A case was a person with chlamydial infection with any one of the following diagnostic codes: KC6O codes C4a or C4b, ISD(D5) codes C41A or C41B or C41R, and who was diagnosed with chlamydia at your Centre from 02 Jan 2007 to 31 March 2007 inclusively.

Please provide data on up to the first 30 consecutive cases seen during this interval. If there are less than thirty cases, please provide data on all cases seen. Please exclude cases whose positive chlamydial tests did not originate in your Centre.

Please note: (a) The index patient is the case being audited. (b) Statements or questions relating to symptoms refer to symptoms that could be attributable to chlamydial infection.

* Note: The red asterixes after questions mean that an answer is required – please use the ‘Not documented/Not known options if necessary. The Not known option should be used when the answer could not be known (e.g. in the case of a patient who did not return to the clinic).

Please select your region from the menu below. A new menu will then appear, and please select your clinic from that.

Region: __________________________________________________________________________

Clinic: __________________________________________________________________________

Please give here the form number you link to the patient’s clinic ID number on your record sheet:

___________________________________________________________________________________

A. INDEX PATIENT

1. Date of presentation (must be between 02 Jan 2007 and 31 March 2007 inclusive):

Enter date in dd/mm/yyyy format or click on calendar icon and then select date:

___________________________________________________________________________________

2. Gender:

   Male O
   Transgender O
   Not documented O
   Female O
   Tick if pregnant: [ ]

3. Age group:

   <16 O
   16-18 O
   19-24 O
   25-34 O
   35-44 O
   45-54 O
   55-64 O
   65 and over O
   Not documented O
4. Ethnic group:

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

5. Risk group:

- Heterosexual O
- Homosexual/bisexual O
- Not documented O

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 [ ]
- Other [ ]
- Specify [ ]
- Not documented [ ]

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

<table>
<thead>
<tr>
<th>NAAT: (PCR/SDA)</th>
<th>EIA</th>
<th>DFA</th>
<th>Tissue culture</th>
<th>Other</th>
<th>specify:</th>
<th>None</th>
<th>Not documented</th>
</tr>
</thead>
</table>

BASHHCHLAMYDIA_PATIENT Generated on 01/11/2007 14:38:24
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not appropriate</th>
<th>Not documented</th>
<th>Offered but declined, or await window period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>HIV</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other STIs</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Genital examination</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>performed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Was the index patient tested for:

<table>
<thead>
<tr>
<th></th>
<th>1st line</th>
<th>2nd line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doxycycline 100mg bd for 7 days</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Azithromycin 1gm stat orally single dose</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Erythromycin 500mg bd for 10-14 days</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
Erythromycin 500mg four times a day for 7 days
Amoxicillin 500mg three times a day for 7 days
Ofloxacin 200mg bd for 7 days
Ofloxacin 400mg od for 7 days
Deteclo 1 tab bd for 7 days
Oxytetracycline 500mg bd for 10 days
Not documented

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:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not applicable</th>
<th>Not documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advised to abstain from sexual intercourse until the treatment of him/her and any partners was completed?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>If given azithromycin 1g stat, advised to abstain from sexual intercourse for one</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

BASHHCHLAMYDIA_PATIENT Generated on 01/11/2007 14:38:24
**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 O
- Not recalled O
- Not documented O
- Not known why the patient was not followed-up O
- Not applicable - was followed-up O

16.4 If the patient was followed-up:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not applicable</th>
<th>Not documented</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had partner notification been carried out?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Was health education discussed?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Had the patient adhered to the treatment?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>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)?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

17. Had any symptoms resolved?

BASHHCHLAMYDIA_PATIENT Generated on 01/11/2007 14:38:24
Yes  O
No   O
Asymptomatic at screen  O
Not applicable  O
Not documented  O

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

Failed to return  O
Not documented  O
Not applicable  O
Not known  O

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  O
No   O
Failed to return  O
Not documented  O
Not applicable  O
Not known  O

C. PARTNER NOTIFICATION
20.1 Partner notification:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Index declined to discuss</th>
<th>No</th>
<th>Not applicable</th>
<th>Not documented</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the index patient advised about partner notification by a Health Adviser or other suitably trained health professional?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

If YES:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.2 Was the method of partner notification documented?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>20.3 Was the outcome of partner notification documented?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
D. PARTNERS

<table>
<thead>
<tr>
<th>Number of partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.1 If index patient was symptomatic at presentation, record the number of</td>
</tr>
<tr>
<td>reported sexual partners in the four weeks preceding the patient’s presentation.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>21.2 If the index patient was asymptomatic at presentation, record the number of</td>
</tr>
<tr>
<td>reported sexual partners in the 6 months preceding the patient’s presentation.</td>
</tr>
</tbody>
</table>

Contacts traced:

<table>
<thead>
<tr>
<th>Number of partners known to have tested negative for chlamydia:</th>
<th>As reported by index patient:</th>
<th>As verified by a healthcare worker:</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.1</td>
<td>22.2</td>
<td></td>
</tr>
<tr>
<td>Number of partners known to have tested positive for chlamydia:</td>
<td>22.3</td>
<td>22.4</td>
</tr>
<tr>
<td>Number of partners known to have been treated for chlamydia:</td>
<td>22.5</td>
<td>22.6</td>
</tr>
</tbody>
</table>

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.