Attachment 3a

Medical Monitoring Project (MMP) Formative Research
Medical Record Abstraction Form
2013 Medical History Form (MHF)
VERSION 7.1.0

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MMP MHF v7.1.0														٦,,	t = -	atia.									
MMP Participant II	o:	ı	1	1	1		ı			ı		l	L		ostra acili								1		
																(1	D of t	he fac	ility wh	nere a	bstrac	tion is	being	condu	ıcted)
Medical record nu	mber:																								
														I							- 1	1		I	_
Patient name:								•														•			
				ı		-	I	-						I		-	- 1	-	l						
Patient residence:																									
Street:			1	1	ı	ı	1	1	ı	1	1	ı	1	ı	ı	1	ı	ı	ı	1			ı	1	
City/County:										4												State	:	1	
ZIP code:			ı	-		1																			
Physician name:	ı	ı	l	I	1	I	I	I	I	ı	ı	I	ı	I	I	I	ı	I	I	I	ı	l I			







Medical Monitoring Project (MMP) Medical Record Abstraction Form 2013 Medical History Form (MHF) v7.1.0



I. ABSTRACTION AND IDENTIFICATION
MMP Participant ID:
Surveillance Period (SP)
SP start date: SP end date: / / /
(12 months prior to 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 any facility) documented in this medical record)
First visit to this facility: / / (date of first available 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 <u>first</u> positive HIV test result)
Abstraction Facility ID:
Date of abstraction: / / / Abstractor ID:
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: Date not documented
Age not documented Mo. Year
Most recent height (ft/in) prior to the SP start date:
Enter date of this documented height: (t. inches Date not documented
Height not documented
Sex at birth: (select one) Male Not documented Female
Gender: Male Male to female Not documented

(select one)	Female	Female to male
· · · · · · · · · · · · · · · · · · ·		\cup

	II. PATIENT DEMOC	SRAPHICS con	ıt'd	
Hispanic or Latino ethnicity: (select one)	Yes, Hispanic or Latino No, not 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 Not documented	slander		
(select one) 2 US I	ed States Dependencies/Possessions (including Fer, Specify:			
Yes — Select all that are	y of the following prior to the SP star documented below. complete except for optional section XIII	t date?	OPTIONAL	
Diagnosis of AIDS defining Complete section IV.	opportunistic illnesses (AIDS OI)	cell count, HI (SGOT)	HIV test result, or laboratory test rown to the transfer of the section IX.	
•	of <i>Pneumocystis jiroveci</i> pneumonia vium complex (MAC)	Testing for HI	V ART resistance	
Screening for hepatitis (A, E) (TB) Complete section VI.	s, or C), <i>Toxoplasma</i> , or tuberculosis	substance at	suspected substance abuse, includ ouse counseling or treatment ete section XI.	ling
Whether or not hepatitis A, inmunizations were given Complete section VII.	B, A and B, or pneumococcal	depression	anxiety, bipolar disorder, psychosi ete section XII.	s, or
Prescription of antiretroviral Complete section VIII.	therapy (ART) V. AIDS DEFINING OPPORTUI	NISTIC ILLNES	SSES (AIDS OI)	
	any AIDS defining opportunistic illnes			rt date?
	ing opportunistic illnesses (AIDS OI) prior to the SP start date ct all that are documented and record dates)		Date of <u>first</u> diagnosis	Date not documented
¹ Candidiasis, bronchi, trach	ea, or lungs			1
² Candidiasis, esophageal				2

