Attachment 3a MMP Medical Record Abstraction Medical History Form Medical Monitoring Project (MMP) Medical Record Abstraction Form 2012 Medical History Form (MHF) VERSION 7.1.0

						OPTIC	NAL- FO	OR LOC	AL USE C	NLY												
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Medical record number:	1	1 1	I		I	1	1	1					I	Ι	1	I	1	I	I	I	I	
Patient name:		1 1	1	1	1	1	1	<u> </u>	I	1	I	1	I	I	I	1	I	1			I	
Patient residence:																						
Street:	1 1	I	I	I			1		I	I	I	I	1	I	1	I	I	1	1	1	1	I
City/County:]	State	:		
ZIP code:	1 1	-																				
Physician name:	1 1		I			1		ī			1							1	i			





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DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control &

Medical Monitoring Project (MMP)
 Medical Record Abstraction Form
 2012 Medical History Form (MHF) v7.1.0



I. ABSTRACTION AND IDENTIFICATION						
MMP Participant ID:						
Surveillance Period (SP)						
SP start date: //// Mo. Day Ver						
(12 months prior to date of interview OR 1 st (date of interview OR 1 st contact attempt if no interview obtained) (date of interview obtained)						
Medical History Period (MHP)						
MHP start date: / / / (date of first HIV care (at <u>any</u> facility) documented in this medical record)						
First visit to this facility: / / / (date of first <i>available</i> visit to this facility for HIV care)						
MHP end date: // // (day before the SP start date)						
OR						
No documented care in medical records prior to SP start date Complete sections I, II, and IX (documentation of the first positive HIV test result)						
Abstraction Facility ID: (ID of the facility where abstraction is being conducted) (ID of the facility where abstraction is being conducted)						
Date of abstraction:						
II. PATIENT DEMOGRAPHICS						
Date of birth: / / / Date not documented						
If date of birth is not documented, enter documented age:						
Enter date of this documented age:						
O Age not documented Mo. Year						
Most recent height (ft/in) prior to the SP start date:						
Enter date of this documented height:						
O Height not documented						
Sex at birth:MaleNot documented						
(select one) Female						
Gender: Male Male to female Not documented						

OMB 0920-0740 - Medical History Form - 11/2011

(select one)	
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	II. PATIENT DEMO	GRAPHICS con	nt'd				
Hispanic or Latino ethnicity: (select one)	Yes, Hispanic or Latino	ot documented					
Race: (select all that are documented)	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific I White	Islander					
Country of birth: 1 United States (select one) 2 US Dependencies/Possessions (including Puerto Rico) 3 Other, Specify: 1 4 Not documented							
○ Yes → Select all that are	III. MEDICAL HISTORY FOR y of the following prior to the SP star documented below. complete except for optional section XIII	t date?	OPTIONAL				
O Diagnosis of AIDS defining Complete section IV.	opportunistic illnesses (AIDS OI)	cell count, H (SGOT)	HIV test result, or laboratory tes IV viral load, or abnormal ALT (S ete section IX.				
	of <i>Pneumocystis jiroveci</i> pneumonia <i>rium</i> complex (MAC)		IV ART resistance ete section X.				
Screening for hepatitis (A, E (TB) Complete section VI.	8, or C), <i>Toxoplasma</i> , or tuberculosis	substance at	suspected substance abuse, incl puse counseling or treatment ete section XI.	uding			
immunizations were given Complete section VII. Prescription of antiretroviral	Complete section VII. Prescription of antiretroviral therapy (ART)						
Complete section VIII.	V. AIDS DEFINING OPPORTU	NISTIC ILLNES	SES (AIDS OI)				
	any AIDS defining opportunistic illnes			tart date?			
	ing opportunistic illnesses (AIDS OI) prior to the SP start date t all that are documented and record dates)		Date of <u>first</u> diagnosis	Date not documented			
¹ Candidiasis, bronchi, trach	ea, or lungs						
² Candidiasis, esophageal							

³ Carcinoma, invasive cervical	3 O
⁴ Coccidioidomycosis, disseminated or extrapulmonary	
⁵ Cryptococcosis, extrapulmonary	5

