## Attachment 2d

Non-response Data Collection Form for Medical Monitoring Project (MMP)

# Non-Response Data Collection Form for Medical Monitoring Project (MMP)

### **VERSION 1**

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0011). Do not send the completed form to this address.

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

HITTHE WAND

Public Health Service Centers for Disease Control and Prevention Atlanta, GA 30333



#### **MMP Non-response Data Collection Form**

Instructions: Collect this information for all selected patients, who do not participate in the MMP interview. Obtain these data via HARS data extraction, from the facility, or from the patient during MMP recruitment. If possible, this information should also be obtained for all eligible patients seen during the PDP at each sampled facility, either via HARS data extraction or from each facility at the time the PDP patient list is provided.

Participant ID:	Site ID	Facility	ID I	—— — Respon	– dent ID		
Date Form Completed:	/	/		y	y	y	y
Data Sources: 1 HA		3 Facility	– after p	atient s	elected	4	oatient list Patient
Date of Birth:	/	/ m d		y	y	y	y
First positive HIV antibody test:	Age: _	Date		_ / m			у
First AIDS diagnosis: A	ge:	Date:	/			у	у
Sex:	1 Male	2	Female				
Ethnicity: (select one)	1 Hispanic 9 Unknown	2	Not Hisp	oanic/La	atino		
Race: (select all that apply)	1 American 2 Black or A 3 Asian 4 Native Ha	African Ameri	can	: Island	er		White Unknown

Country of Birth:	<ul><li>1 US</li><li>2 US Dependencies and</li><li>8 Other (specify):</li></ul>		•	_	rto Rico)		
Mode of HIV Exposure		Yes			Unknown		
	nale			No 0	9		
	emale			0	9		
	onprescription drugs			0	9		
Received clotting factor				0	9		
Received clotting factor				0	9		
Bisexual male 1				0	9		
Person with hemophilia/coagulation disorder 1				0	9		
Transfusion recipient with documented HIV 1				0	9		
Transplant recipient with documented HIV 1 Person with AIDS or documented HIV,					9		
risk not specified					9		
components (other than clotting factor) 1 Received transplant of tissue/organs or				0	9		
ar	tificial insemination	1	L	0	9		
lal	ooratory setting	1	_	0	9		
First CD4 Test:							
Count:, Date: /							
y y	<u> </u>		m		y y		
	ercent:	Date: _		/			
				_ ·			
y y					<i>y</i>		
Insurance (medica	l treatment <u>primarily</u> reimbursed b	y):					
	3 No coverage 4	2 Private insurance/HMO 4 Other public funding 9 Unknown ogram					