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

IV. AIDS DEFINING OPPORTUNIS AIDS defining opportunistic illnesses (AIDS OI)	TIC ILLNESSE	S (AIDS OI) cont'd	
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
Cytomegalovirus disease (other than in liver, spleen, or nodes)		/ / /	7
⁸ Cytomegalovirus retinitis (with loss of vision)			*
⁹ HIV encephalopathy		/	9
Herpes simplex: chronic ulcer (>1 month duration) or		,	
bronchitis, pneumonitis, or esophagitis			10
Histoplasmosis, disseminated or extrapulmonary			11
lsosporiasis, chronic intestinal (>1 month duration)			12
¹³ Kaposi's sarcoma			13
Lymphoma, Burkitt's (or equivalent term)			14
Lymphoma, immunoblastic (IBL, or equivalent term)			15
Lymphoma, primary in brain			16
¹⁷ Mycobacterium avium complex or M. kansasii, disseminated or		. /	17
Extrapulmonary			
¹⁸ <i>M. tuberculosi</i> s, pulmonary		/	18
¹⁹ <i>M. tuberculosi</i> s, disseminated or extrapulmonary			19
²⁰ Mycobacterium, of other species or unidentified species,		. /	20
disseminated or extrapulmonary			O
²¹ Pneumocystis jiroveci pneumonia (PCP)		/ , , ,	21
Pneumonia, recurrent in 12 month period			22
Progressive multifocal leukoencephalopathy (PML)			23
Salmonella septicemia, recurrent			24
²⁵ Toxoplasmosis of brain			25
Wasting syndrome due to HIV		/ , , , ,	26
V. PROPH	IYLAXIS		
Is there documentation of prescription for prophylaxis of <i>Pneumocystis jiroveci</i> pneumonia (PCP) prior to the SP start date?		entation of prescription for propl n avium complex (MAC) prior to t	
Yes	Yes	No	
Prescription must be for PCP prophylaxis. Medications include:		st be for MAC prophylaxis. Medication	ns 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)
Dapsone® + Daraprim® (pyrimethamine) + Folinic Acid

Zithromax Single Pack® (azithromycin, azithromycin dihydrate)
Mycobutin® (rifabutin)

	PATITIS, <i>TOXOPLASMA</i> , AN							
	eening for hepatitis A, B, C, Toxop		r to the SP start date?					
	locumented for <u>each</u> screening belov	v.						
\bigcirc No								
Was hepatitis A screening pe	rformed prior to the SP start date?	(select one)						
Yes – screening done	Enter all that are documented for "	Yes" below						
No – documented that scre	ening <u>not</u> done							
3 Hepatitis A screening not d	ocumented							
If "Yes," what were the result	←							
Select all that apply <u>OR</u> result not d								
	Date of 1 st positive test:	Which Henatitis A test(s) wash	were positive on this date?					
	Date not documented	Which Hepatitis A test(s) was/were <u>positive</u> on this date? (select all that apply)						
O Positive -	Mo. Year	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:							
Negative								
O ,	Date not documented							
Result not documented								
Was hepatitis B screening pe	rformed prior to the SP start date?	(select one)						
Yes – screening done	Enter all that are documented for "	Yes" below						
No – documented that scre	ening <u>not</u> done							
3 Hepatitis B screening not d	ocumented							
If "Yes," what were the result	◀							
Select all that apply <u>OR</u> result not d								
	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 UDO InC or UDOAh InC					
_ Positive	Mo. Year	Anti HBc IgG	Anti HBs IgG or HBsAb IgG					
0		Anti HBc IgM	Anti HBs or HBsAb total					
		Anti HBc total	HBsAg					
			Test type not documented					
	Date of last negative test:							
Negative →	,							
	Date not documented							
Result not documented								
Was banatitis C saraaning nor	formed prior to the SD start date?	(coloct one)						
	formed prior to the SP start date? Enter all that are documented for "							
		Tes below						
No – documented that screen								
Hepatitis C screening not do	ocumented 							
If "Yes," what were the results								
Select all that apply <u>OR</u> result not do	Date of 1 st positive test:	Which Honotitic C toot(a):	washwara nasitiva on this data?					
Docitive		(select all that apply)	was/were <u>positive</u> on this date?					
○ Positive →	Date not documented	Anti HCV (EIA or RIBA)	HCV RNA quantitative (PCR)					
	Mo. Year	HCV RNA qualitative	Test type not documented					

○ Negative →	Date of last negative test: Date not/documented
Result not documented	Mo: Year

VI. HEPATITIS, <i>TOXOPLASMA</i> , AND TUBER	CULOSIS (TB) SCREENING cont'd
Was Toxoplasma screening performed prior to the SP start date? (sel	ect one)
Yes – screening done — Enter all that are	e documented below.
No – documented that screening <u>not</u> done	
³ Toxoplasma screening not documented	
Was there a positive result for the most recent Toxoplasma antibo	ody titer prior to the SP start date? (select one)
Yes Enter date of positive result:/	Date not documented
No (negative result for most recent test)	Year
Result not documented	
Was screening for tuberculosis (TB) performed prior to the SP start da	ate? (select one)
Yes – screening done — Enter all that are	e documented below.
No – documented that screening <u>not</u> done	
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 SF	start date: (enter one for TST/PPD/Mantoux <u>OR</u> one for QFT)
TST/PPD/Mantoux: (enter OR select one) OR	QFT: (select one)
Result in millimeters:	QFT positive
Positive, no value reported	² QFT negative
Negative, no value reported	³ QFT indeterminate
Not read	Not documented
Anergic	
Not documented	
VII. HEPATITIS AND PNEUMOCO	
start date?	ledinococcai inimunizations were given prior to the SP
Yes Enter all that are documented for <u>each</u> vaccine below. No	
Was hepatitis A vaccine (Havrix, Vaqta) given prior to the SP start date	?? (select one: Yes, No, or Not documented)
Yes Enter a maximum of 3 documented doses and date	PS: Dose No. Date not documented (If documented) / Date
Yes – but number of doses not documented	
No – documented that vaccine not given	<u> </u>
Reason vaccine not given: (select one) Prior vaccination Patient declined	<i></i>
Previously infected Not documented	
Other, specify	