IV. AIDS DEFINING OPPORTUNISTIC ILLNESSES (AIDS OI) cont'd							
AIDS defining opportunistic illnesses (AIDS OI) prior to the SP start date (select all that are documented and record dates)		Date of <u>first</u> diagnosis	Date not documented				
⁶ Cryptosporidiosis, chronic intestinal (>1 month duration)			6				
⁷ Cytomegalovirus disease (other than in liver, spleen, or nodes)		⁷					
⁸ Cytomegalovirus retinitis (with loss of vision)			°				
° HIV encephalopathy			°				
¹⁰ Herpes simplex: chronic ulcer (>1 month duration) or		/					
bronchitis, pneumonitis, or esophagitis							
¹¹ Histoplasmosis, disseminated or extrapulmonary							
¹² Isosporiasis, chronic intestinal (>1 month duration)							
¹³ Kaposi's sarcoma							
¹⁴ Lymphoma, Burkitt's (or equivalent term)							
¹⁵ Lymphoma, immunoblastic (IBL, or equivalent term)							
¹⁶ Lymphoma, primary in brain							
¹⁷ <i>Mycobacterium avium</i> complex or <i>M. kansasii</i> , disseminated or Extrapulmonary							
18 <i>M. tuberculosis</i> , pulmonary			18				
19 <i>M. tuberculosis</i> , disseminated or extrapulmonary			19				
²⁰ <i>Mycobacterium</i> , of other species or unidentified species,		/					
disseminated or extrapulmonary			20				
²¹ <i>Pneumocystis jiroveci</i> pneumonia (PCP)							
²² Pneumonia, recurrent in 12 month period			22				
²³ Progressive multifocal leukoencephalopathy (PML)			23				
²⁴ Salmonella septicemia, recurrent			24				
²⁵ Toxoplasmosis of brain		25					
²⁶ Wasting syndrome due to HIV							
V. PROPH	YLAXIS						
Is there documentation of prescription for prophylaxis of <i>Pneumocystis jiroveci</i> pneumonia (PCP) prior to the SP start date?		entation of prescription for prop a avium complex (MAC) prior to					
vale? ○ ^{Yes} ○ ^{No}	Vale?	O ^{No}					
Prescription must be for PCP prophylaxis. Medications include:		t be for MAC prophylaxis. Medication	ons include:				
Bactrim [®] (Septra, Cotrim, Co-trimoxazole, trimethorprim, sulfamethoxazole) Dapsone [®]	Biaxin Filmtab [®] (cla Biaxin Granules [®]	arithromycin)					
Pentamidine [®] (pentamidine isothianate) Mepron [®] or Mepron [®] Suspension (atovaquone)	Biaxin XL [®] Zithromax [®]						

Clindamycin [®] (clindamycin hydrochloride) + Primaquine [®] (primaquine phosphate)	Zithromax Single Pack® (azithromycin, azithromycin dihydrate) Mycobutin® (rifabutin)
Dapsone [®] + Daraprim [®] (pyrimethamine) + Folinic Acid	

	PATITIS, <i>TOXOPLASMA</i> , AN		
	reening for hepatitis A, B, C, Toxop locumented for <u>each</u> screening below		r to the SP start date?
0			
	rformed prior to the SP start date?		
0	Enter all that are documented for "	res below	
2 No – documented that scre	-		
³ Hepatitis A screening not d	ocumented		
If "Yes," what were the result Select all that apply <u>OR</u> result not a			
	Date of 1 st positive test:	Which Hepatitis A test(s) was/	were <u>positive</u> on this date?
Positivo	Date not documented	(select all that apply)	-
⊖ ^{Positive} →	Mo. Year	O Anti HAV IgG or HAV Ab IgG	Anti HAV total or HAV Ab total
		Anti-HAV IgM or HAV Ab IgM	Test type not documented
	Date of last negative test:	0	0
Negative►	Date not documented		
0	Mo. Year		
Result not documented			
Was hepatitis B screening pe	rformed prior to the SP start date?	(select one)	
	Enter all that are documented for "		
2 No – documented that scre	ening <u>not</u> done		
³ Hepatitis B screening not d			
If "Yes," what were the result	◀		
Select all that apply <u>OR</u> result not a			
	Date of 1 st positive test:	Which Hepatitis B test(s) was/	were positive on this date? (select
	_ Date not documented	all that apply)	Anti HBs IgC or HBsAb IgC
Positive	Mo. Year	0 - 0	Anti HBs IgG or HBsAb IgG
0		O ^{Anti HBc IgM} ⊂	Anti HBs or HBsAb total
		O Anti HBc total	HBsAg
			C Test type not documented
	Date of last negative test:		
⊖ Negative →	_ Date not documented		
	Mo. Year		
Result not documented			
Was hepatitis C screening per	formed prior to the SP start date?	(select one)	
	Enter all that are documented for "		
2 No – documented that scre	ening <u>not</u> done		
³ Hepatitis C screening not d			
If "Yes," what were the results	4		
Select all that apply <u>OR</u> result not de	ocumented		
	Date of 1 st positive test:		was/were_positive on this date?
⊖ Positive	Date not documented	(select all that apply)	HCV RNA quantitative (PCR)
	→ "No. "tetar	0	\bigcirc Test type not documented
	Mo. Year	HCV RNA qualitative	

