

4. Ethnic group:

- White
- Black Caribbean
- Black African
- Black other
- Hispanic
- Arabic
- Indian
- Pakistani
- Bangladeshi
- Chinese/SE Asian
- Other
- Not documented

5. Risk group:

- Heterosexual
- Homosexual/bisexual
- Not documented

6. Reason for test (tick as many as apply):

- Symptoms
- Based on sexual history
- Routine screen/asymptomatic patient requesting check-up
- Contact of partner diagnosed with Chlamydia
- Medico-legal case
- Not documented

7. Presenting features (tick as many as apply):

- Asymptomatic
- Urethral discharge
- Dysuria
- Post coital or intermenstrual bleeding
- Lower abdominal pain
- Vaginal discharge
- Mucopurulent cervicitis and/or contact bleeding
- Rectal symptoms
- Pharyngeal infection symptoms
- Chlamydial conjunctivitis
- Complications of chlamydia
- <i>specify</i> _____
- Other
- <i>specify</i> _____
- Not documented

8. Diagnosis: please tick all test(s) used for each sample/site tested:

	NAAT: (PCR/SDA/	EIA	DFA	Tissue culture	Other	specify:	None	Not documented
--	--------------------	-----	-----	-------------------	-------	----------	------	-------------------

	TMA Aptima gene probe)							
Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urethra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vulvo- vaginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rectum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Was the index patient tested for:

	Yes	No	Not appropriate	Not documented	Offered but declined, or await window period
Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital examination performed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Treatment given:

	1st line	2nd line
Doxycycline 100mg bd for 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Azithromycin 1gm stat orally single dose	<input type="checkbox"/>	<input type="checkbox"/>
Erythromycin 500mg bd for 10-14 days	<input type="checkbox"/>	<input type="checkbox"/>

Erythromycin 500mg four times a day for 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Amoxicillin 500mg three times a day for 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Ofloxacin 200mg bd for 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Ofloxacin 400mg od for 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Deteclo 1 tab bd for 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Oxytetracycline 500mg bd for 10 days	<input type="checkbox"/>	<input type="checkbox"/>
Not documented	<input type="checkbox"/>	<input type="checkbox"/>

11. Other treatments for uncomplicated chlamydial infection:

Please specify drug, dose and duration: _____

12. Treatments for pelvic infection or epididymitis:

Please specify drug, dose and duration: _____

13. Other treatment (not for uncomplicated chlamydia, pelvic infection or epididymitis):

Please specify drug, dose and duration: _____

14. When was the index patient treated (tick as many as apply)?

Index patient was previously treated
at this Centre (as treatment for NSU)

Index patient was treated at the time
when the chlamydia swab was taken

Index patient was treated after the
date when the chlamydia swab was taken

Index patient was treated at the final
attendance in this episode

Index patient was not treated, and
was recalled but failed to attend for treatment

Not documented when index was
treated

Not known when index was treated

15. Was the index patient:

	Yes	No	Not applicable	Not documented
Advised to abstain from sexual intercourse until the treatment of him/her and any partners was completed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If given azithromycin 1g stat, advised to abstain from sexual intercourse for one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

week after treatment?				
Given advice/information about chlamydial infection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Given a leaflet about chlamydia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. FOLLOW-UP OF INDEX PATIENT

16.1 Was the patient followed-up (tick as many as apply) ?

- Yes, at the clinic (please give date below)
- Yes, by telephone or text (please give date below)
- Yes, elsewhere (please give date below)
- No
- Not documented
- Not known

16.2 Date of follow-up - please enter _____ in dd/mm/yyyy format or click on calendar icon and select, if known:

16.3 If not followed-up, was the patient recalled?

- Yes but did not attend
- Not recalled
- Not documented
- Not known why the patient was not followed-up
- Not applicable - was followed-up

16.4 If the patient was followed-up:

	Yes	No	Not applicable	Not documented	Not known
Had partner notification been carried out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was health education discussed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had the patient adhered to the treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had the patient abstained from sexual intercourse until the treatment of the patient and partners was completed (or until one week after treatment with azithromycin 1g stat)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Had any symptoms resolved?

- Yes
- No
- Asymptomatic at screen
- Not applicable
- Not documented

18. Test of cure (if pregnant, or non-adherence to regimen)

If the patient was pregnant, or non-adherent to the treatment regimen, or symptomatic at follow-up, or had sexual intercourse with an untreated partner, was a test of cure performed at least 5 weeks after completion of treatment (6 weeks after azithromycin treatment)?

- Yes
- No
- Performed at another time, <i>state when:</i>

-
- Failed to return
 - Not documented
 - Not applicable
 - Not known

19. Management of non-adherence, symptoms at follow-up If the patient was non-adherent to the treatment, or was still symptomatic or had sexual intercourse with an untreated partner, was the patient retreated?

- Yes
- No
- Failed to return
- Not documented
- Not applicable
- Not known

C. PARTNER NOTIFICATION

20.1 Partner notification:

	Yes	Index declined to discuss	No	Not applicable	Not documented	Not known
Was the index patient advised about partner notification by a Health Adviser or other suitably trained health professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If YES:

	Yes	No	Not applicable
20.2 Was the method of partner notification documented?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.3 Was the outcome of partner notification documented?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. PARTNERS

	Number of partners
21.1 If index patient was symptomatic at presentation, record the number of reported sexual partners in the four weeks preceding the patient's presentation	_____
21.2 If the index patient was asymptomatic at presentation, record the number of reported sexual partners in the 6 months preceding the patient's presentation.	_____

Contacts traced:

	As reported by index patient:	As verified by a healthcare worker:
Number of partners known to have tested negative for chlamydia:	22.1 _____	22.2 _____
Number of partners known to have tested positive for chlamydia:	22.3 _____	22.4 _____
Number of partners known to have been treated for chlamydia:	22.5 _____	22.6 _____

Please click the "Submit form" button - your data is not saved until you do so. If your data is accepted you will receive a thank you message. If you do not receive this message please check your form for errors highlighted in red.