		I	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	l	I)
Hepatitis A	\ vac	cin	atic	n ne	ot de	ocur	nent	ed									

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)
Yes — Enter a maximum of 4 documented doses and dates:	Dose No. Date not documented documented
Yes – but number of doses not documented	
No – documented that vaccine not given	
Reason vaccine not given: (select one) Prior vaccination Patient declined	
OPreviously infected Not documented	
Other, specify	0
4 Hepatitis B vaccination not documented	
Was combination hepatitis A and B vaccine (Twinrix) given prior to the SP start of	date? (select one: Yes, No, or Not documented)
Yes — Enter a maximum of 4 documented doses and dates:	Dose No. Mo Vear Date not documented (If documented) , Date
Yes – but number of doses not documented	(
No – documented that vaccine not given	
Reason vaccine not given: (select one)	
OPrior vaccination OPatient declined OPreviously infected Not documented	
Other, specify	
Hepatitis A and B vaccination not documented	
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) given prior to the	e SP start date?
(select one Yes, No, or Not documented)	Date Date not
Yes Enter date of <u>last dose</u> given <u>before the SP</u> start date:	Mo. Year documented
No – documented that vaccine not given	
Reason vaccine not given: (select one)	
Prior vaccination Patient declined Not documented	
Other, specify	
Pneumococcal vaccination not documented	

le there decumentation of	n K O O O K	VIII. ANTIRETROVIRA	<u> </u>					
Is there documentation of prescription of antiretroviral therapy (ART) prior to the SP start date? Yes Enter all that that are documented below.								
No								
Date of first prescribed ant	tiretrov	riral medication: / / / / / / / / / / / / / / / / / / /	Date not doc	umented				
Prescribed antiretroviral m	edicat	ions prior to the SP start date: (s						
¹ Abacavir (ABC, Ziagen)		⁹ Efavirenz (EFV, Sustiva)	Lopinavir/Ritonavir (LPV/RTV, Kaletra, Meltrex)	Tenofovir (TDF, Viread)				
² Amprenavir (APV, Agenerase)		Emtricitabine (FTC, Emtriva)	Maraviroc (MRC, Selzentry)	Tipranavir (TPV, Aptivus)				
³ Atazanavir (ATV, Reyata	az)	Enfuvirtide (ENF, T-20, Fuzeon)	Nelfinavir (NFV, Viracept)	²⁷ Trizivir (ABC/3TC/AZT)				
⁴ Atripla (EFV/FTC/TDF)		Epzicom (ABC/3TC)	Nevirapine (NVP, Viramune)	²⁸ Truvada (FTC/TDF)				
5 Combivir (AZT/3TC)		Etravirine (Intelence, ETR, formerly TMC125)	Raltegravir (RAL, Isentress, MK-0518)	Zalcitabine (ddC, Hivid)				
Darunavir (DRV, TMC 1: Prezista)	14,	Fosamprenavir (FPV, Lexiva)	Ritonavir (RTV, Norvir)	Zidovudine (AZT, Retrovir)				
Delavirdine (DLV, Rescriptor)		¹⁵ Indinavir (IDV, Crixivan)	Saquinavir (SQV-HGC, Invirase, Fortovase)					
⁸ Didanosine (ddl) Videx		Lamivudine (3TC, Epivir)	Stavudine (d4T, Zerit)					
Other, Specify:								
Other, Specify:	I							
Other, Specify:	l							
Other, Specify:	ı							
		IX. LABORATORY	TEST RESULTS					
the SP start date?		t positive HIV test result, or labor mented for <u>each</u> diagnosis or test b	ratory test results for CD4 cell cou elow.	nt, or HIV viral load, prior to				
Is there documentation of	the firs	st positive HIV test result?						
Yes → Enter	date o	f first positive HIV test:	Year Date	e not documented				
○ ^{No}								
Is there documentation of	CD4 ce	ell count test results prior to the S	SP start date?					
○ Yes → Lowe	st CD4	cell count:	/ μl or mm³					
No Date of lo	owest (CD4 cell count: /	Date	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?					
○ ^{No}	Yes — Enter date of most recent undetectable result:	Date not documented				