Date of last negative test:	
Result not documented	

VI. HEPATITIS, TOXOPLASMA, AND TUBERCULOSIS (TB) SCREENING cont'd
Was Toxoplasma screening performed prior to the SP start date? (select one)
¹ Yes – screening done Enter all that are documented below.
\sim No – documented that screening <u>not</u> done
³ Toxoplasma screening not documented
Was there a positive result for the most recent Toxoplasma antibody titer prior to the SP start date? (select one)
¹ Yes Enter date of positive result:
\sim No (negative result for most recent test)
0
³ Result not documented
Was screening for tuberculosis (TB) performed prior to the SP start date? (select one)
¹ Yes – screening done Enter all that are documented below.
$^{\circ}$ No – documented that screening <u>not</u> done
³ TB screening not documented
Date of the most recent tuberculin skin test (TST/PPD/Mantoux) or QuantiFERON test (QFT) prior to the SP start date:
/ Date not documented
Result of the most recent TST/PPD/Mantoux or QFT prior to the SP start date: (enter one for TST/PPD/Mantoux OR one for QFT)
TST/PPD/Mantoux: (enter OR select one) OR QFT: (select one)
Result in millimeters:
³ Not read ⁴ Anergic
5 _ Not documented
VII. HEPATITIS AND PNEUMOCOCCAL IMMUNIZATIONS
Is there documentation of whether or not hepatitis A, B, A and B, or pneumococcal immunizations were given prior to the SP
start date?
\bigvee Yes \longrightarrow Enter all that are documented for <u>each</u> vaccine below.
0
Was hepatitis A vaccine (Havrix, Vaqta) given prior to the SP start date? (select <u>one</u> : Yes, No, or Not documented)
(If documented) / Date
² Yes – but number of doses not documented
³ No - documented that vaccine not given
Reason vaccine not given: (select one)
OPrior vaccination OPatient declined I
Other, specify

Hepatitis A vaccination not documented

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VII. HEPATITIS AND PNEUMOCOCCAL IMMU	JNIZATIONS cont'd
Was hepatitis B vaccine (Energix B, Recombivax) given prior to the SP start date	? (select one: Yes, No, or Not documented)
1 Yes \longrightarrow Enter a maximum of 4 documented doses and dates:	Dose No. No. Date not documented , Date
² Yes – but number of doses not documented	
³ No – documented that vaccine not given	O
Reason vaccine not given: (select one)	· · · · · · · · · · · · · · · · · · ·
OPrior vaccination OPatient declined OPreviously infected Not documented	
Other, specify	
^₄ Hepatitis B vaccination not documented	
Was combination hepatitis A and B vaccine (Twinrix) given prior to the SP start o	date? (select one: Yes, No, or Not documented)
¹ Yes \rightarrow Enter a maximum of 4 documented doses and dates:	Dose No. Date not
² Yes – but number of doses not documented	(If documented) / Date
³ No – documented that vaccine not given	O
Reason vaccine not given: (select one)	
OPrior vaccination OPatient declined	
OPreviously infected ONot documented Other, specify	
	O
4 Upportition A and Duppopulation and documented	
Hepatitis A and B vaccination not documented	
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) given prior to the (select one Yes, No, or Not documented)	
¹ Yes \rightarrow Enter date of <u>last dose</u> given <u>before the SP</u> start date:	Date Date not documented
² No – documented that vaccine not given	
Reason vaccine not given: (select one)	
O Prior vaccination O Patient declined	
 Not documented Other, specify 	
	-
³ Pneumococcal vaccination not documented	

