Attachment 4c

Minimal Data Collection Form for Medical Monitoring Project (MMP)

Medical Monitoring Project (MMP)
Minimum Data Set Fields

Note to interviewers: This information should be obtained for all sampled MMP patients. This information is collected even if there is an interview or a medical record abstraction that has been completed for the patient. These data will be obtained via HARS or EHARS data extraction. A SAS program and an MDS Excel spreadsheet will be supplied by CDC to facilitate the extraction of the following data elements from HARS or eHARS. Please be sure to complete the Excel spreadsheet before you attempt to run the SAS code. All information on the sheet will be generated from the SAS program using the HARS /eHARS data file.

Participant ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
(PARID)

Data Source: ❑ 1 HARS ❑ 2 eHARS
(SourceMin) ❑ 8 Other (specify): _____
(SourcOth)

Date Form Completed
(Date of HARS Case Report or Date of Facility Record): ___ ___ / ___ ___ / ___ ___ ___ ___
(hcompltd or complted) m m d d y y y y

Date of Birth: ___ ___ / ___ ___ / ___ ___ ___ ___
(birth) m m d d y y y y

Diagnostic Status at Report: ❑ 1 HIV Infection (not AIDS) ❑ 2 AIDS
(check one)
(diagstat)

Age at First HIV Diagnosis: ___ ___ (years)
(hage_yrs)

Age at First AIDS Diagnosis: ___ ___ (years)
(age_yrs)

Sex: ❑ 1 Male ❑ 2 Female
(sex)

Ethnicity: ❑ 1 Hispanic/Latino ❑ 2 Not Hispanic/Latino ❑ 9 Unknown
(select one)
(hisp)

Race: ❑ American Indian/Alaska Native *(race_i)* ❑ White *(race_w)*
(select all that apply) ❑ Black or African American *(race_b)* ❑ Unknown *(race_u)*
❑ Asian *(race_a)*
❑ Native Hawaiian or Other Pacific Islander *(race_p)*

Country of Birth: *(origin)*

- ❑ 1 United States
- ❑ 2 Canada
- ❑ 3 Dominican Republic
- ❑ 4 Haiti
- ❑ 5 Mexico
- ❑ 7 US Dependencies
- ❑ 8 Other dependency (Specify:_____) *(orig_oth)*
- ❑ 9 Unknown

Preceding the First Positive HIV Antibody Test or AIDS Diagnosis, This Patient Had (Mode):
(respond to ALL categories)

		Yes	No	Unknown
(sex_male)	Sex with male	❑ 1	❑ 0	❑ 9
(sex_fmle)	Sex with female	❑ 1	❑ 0	❑ 9
(iv)	Injected nonprescription drugs	❑ 1	❑ 0	❑ 9
(bldprd)	Received clotting factor	❑ 1	❑ 0	❑ 9
	HETEROSEXUAL relations with any of the following:			
(s_iv)	•Intravenous/injection drug user	❑ 1	❑ 0	❑ 9
(s_bi)	•Bisexual male	❑ 1	❑ 0	❑ 9
(s_hemo)	•Person with hemophilia/coagulation disorder.	❑ 1	❑ 0	❑ 9
(s_tx)	•Transfusion recipient with documented HIV…	❑ 1	❑ 0	❑ 9
(s_trnplt)	•Transplant recipient with documented HIV…..	❑ 1	❑ 0	❑ 9
(s_hiv)	•Person with AIDS or documented HIV, risk not specified	❑ 1	❑ 0	❑ 9
(transfus)	Received transfusion of blood/blood components (other than clotting factor)	❑ 1	❑ 0	❑ 9
(tranplnt)	Received transplant of tissue/organs or artificial insemination	❑ 1	❑ 0	❑ 9
(hcw)	Worked in a health-care or clinical laboratory setting	❑ 1	❑ 0	❑ 9

Most Recent CD4 (CD4 Test at or Closest to Current Diagnostic Status):

Count: ___, ___ ___ ___ *(thcrecnt)*
Percent: ___ ___ *(thprecent)*

Date: ___ ___ / ___ ___ ___ ___ *(thrcmoyr)* m m y y y y

This patient's medical treatment is primarily reimbursed by: *(insurnce)*

- ❑ 1 Medicaid
- ❑ 2 Private insurance/HMO
- ❑ 3 No coverage
- ❑ 4 Other public funding
- ❑ 7 Clinical trial/ government program
- ❑ 9 Unknown

This patient received or is receiving:

	Yes	No	Unknown
Anti-retroviral therapy *(antiretv)*	❑ 1	❑ 0	❑ 9

PCP prophylaxis.....…❑ 1 ❑ 0 ❑ 9
(pcpproph)