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.							
Nn	;SISLAITU	e lest belov	w.				
Was genotypic ART resistance testing performed p	rior to t	the SD star	rt date2				
(Select <u>one</u> : Yes, No, or Testing not documented)							_
	Select <u>all</u> ART classes documented with resistance and/or possible resistance:						
Yes – resistance reported	O ^{FI}	O ^{PI}			NNRTI	\circ	RT classes not specified
² Yes – possible resistance reported	\circ^{FI}	○ PI	○ NF	₹TI (NNRTI	\circ	RT classes not specified
Yes – but no resistance reported							
Yes – but result was indeterminate							
⁵ Yes – but test result not documented							
No – documented that genotypic resistance testing	was no	t done					
Genotypic resistance testing not documented							
Was <u>phenotypic</u> ART resistance testing performed (Select <u>one</u> : Yes, No, or Testing not documented)	prior to	the SP sta	art date?				
	Select	<u>all</u> ART cla	sses docu	mented	with resist	ance an	d/or intermediate resistance:
Yes – resistance reported	o ^{FI}	\circ^{PI}	○ NF	RTI (\circ ^A	RT classes not specified
Yes – intermediate resistance reported	\circ^{FI}	○ ^{PI}	○ NF	RTI (O ^A	RT classes not specified
³ Yes – but no resistance reported							
Yes – but result was indeterminate							
⁵ Yes – but test result not documented							
No – documented that phenotypic resistance testing was not done							
Phenotypic resistance testing not documented							
Was <u>virtual phenotypic</u> ART resistance testing performed prior to the SP start date? (Select <u>one</u> : Yes, No, or Testing not documented) Select <u>all</u> ART classes documented with resistance and/or possible I							
		intermedia				II IESISIA	liice alia/oi possible /
Yes – resistance reported		O ^{FI}	OPI	○ NR		NNRTI	ART classes not specified
² Yes – possible/intermediate resistance reported	→	○ ^{FI}	OPI	○ NR		NNRTI	ART classes not specified
Yes – but no resistance reported							
Yes – but result was indeterminate							
Yes – but test result not documented							
No – documented that virtual phenotypic resistance	testing	was not de	one				
⁷ Virtual phenotypic resistance testing not document	ed						

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? Yes Finter all that are documented below.
Alcohol Abuse Is there documentation of alcohol abuse prior to the SP? Yes No
Other Non-prescribed Use of Substances Is there evidence of any injection substance use (e.g., track marks) documented prior to the SP? Yes No

	ICE ABUSE cont'd					
Non-prescribed use of substances documented prior to the SP: (select all that are documented)			ed and type of use) Type of Use (select all that apply OR select Not documented)			
Substance			Non-Injection	Not documented		
Amphetamines (other than methamphetamines)		0	0	<u> </u>		
Cocaine (other than crack)		0	0	0		
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)						
Marijuana						
10 Methadone		0	0	0		
11 Methamphetamines			0	0		
Painkillers such as Oxycontin, Vicodin or Percocet		0	0	0		
Poppers (amyl nitrate)						
14 Rohypnol						
Steroids/Hormones		0	0	0		
Tranquilizers such as Valium, Ativan, or Xanax						
Viagra, Levitra or Cialis						
Other, Occasión			0	0		
Specify:			_			
Specify:		0	0	0		
Other, Specify:		0	0	0		
²¹ _ Substance not specified			0	0		
XII. MEN	TAL HEALTH					
Is there documentation of any of the following mental illnesse Yes Select all that are documented below.		,				
Anxiety disorder (General anxiety disorder, GAD) Depression (Major depression, depressive disorder)						
2 Bipolar disorder 4 Psychosis						

OPTIONAL- FOR LOCAL USE ONLY						
<i>MMP MHF v7.1.0</i>				Abstraction		
MMP Participant ID:				Facility ID:		
			VIII. DELLA DI		(ID of the facility where abstraction is being condu	cted)
			XIII. REMARK	S		