

## Investigation form for Gonococcal infection

This form is filled in coordination with the treating physician.  
The name of the patient is not recorded in the form.  
The form is filled in case of alert/outbreak of Gonococcal infection

### A Investigator

Investigator name	Setting	Date of investigation	Case ESU ID
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### B Patient demography

Age (year)	Gender	Nationality	Caza of residence
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### C Disease and diagnostic circumstances

<p>► Reason for testing:</p> <p><input type="checkbox"/> Symptoms:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Urethritis</li> <li><input type="checkbox"/> Epididymitis</li> <li><input type="checkbox"/> Proctitis</li> <li><input type="checkbox"/> Cervicitis</li> <li><input type="checkbox"/> Bartholinitis</li> <li><input type="checkbox"/> Pelvic inflammatory disease</li> <li><input type="checkbox"/> Vulvovaginitis</li> <li><input type="checkbox"/> Pharyngitis</li> <li><input type="checkbox"/> Arthritis</li> <li><input type="checkbox"/> Dermatitis</li> <li><input type="checkbox"/> Endocarditis</li> <li><input type="checkbox"/> Meningitis</li> <li><input type="checkbox"/> Conjunctivitis of newborn</li> <li><input type="checkbox"/> Other, specify:</li> </ul>	<p><input type="checkbox"/> Screening:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient with reported risk factors</li> <li><input type="checkbox"/> Contact tracing</li> <li><input type="checkbox"/> Patient with no risk factors</li> <li><input type="checkbox"/> Blood donor screening</li> <li><input type="checkbox"/> Pre-medical / surgical screening</li> <li><input type="checkbox"/> Prenuptial screening</li> <li><input type="checkbox"/> Prenatal screening</li> <li><input type="checkbox"/> Immigration screening</li> <li><input type="checkbox"/> Other, specify:</li> </ul>
<p>► Dates:</p> <p>Year of first symptoms: _____</p> <p>Year of first diagnosis: _____</p>	
<p>► Other STD infections:</p> <ul style="list-style-type: none"> <li style="width: 50%;"><input type="checkbox"/> Viral hepatitis B</li> <li style="width: 50%;"><input type="checkbox"/> Syphilis</li> <li style="width: 50%;"><input type="checkbox"/> Viral hepatitis C</li> <li style="width: 50%;"><input type="checkbox"/> Chlamydia</li> <li style="width: 50%;"><input type="checkbox"/> Viral hepatitis D</li> <li style="width: 50%;"><input type="checkbox"/> HIV</li> </ul>	

### D Congenital syphilis

▶ Mother status: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic, specify form: <input type="checkbox"/> Unknown	▶ Was the mother known to be infected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
▶ Did the mother have prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	▶ Did the mother have specific treatment for gonococcie? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
▶ Clinical presentation of the child: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Purulent discharge <input type="checkbox"/> Perforation <input type="checkbox"/> Other, specify:	

### E Laboratory testing

Gono	Specimen	Date collection	Test	Result	Notes
	<input type="checkbox"/> Urethral				
	<input type="checkbox"/> Urine				
	<input type="checkbox"/> Cervical				
	<input type="checkbox"/> Vaginal				
	<input type="checkbox"/> Rectal				
	<input type="checkbox"/> Ororopharyngeal				
	<input type="checkbox"/> Conjunctiva				
	<input type="checkbox"/> Sterile body fluids				
	<input type="checkbox"/> Other, specify				

### F General risk factors

Area	Factor	No	Yes	Specify
Professional	Health care professional	<input type="checkbox"/>	<input type="checkbox"/>	Profession:
	Contact with blood	<input type="checkbox"/>	<input type="checkbox"/>	
	Blood exposure injury	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Blood exposure professions	<input type="checkbox"/>	<input type="checkbox"/>	
Health care	Admitted to hospitals	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Had surgery	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Had dialysis	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Received blood products	<input type="checkbox"/>	<input type="checkbox"/>	Nb times:
	Received blood derived products	<input type="checkbox"/>	<input type="checkbox"/>	Products:
	Had transplantation	<input type="checkbox"/>	<input type="checkbox"/>	Organ:
	Dental care	<input type="checkbox"/>	<input type="checkbox"/>	
Household	Sharing toothbrushes	<input type="checkbox"/>	<input type="checkbox"/>	Frequency:
	Sharing “rasoirs”	<input type="checkbox"/>	<input type="checkbox"/>	Frequency:
	Sharing personal items	<input type="checkbox"/>	<input type="checkbox"/>	What:
Other	Participated in invasive religious rituals	<input type="checkbox"/>	<input type="checkbox"/>	
	Tatoos	<input type="checkbox"/>	<input type="checkbox"/>	
	Body piercing	<input type="checkbox"/>	<input type="checkbox"/>	

### G Confidential risk factors

Area	Factor	No	Yes	Specify
<b>Drugs</b>				
	Injecting drugs	<input type="checkbox"/>	<input type="checkbox"/>	
	Sharing needles	<input type="checkbox"/>	<input type="checkbox"/>	
	Invasive inhalation	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Prison</b>				
	Incarcerated	<input type="checkbox"/>	<input type="checkbox"/>	
<b>STD</b>				
	STD: VHB, VHC, VHD, HIV, syphilis ...	<input type="checkbox"/>	<input type="checkbox"/>	What:
	Contact with a person with STD: home	<input type="checkbox"/>	<input type="checkbox"/>	
	Contact with a person with STD: sex	<input type="checkbox"/>	<input type="checkbox"/>	
	Contact with a person with STD: other	<input type="checkbox"/>	<input type="checkbox"/>	Specify:
<b>Sexual risk</b>				
	Male partners	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Female partners	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Sexual workers	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Protective behavior	<input type="checkbox"/>	<input type="checkbox"/>	

### H Partners protection

Specify number

	Identified	Screened	Positive	Treated
Regular				
Casual				
Sex workers				
Other:				

### I. Notes