

Additional HIV/AIDS Data Form

For AIDS Case

Residence At Diagnosis of HIV *(if different from residence at diagnosis of AIDS)*

Address: _____
 City: _____ County: _____ State/Country: _____ Zip Code:

Facility/Provider of HIV Diagnosis *(if different from facility/provider of AIDS diagnosis)*

Facility Name: _____ Provider Name: _____
 City: _____ County: _____ State/Country: _____ Zip Code:

Facility Setting: Public Private Federal Unknown
 Facility Type: Physician, HMO Hospital, Inpatient Other (specify): _____

For HIV/AIDS Case

Marital Status

Married Divorced Married & sepated Single and never married
 Widowed Unknown Not specified

Current Gender

Male Female Male to Female Female to Male Intersexed

Asian/Pacific Islanders *(Please mark ALL the appropriate boxes with X):*

ASIANS:

- 01 Japanese
- 02 Filipino
- 03 Chinese
- 06 Korean
- 17 Vietnamese
- 18 Laotian
- 19 Thai
- 20 Cambodian
- 21 Indonesian
- 22 Asian Indian
- 23 Other Asian
- 24 Pakistani
- 25 Malaysian

HAWAIIAN / PACIFIC ISLANDERS:

- 04 Hawaiian
- 07 Samoan
- 08 Guamanian
- 09 Tongan
- 10 Fijian
- 11 Marshallese
- 12 Micronesian
- 13 Tahitian
- 14 Northern Mariana
- 15 Palauan
- 16 Other Pac. Islander
- 26 Polynesian