## Attachment 3b MMP Medical Record Abstraction Surveillance Period Summary Form

## Medical Monitoring Project (MMP) Medical Record Abstraction Form 2012 Surveillance Period Summary Form (SPSF) VERSION 7.1.0

MMP SPSF v7.1.0								OF	PTIONAL	- FOR L	.OCAL	USE O	NLY	1													
MMP Participant I	D:	 					1						<u> </u>			trac ility	ID:		e faci	lity wl	here a	abstr	actio	n is l	being	cond	lucted
Medical record nu	mber:	I	I	1	ı	I	ı	I	ı	ı		ı	1		1	1	ĺ	ı	ı	ı	1		<u> </u>	1	1	_1_	
Patient name:		<u>I</u>	I	ı	ı						L	ı			<u> </u>	1	ı		1	L			L	Ī		I	
Physician name:		 	- 1	1		j			l	<u> </u>	<u> </u>	1	<u> 1</u>	ı	ı	1	I		1	<u> </u>	<u> </u>	ı		I			ı







## Medical Monitoring Project (MMP) ES Control & Medical Record Abstraction Form 2012 Surveillance Period Summary Form (SPSF) v7.1.0



	I. ABSTRACTIO	N AND IDENTIFICA	TION			
MMP Participant ID:						
Surveillance Period						
SP start date:		SP end date:	/	/		
	12 months prior to date of interview OR 1st contact attempt if no interview obtained)	I	(date of interview OR 1 interview obtained)	st contact attempt if no		
Date of abstraction:		Abstractor ID:				
Abstraction Facility ID:	I I I I I I I I facility where abstraction is being conducted)					
Was the Abstrac	documented care abstracted with this tion Facility)?	s form given at another t	facility (i.e., outsi	de the		
○ Ye	es Complete information about the "Care" Facil	was outside jurisdie Care Facility ID	ction:	Care Facility was not documented o		
○ No	<u> </u>	`	•	e documented care was provided)		
Care Facility not documented or outside jurisdiction						
rt. inches  Patient's country of	II. PATIENT DEMOGRAPHICS  Most recent height (ft/in) during the SP:  Height not documented  Patient's country of residence during the surveillance period (select ALL that apply):					
United States Canada Mexico Other, Specify:	United States Canada Mexico					
<sup>5</sup> Not documented/	Could not be determined from residence	address				
III. SURVEILLANCE PERIOD SUMMARY FORM SECTIONS – OPTIONAL  Is there documentation of any of the following during the SP?  Yes Select all that are documented below.  No This form is now complete except for optional section XIII (Remarks).						
Type of coverage	for medical care or other services	Pregnancy (fer	nales only)			
Complete sec	ction IV.	Complete	e section IX.			
Provision of other	services at this facility	Reported or su	spected substance	e abuse		
Complete sec	ction V.	Complete	e section X.			
Screening for tube	erculosis (TB), or for cervical or anal canc	er Death of the pa	atient			
Complete sec		Complete	e section XI.			
$\circ$	patitis A, B, A and B, influenza or nmunizations were given	Visits to other f	acilities for HIV ca	ure		
Complete sec		Complete	section XII.			

Referrals for other services	
Complete section VIII.	

IV. COVERAGE FOR MEDICAL CAP	RE						
Is there documentation of the type of Yes — Select all that are documented No		re or other services during the SP? d no medical coverage during all or part of the SP ("None/Self-pay").					
<sup>1</sup> AIDS Drug Assistance Program (	ADAP) 6 _	None/Self-pay (during all or part of the SP)					
<sup>2</sup> CHAMPUS/Tricare	7 .27 7	Private (including HMO/PPO)					
Clinical Trial/Clinical Study	8	Prison/Jail					
Medicaid	9	Ryan White (excluding ADAP)					
Medicare Medicare	10	Veterans Administration					
O		Veteraris / tarrimistration					
Other public insurance, Specify:	1 1 1 1 1						
Other public insurance, Specify:							
Other insurance, Specify:							
Other, Specify:	V OTUE	R SERVICES					
Is there documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that are documentation that other so Yes Select all that the Yes Select all the Yes Select all that the Yes Select all th		nis facility during the SP?					
<sup>1</sup> Case management		9 Nutritional counseling					
<sup>2</sup> Chemotherapy		Physical therapy					
3 Dental care		11 Prenatal care					
Dialysis		Receipt of equipment or supplies					
5 Education session		<sup>13</sup> Substance abuse counseling or treatment					
0		14 Support group					
OTTOSPICE CATE		0					
Mental health counseling or treatr	nent	Pharmacist consultation					
Nursing home care							
Other,							
Specify:	1 1 1 1 1						
Other,							
Specify:		<u> </u>					
Other,							
Snecify: 19 Other	1 1 1 1 1						
Specify:							
Specify:							
<sup>21</sup> Other,							
Specify:	<u> </u>						
VI. TUBERC	JLOSIS (TB), CERVICA	AL AND ANAL CANCER SCREENING					
Is there documentation of screening Yes Enter all that are docume		ervical or anal cancer, during the SP? w.					