VIII. ANTIRETROVIRAL THERAPY (ART)							
Is there documentation of presc Yes▶ Enter all that that are	ription of antiretroviral therapy (Al documented below.	RT) prior to the SP start date?					
Date of first prescribed antiretro	viral medication:	Date not doc	umented				
Prescribed antiretroviral medica	tions prior to the SP start date: (s		1				
¹ Abacavir (ABC, Ziagen)	°Efavirenz (EFV, Sustiva)	Lopinavir/Ritonavir (LPV/RTV, Kaletra, Meltrex)	²⁵ Tenofovir (TDF, Viread)				
² Amprenavir (APV,	¹⁰ Emtricitabine (FTC, Emtriva)	¹⁸ Maraviroc (MRC, Selzentry)	²⁶ Tipranavir (TPV,				
Agenerase)	¹¹ Enfuvirtide (ENF, T-20,	0	Aptivus)				
³ Atazanavir (ATV, Reyataz)	Fuzeon)	¹⁹ Nelfinavir (NFV, Viracept)	²⁷ Trizivir (ABC/3TC/AZT)				
⁴ Atripla (EFV/FTC/TDF)	¹² Epzicom (ABC/3TC)	²⁰ Nevirapine (NVP, Viramune)	²⁸ Truvada (FTC/TDF)				
⁵ Combivir (AZT/3TC)	¹³ Etravirine (Intelence, ETR, formerly TMC125)	Raltegravir (RAL, Isentress, MK-0518)	²⁹ Zalcitabine (ddC, Hivid)				
⁶ Darunavir (DRV, TMC 114,	¹⁴ Fosamprenavir (FPV,	²² Ritonavir (RTV, Norvir)	³⁰ Zidovudine (AZT,				
Prezista) ⁷ Delavirdine (DLV,	Lexiva)	²³ Saquinavir (SQV-HGC,	Retrovir)				
Rescriptor)	¹⁵ Indinavir (IDV, Crixivan)	Invirase, Fortovase)					
⁸ Didanosine (ddl) Videx	Lamivudine (3TC, Epivir)	²⁴ Stavudine (d4T, Zerit)					
³¹ Other,							
Specify:							
³² Other, Specify:							
³³ Other, Specify:							
³⁴ Other,							
Specify:							
	IX. LABORATORY						
the SP start date?	r <u>st</u> positive HIV test result, or labor	-	int, or HIV viral load, prior to				
\bigcirc Yes \longrightarrow Enter all that are doc \bigcirc No	umented for <u>each</u> diagnosis or test b	elow.					
Is there documentation of the fi	rst positive HIV test result?						
→ Yes → Enter date of first positive HIV test:							
⊙ ^{No}							
Is there documentation of CD4 cell count test results prior to the SP start date?							
⊖ ^{Yes} → <u>Lowest</u> CD	4 cell count:	/ μl or mm³					
⊖ ^{No} Date of lowest	CD4 cell count: / /		e not documented				

Is there documentation of HIV viral load (VL) test results prior to the SP start date?					
⊖ ^{Yes} -	-	Is there documentation of an <u>undetectable</u> VL?			
⊖ ^{N0}		Yes → Enter date of most recent undetectable result: // I I I I I I I I I I I I I I I I			

