APPENDIX C--THE CDC's AIDS CASE REPORTING FORM (FIGURE)

Patient's Name: _____ Phone No.: ( ) _____
(Last, First, M.I.)

Address: _____ City: _____ County: _____

– DETACH HERE – – Patient identifier information is not transmitted to CD

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)
ADULT CONFIDENTIAL CASE REPORT
(Patients ≥ 13 years of age at time of diagnosis)

Form Approv
OMB No. 092
Exp. 11/30/92

HEALTH DEPARTMENT USE ONLY

DATE FORM COMPLETED: Mo. Day Yr. ☐☐ ☐☐ ☐☐

SOUNDEX CODE: ☐☐☐☐

REPORT STATUS: [1] New Report [2] Update

REPORTING HEALTH DEPARTMENT: State: _____ City/ County: _____

State Patient No.: ☐☐☐☐☐☐☐☐☐☐

City/County Patient No.: ☐☐☐☐☐☐☐☐☐☐

I. BASIC PATIENT INFORMATION

CDC PATIENT NUMBER: ☐☐☐☐☐☐☐

DATE OF BIRTH: Mo. Day Yr. ☐☐ ☐☐ ☐☐

AGE AT DIAGNOSIS OF AIDS: ☐☐ Years

CURRENT STATUS: Alive [1] Dead [2] Unk. [9]

DATE OF DEATH: Mo. Day Yr. ☐☐ ☐☐ ☐☐

STATE OF DEATH: ☐☐

SEX: [1] Ma [2] Fe

RACE/ETHNICITY:
[1] White (not Hispanic) [2] Black (not Hispanic) [3] Hispanic
[4] Asian/Pacific Islander [5] American Indian/ Alaskan Native [9] Not Specified

COUNTR ' OF BIRTH:
[1] U.S. [2] U.S. Dependencies and Possessions (including Puerto Rico)
(specify): _____
[8] Other (specify): _____ [9] Unknown

RESIDENCE AT DIAGNOSIS OF AIDS:
City: _____ County: _____ State/ Country: _____ Zip Code: ☐☐☐☐☐☐☐☐☐

II. FACILITY OF DIAGNOSIS

FACILITY NAME: _____

City _____

State/ Country: _____

[1] Outpatient (Clinic, Private Physician, HMO)
[2] Hospital, Inpatient
[8] Other (specify): _____

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): _____

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	[1]	[0]
• Sex with female	[1]	[0]
• Injected nonprescription drugs	[1]	[0]
• Received clotting factor for coagulation disorder	[1]	[0]
• Specify disorder: [1] Factor VIII (Hemophilia A) [2] Factor IX (Hemophilia B) [8] Other (specify): _____		
• Heterosexual relations with:		
• Intravenous/injection drug user	[1]	[0]
• Bisexual male	[1]	[0]
• Person with hemophilia/coagulation disorder	[1]	[0]
• Transfusion recipient with HIV infection	[1]	[0]
• Person with HIV/AIDS infection, risk not specified	[1]	[0]
• Person born in a country where heterosexual transmission predominates	[1]	[0]
(specify country): _____		
• Received transfusion of blood/blood components (other than clotting factor)	[1]	[0]
First Mo. ☐☐ Yr. ☐☐ Last Mo. ☐☐ Yr. ☐☐		
• Received transplant of tissue/organs or artificial insemination	[1]	[0]
• Worked in a health-care or clinical laboratory setting	[1]	[0]
(specify occupation): _____		

Physician"s Name: _____ Phone No.: ( ) _____

Hospital/Facility: _____ Med Rec. No.: _____

Person completing form: _____ Phone No.: ( ) _____

ETACH HERE – – Patient identifier information is not transmitted to CDC –

V. SELECTED DISEASES *(check all that apply)*

AIDS INDICATOR DISEASE	Initial Diagnosis Def.	Initial Diagnosis Pres.	Initial Date Mo.	Initial Date Yr.
Candidiasis, bronchi, trachea, or lungs	1	NA		
Candidiasis, esophageal	1	2		
Coccidioidomycosis, disseminated or extrapulmonary	1	NA		
Cryptococcosis, extrapulmonary	1	NA		
Cryptosporidiosis, chronic intestinal (>1 mo. duration)	1	NA		
Cytomegalovirus disease (other than in liver, spleen, or nodes)	1	NA		
Cytomegalovirus retinitis (with loss of vision)	1	2		
HIV encephalopathy	1	NA		
Herpes simplex: chronic ulcer(s) (>1 mo. duration); or bronchitis, pneumonitis or esophagitis	1	NA		
Histoplasmosis, disseminated or extrapulmonary	1	NA		
Isosporiasis, chronic intestinal (>1 mo. duration)	1	NA		
Kaposi's sarcoma	1	2		
Lymphoma, Burkitt's (or equivalent term)	1	NA		
Lymphoma, immunoblastic (or equivalent term)	1	NA		
Lymphoma, primary in brain	1	NA		
Mycobacterium avium complex or *M.kansasii*, disseminated or extrapulmonary	1	2		
M. tuberculosis, disseminated or extrapulmonary	1	2		
Mycobacterium, of other species or unidentified species, disseminated or extrapulmonary	1	2		
Pneumocystis carinii pneumonia	1	2		
Progressive multifocal leukoencephalopathy	1	NA		
Salmonella septicemia, recurrent	1	NA		
Toxoplasmosis of brain	1	2		
Wasting syndrome due to HIV	1	NA		

Def. = definitive diagnosis Pres. = presumptive diagnosis

Has patient been diagnosed with pulmonary tuberculosis? ..... 1 Yes 2 No 9 Unk. DATE: Mo. Yr.

VI. LABORATORY DATA

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

	Reactive	Non-reactive	Inconclusive	Not Done	TEST DATE Mo.	TEST DATE Yr.
▸ HIV-1 SERUM ANTIBODY TESTS:						
• EIA	1	0	–	9		
• Western blot/immunofluorescence assay	1	0	8	9		
▸ OTHER HIV- 1 TEST:	1	0	8	9		
(specify): _____						
▸ HIV-2 SERUM ANTIBODY TESTS:						
• EIA	1	0	–	9		

J. 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 1 No 2 Unk. 9

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

	TEST DATE Mo.	TEST DATE Yr.
▸ T HELPER (CD4+) LYMPHOCYTE COUNT:		
• Absolute number/mm^3	,___ cells/mm^3	
• Percent	%	

VII. COMMENTS

_____

_____

_____