$\circ$ No					
Was screening for tuberculosis (TB) performed during the SP? (select one)  Yes, screening done  Enter all that are documented below					
No, documented that screening was not done					
TB screening not documented  Date of the most recent tuberculin skin test (TST/PPD/Mantoux) or QuantiFERON test (QFT) during the SP:					
Date not documented					

VI. TUBERCULOSIS	(TB), CERVIC	AL AND AN	IAL CANCER	SCREENING CO	ont'd
Result of the most recent TST/PPD/N	fantoux or QFT	test during the	e SP: (enter one	for TST/PPD/Mantoux <b>(</b>	<u><b>OR</b></u> one for QFT)
TST/PPD/Mantoux: (enter OR s	elect one)	<u>OR</u>	QFT: (select one	e)	
Result in millimeters:	_		<sup>1</sup> QFT positiv	re	
$^{1}$ Positive, no value reported	I		<sup>2</sup> QFT negati	ve	
<sup>2</sup> Negative, no value reported	d		<sup>3</sup> QFT indete	rminate	
³ Not read			<sup>4</sup> Not docume	ented	
△ △ Anergic			O		
5 Not documented					
O					
Was screening for cervical or anal cancer  Yes – screening done	<b>performed durin</b> Select all that app		ect one: Yes, No,	or Not documented)	
No – documented that screening	orot an area app	.,.	M	ost Recent Result	
was <u>not</u> done	Site			ne for each documented si	te)
	<sup>1</sup> Cervical	¹ Normal	<sup>2</sup> Abnormal	3 Indeterminate	<sup>4</sup> Not documented
Cervical and anal cancer screening not documented	<sup>2</sup> Anal	¹ Normal	<sup>2</sup> Abnormal	3 Indeterminate	<sup>4</sup> Not documented
Screening not documented	3 Unspecified	Normal	<sup>2</sup> Abnormal	3 Indeterminate	<sup>4</sup> Not documented
VII. HEPATITIS, I	NELLIENZA A	ND PNEUM	IOCOCCAL II	IO MMUNIZATIONS	
Is there documentation of whether or not I the SP?	nepatitis A, B, A	and B, influer	nza or pneumoc	occal immunization	is were given during
Yes Enter all that are documented for	or <u>each</u> vaccine b	elow.			
No					
Was hepatitis A vaccine (Havrix, Vaqta) gi	ven during the S	P? (select one:	Yes. No. or Not do	ocumented)	
¹ Yes → Enter a maximum of 2 c	_	•	Dose No.	Mo	Vear Date not
0.00			(If documented	Date	documented
Yes – but number of doses not docun					
No – documented that vaccine was no	ot given				O
Reason vaccine not given: (select one)	•				
OPrior vaccination OPatient					
OPreviously infected Not doo	umented				O
Other, specify					
4 Hepatitis A vaccination not document	<u>' ' ' '</u> ed	1   1			
	<b>-</b>				
Was hepatitis B vaccine (Energix B, Reco	mbivax) given d	uring the SP?	(select one: Yes,	No, or Not documented	)
¹ Yes — Enter a maximum of 4		_		Mo Ye	Date not
O			(If documented	Date	documented
Yes – but number of doses not docun					
No – documented that vaccine was no	ot given				0
Reason vaccine not given: (select one)	-				
Prior vaccination Patient	declined			/	
Previously infected Not doc	umented				
Other, specify				,	
	1 1 1 1	1 1 1			
	ı I I I	1 1 1		,	