X. HIV ART RESISTANCE TESTING							
Is there documentation of HIV ART resistance testing prior to the SP start date? Yes Select all that are documented for <u>each</u> resistance test below.							
O No							
Was genotypic ART resistance testing performed prior to the SP start date?							
(Select <u>one</u> : Yes, No, or Testing not documented)	elect <u>one</u> : Yes, No, or Testing not documented) Select <u>all</u> ART classes documented with resistance and/or possible resistance:						
¹ Yes – resistance reported		_ PI	_ NRTI	_ NNRTI	ART classes not specified		
	0	0	0	0	0		
² Yes – possible resistance reported	\circ^{FI}	\circ^{PI}	ONRTI		O ART classes not specified		
³ Yes – but no resistance reported							
⁴ Yes – but result was indeterminate							
^₅ Yes – but test result not documented							
6 No – documented that genotypic resistance testing	⁶ No – documented that genotypic resistance testing was not done						
⁷ Genotypic resistance testing not documented							
Was <u>phenotypic</u> ART resistance testing performed	prior to	the SP sta	rt date?				
(Select <u>one</u> : Yes, No, or Testing not documented)							
	1				ance and/or intermediate resistance	e:	
¹ Yes – resistance reported	OFI	OPI		ONNRTI	O ART classes not specified		
$^{\circ}$ Yes – intermediate resistance reported \longrightarrow	FI	\circ^{PI}			O ART classes not specified		
$^{\circ}$ Yes – but no resistance reported							
-							
4 \bigcirc Yes – but result was indeterminate							
$^{\circ}$ Yes – but test result not documented							
⁶ No – documented that phenotypic resistance testir	ng was no	t done					
⁷ Phenotypic resistance testing not documented							
)							
Was <u>virtual phenotypic</u> ART resistance testing per	formed p	rior to the	SP start da	te?			
(Select <u>one</u> : Yes, No, or Testing not documented) Select <u>all</u> ART classes documented with resistance and/or possible /							
	i	intermediate	e resistance	reported:			
1 Yes – resistance reported \longrightarrow		⊃ ^{FI} (INRTI O ART classes not specifi	ied	
$^{\circ}$ Yes – possible/intermediate resistance reported _	→ (S ^{FI} (INRTI O ART classes not specifi	fied	
³ Yes – but no resistance reported							
⁴ Yes – but result was indeterminate							
⁵ Yes – but test result not documented							
6 No – documented that virtual phenotypic resistance testing was not done							
Virtual phenotypic resistance testing not documented							

XI. SUBSTANCE ABUSE				
Is there documentation of reported or suspected alcohol abuse or other non-prescribed use of substances, including counseling or treatment for alcohol and/or substance use/abuse prior to the SP? Ves Enter all that are documented below. No				
Alcohol Abuse Is there documentation of alcohol abuse prior to the SP?				
Other Non-prescribed Use of Substances Is there evidence of any <u>injection</u> substance use (e.g., track marks) documented prior to the SP? Yes				

XI. SUBSTANCE ABUSE cont'd

Non-prescribed use of substances documented prior to the SP: (select all that are documented and type of use)						
	Type of Use (select all that apply OR select Not documented)					
Substance	Injection	Non-Injection	Not documented			
0	0	0	0			
		0		0		
		0	0	0		
⁵ GHB						
Hallucinogens such as LSD or mushrooms						
⁷ Heroin		0	0	0		
[®] Ketamine (Special K)						
° Marijuana						
		0	0	0		
¹¹ Methamphetamines		0	0	0		
¹² Painkillers such as Oxycontin, Vicodin or Percocet		0	0	0		
¹³ Poppers (amyl nitrate)						
¹⁴ Rohypnol						
¹⁵ Steroids/Hormones			0	0		
¹⁶ Tranquilizers such as Valium, Ativan, or Xanax						
¹⁷ Viagra, Levitra or Cialis						
¹⁸ Other, Specify:			0	0		
¹⁹ Other, Specify:			0	0		
²⁰ Other, Specify:			0	0		
²¹ Substance not specified			0	0		
XII. MENTAL HEALTH						
Is there documentation of any of the following mental illnesses prior to the SP start date? Ves Select all that are documented below. No						
¹ Anxiety disorder (General anxiety disorder, GAD) ³ Depression (Major depression, depressive disorder)						
² Bipolar disorder	₄ Psychosis					

OPTIONAL- FOR LOCAL USE ONLY							
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MMP Participant ID:	Abstraction Facility ID:						
	(ID of the facility where abstraction is being conducted)						
XIII. REMARKS							