<td>1</td>
<td>NA</td>
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<td>1</td>
<td>NA</td>
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<tr>
<td>Histoplasmosis, disseminated or extrapulmonary</td>
<td>1</td>
<td>NA</td>
<td>1</td>
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<td>1</td>
<td>NA</td>
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<tr>
<td>Isosporiasis, chronic intestinal (±1 mo. duration)</td>
<td>1</td>
<td>NA</td>
<td>1</td>
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<td></td>
<td>1</td>
<td>NA</td>
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<tr>
<td>Kaposi's sarcoma</td>
<td>1</td>
<td>2</td>
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<td>2</td>
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- Def. = definitive diagnosis
- Pres. = presumptive diagnosis

Has patient been diagnosed with pulmonary tuberculosis? .................................. [ ] Yes [ ] No [ ] Unk.

## VI. LABORATORY DATA

### I. HIV TESTS (If more than one positive test, indicate date of _first_ positive test.)

- **HIV-1 SERUM ANTIBODY TESTS:**
  - EIA .......................................................... [ ] Reactive [ ] Non-reactive [ ] Inconclusive [ ] Not Done
  - Western blot/immunofluorescence assay ........................................... [ ] Reactive [ ] Non-reactive [ ] Inconclusive [ ] Not Done

- **OTHER HIV-1 TEST:** ......................................................... [ ] Reactive [ ] Non-reactive [ ] Inconclusive [ ] Not Done
  - (Specify):

- **HIV-2 SERUM ANTIBODY TESTS:**
  - EIA .......................................................... [ ] Reactive [ ] Non-reactive [ ] Inconclusive [ ] Not Done

If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition? ........................................ [ ] Yes [ ] No [ ] Unk.

### II. IMMUNOLOGIC LAB TESTS (If more than one test, indicate lowest available test.)

- **T HELPER (CD4+) LYMPHOCYTE COUNT:**
  - Absolute number/mm³ ............................................. [ ] cells/mm³
  - Percent ..................................................................... [ ] %

TEST DATE

- Mo.         | Yr.
- [ ]         |     
- [ ]         |     
- [ ]         |     

## VII. COMMENTS

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