Hepatitis B vaccination not documented	

VII. HEPATITIS, INFLUENZA AND PNE	UMOCOCCAL IMMUNIZATIONS cont'd
Was combination hepatitis A and B vaccine (Twinrix) given duri	ng the SP? (select one: Yes, No, or Not documented)
Yes — Enter a maximum of 4 documented doses an	
<sup>2</sup> Yes – but number of doses not documented	(If documented) Date documented
No – documented that vaccine was not given	
Reason vaccine not given: (select one)	
Prior vaccination Patient declined Previously infected Not documented	
Previously infected Not documented Other, specify	
Could, speetly	
Hepatitis A and B vaccination not documented	
Was influenza vaccine (flushield, fluzone) given during the SP?	(select one: Yes, No, or Not documented)
Yes — Enter the date of the most recent dose:	Me. Date not documented
No – documented that vaccine was not given	Date
Reason why vaccine not given: (select one)	
Allergy to vaccine components Patient declined	
Other, specify  Other of the second components  Not documented	
l	
Influenza vaccination not documented	
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)	given during the SP?
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes  Enter the date of the most recent dose:	Date
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes Enter the date of the most recent dose:  2 No – documented that vaccine was not given	given during the SP?  Date  Date not documented
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes Enter the date of the most recent dose:  2 No – documented that vaccine was not given Reason why vaccine not given: (select one)	Date Date not
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes Enter the date of the most recent dose:  2 No – documented that vaccine was not given Reason why vaccine not given: (select one)  Prior vaccination Patient declined	Date Date not
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes Enter the date of the most recent dose:  2 No – documented that vaccine was not given Reason why vaccine not given: (select one)	Date Date not
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes Enter the date of the most recent dose:  2 No – documented that vaccine was not given Reason why vaccine not given: (select one)  Prior vaccination Patient declined	Date Date not
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes Enter the date of the most recent dose:  2 No – documented that vaccine was not given Reason why vaccine not given: (select one)  9 Prior vaccination Patient declined Other, specify Not documented	Date Date not
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes Enter the date of the most recent dose:  2 No – documented that vaccine was not given Reason why vaccine not given: (select one)  9 Prior vaccination Patient declined Other, specify Not documented  3 Pneumococcal vaccination not documented	Date not documented
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes Enter the date of the most recent dose:  2 No – documented that vaccine was not given Reason why vaccine not given: (select one)  9 Prior vaccination Patient declined Other, specify Not documented	Date not documented  //  //  ERRALS
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes Enter the date of the most recent dose:  2 No – documented that vaccine was not given Reason why vaccine not given: (select one)  9 Prior vaccination Patient declined Other, specify Not documented  3 Pneumococcal vaccination not documented  VIII. REF	Date not documented  //  //  ERRALS
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes Enter the date of the most recent dose:  2 No – documented that vaccine was not given Reason why vaccine not given: (select one)  9 Prior vaccination Patient declined Other, specify Not documented  3 Pneumococcal vaccination not documented  VIII. REFI  Is there documentation of any of the following referrals during to Yes Select all that are documented below.	Date not documented  //  //  ERRALS
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes	Date not documented  /  ERRALS he SP?
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes	Date not documented  /  ERRALS he SP?
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes	Date not documented  /  ERRALS he SP?   * Intimate partner violence services  Mental health services
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1  Yes	Date not documented  //  ERRALS he SP?   Boundary  Bound
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) (select one: Yes, No, or Not documented)  1 Yes	Bate not documented    Solution   Date   Date not documented

IX. PREGNANCIES AND OUTC	OMES (FEMALES ONLY)
Is there documentation that the patient was pregnant during the SP Yes Enter all that are documented for <u>each</u> pregnancy below.	?
No	
Number of pregnancies that occurred during the SP:	2 3 or more
Outcome of the first pregnancy during the SP: (select one and enter date)	
<sup>1</sup> Elective abortion	
Intrauterine fetal death Select one delivery method:	Delivery method for the first pregnancy during the SP:
3 Live birth Select one delivery method:	<sup>1</sup> Cesarean section (elective)
Spontaneous abortion/miscarriage	<sup>2</sup> Cesarean section (not elective)
5 Still pregnant	Induced vaginal delivery
Not documented	Spontaneous vaginal delivery
	5 Not documented
Date of first outcome:    Mo.   Year   Date not   documented	
Outcome of the second pregnancy during the SP:	
(select one and enter date)  1 Elective abortion	
2 Intrauterine fetal death Select one delivery method:	D. liver and the defendance of the CD
3 Live birth Select one delivery method:	Delivery method for the second pregnancy during the SP:  1 Cesarean section (elective)
Spontaneous abortion/miscarriage	2 Cesarean section (not elective)
Still pregnant	Induced vaginal delivery
O · · ·	O modeced vaginal delivery
Not documented	Spontaneous vaginal delivery  Not documented
Date of second outcome:	Not documented
Mo. Year Date not documented	
Outcome of the third pregnancy during the SP: (select one and enter date)	
Elective abortion	
Intrauterine fetal death Select one delivery method:	Delivery method for the third pregnancy during the SP:
Live birth Select one delivery method:	<sup>1</sup> Cesarean section (elective)
Spontaneous abortion/miscarriage	<sup>2</sup> Cesarean section (not elective)
5 Still pregnant	3 Induced vaginal delivery
6 Not documented	Spontaneous vaginal delivery
	5 Not documented
Date of third outcome: /	
Mo. Year documented	
X. SUBSTANC	E ABUSE
Is there documentation of reported or suspected alcohol abuse or o	
counseling or treatment for alcohol and/or substance use/abuse, du Yes Enter all that are documented below.	illing the SP?
No	
Alcohol abuse	

Is there documentation of alcohol abuse during the SP?	Yes	No		
	0	0		
Other non-prescribed use of substances Is there evidence of any <u>injection</u> substance use (e.g., track	marks) docun	nented during the	e SP? Yes	○ <sup>No</sup>

X. SUBSTANCE  Non-prescribed use of substances documented during the SP		and type of		
Non-prescribed use of substances documented during the SP	: (select all that are documented		Type of Use	
Substance		Injection	Non-Injection	Not documented
<sup>1</sup> Amphetamines (other than methamphetamines)		0	0	0
<sup>2</sup> Cocaine (other than crack)		0	0	0
<sup>3</sup> Crack cocaine		0	0	0
Ecstasy (MDMA, X)				
5 GHB				
6 Hallucinogens such as LSD or mushrooms				
7 Heroin		0	0	0
8 Ketamine (Special K)				
9 Marijuana				
10 Methadone		0	0	0
11 Methamphetamines		0	0	0
Painkillers such as Oxycontin, Vicodin or Percocet		0	0	0
Poppers (amyl nitrate)				
Rohypnol				
Steroids/Hormones		0	0	0
Tranquilizers such as Valium, Ativan, or Xanax				
Viagra, Levitra or Cialis				
Other,		0	0	
Specify:	1 1 1 1			
Other,		0		0
Specify:				
Specify:		0	0	0
21 Substance not specified		0	0	0
XI. MORTAL	ITY DATA			
Is there documentation that the patient died during the SP?  Yes — Enter all that are documented below.  No				
Date of death during the SP: / / /	Date not do	ocumented		
	ner, Specify: use not documented			
Diagnoses at death: (enter all documented diagnoses)	agnosis not documented			
1.	6.			
2.	7.			
3.	8.			
	•			
	9. 10.			

5.	

MMP SPSF v7.1.0	Abstraction
MMP Participant ID:	Facility ID:
	XII. OTHER FACILITIES cont'd
Facility/Provider Name	Contact Information
1	Street:
	City:
	State: ZIP code:
	Telephone:
2	
2	Street:
	City:
	State: ZIP code:
	Telephone:
3	Street:
	City:
	State: ZIP code:
	Telephone:
4	Street:
	City:
	State: ZIP code:
	Telephone:
5	Street:
	City:
	—

FOR LOCAL USE ONLY

	State: 7ID code:
	State: ZIP code:
	Telephone:
	FOR LOCAL USE ONLY
MMP SPSF v7.1.0	
MMP Participant ID:	Abstraction Facility ID: I I I I I I I I I I I I I I I I I I
XIII Facility/Provider Name	OTHER FACILITIES cont'd  Contact Information
6	Street:
	City:
-	-
	State: ZIP code:
	Telephone:
7	Street:
	Sireet.
	City:
	State: ZIP code:
	Telephone:
8	Street:
	Cinu
	City:
	State: ZIP code:
	<del>-</del> <del>-</del>
	Telephone:
9	Street:
	City:
	State:
	Telephone:
10	
10	Street:

 -										 	
 City:											_
 State:			ZIP	code:		1		 	<u>-</u>	 	
Teleph	one:	 	_		1	-	1	 ı			

OPTIONAL - FOR LOCAL USE ONLY											_	
MMP SPSF v7.1.0			-						Abstraction			
MMP Participant ID:	L								Facility ID:	: L L L L L L L L L L L L L L L L L L L	⊥ ted)	
XIII. REMARKS												
			,									