

**Medical Monitoring Project (MMP)  
Medical Record Abstraction Form  
2012 Surveillance Period Inpatient Form (SPIF)  
VERSION 7.1.0**

OPTIONAL FOR LOCAL USE ONLY

**MMP SPIF v7.1.0**

**MMP Participant ID:**

**Date of Admission:**

  
Mo. Day Year

Date not documented

**Abstraction  
Facility ID:**

(ID of facility where abstraction is being conducted)

**Inpatient medical record number:**

Medical record number not documented

**Patient name:**

**Patient residence:**

**Street:**

**City/County:**

**State:**

**ZIP code:**

**Physician name:**







**Medical Monitoring Project (MMP)  
Medical Record Abstraction Form  
2012 Surveillance Period Inpatient Form (SPIF)  
V7.1.0**



**I. ABSTRACTION AND IDENTIFICATION**

MMP Participant ID:

**Surveillance Period (SP)**

SP start date:

(12 months prior to date of interview OR 1<sup>st</sup> contact attempt if no interview obtained)

SP end date:

(date of interview OR 1<sup>st</sup> contact attempt if no interview obtained)

Date of abstraction:

Abstractor ID:

Date of admission:

Date not documented

Date of discharge:

Date not documented

Abstraction Facility ID:

(ID of facility where abstraction is being conducted)

**Was the documented care abstracted with this form given at another facility (i.e., outside the Abstraction Facility)?**

Yes

Complete information about the "Care" Facility →

Enter Care Facility ID or indicate that Care Facility was not documented or was outside jurisdiction

Care Facility ID

(ID of the facility where the documented care was provided)

No

Continue to Section II below

Care Facility not documented or outside jurisdiction

**II. SURVEILLANCE PERIOD INPATIENT FORM SECTIONS – OPTIONAL**

**Is there documentation of any of the following during this inpatient stay?**

Yes → Select all that are documented below.

No → This form is now complete except for optional section VIII (Remarks).

New or existing diagnoses of AIDS defining Opportunistic Illnesses (AIDS OI)  
→ Complete section III.

New or existing diagnoses of conditions other than AIDS OI  
→ Complete section IV.

Prescription or continuation of antiretroviral therapy (ART) *closest to admission*  
→ Complete section V.

Prescription or continuation of antiretroviral therapy (ART) *closest to discharge*  
→ Complete section V.

Prescription or continuation of medications other than ART  
→ Complete section VI.

Laboratory test results, *closest to admission*  
→ Complete section VII.

Laboratory test results, *closest to discharge*  
→ Complete section VII.

Laboratory test results, hepatitis screening tests  
→ Complete section VII.

### III. AIDS DEFINING OPPORTUNISTIC ILLNESSES (AIDS OI)

Is there documentation any new or existing diagnoses of AIDS defining opportunistic illnesses (AIDS OI) during this inpatient stay?

- Yes → Select all that are documented below.  
 No

<input type="radio"/> 1 Candidiasis, bronchi, trachea, or lungs	<input type="radio"/> 14 Lymphoma, Burkitt's (or equivalent term)
<input type="radio"/> 2 Candidiasis, esophageal	<input type="radio"/> 15 Lymphoma, immunoblastic (IBL, or equivalent term)
<input type="radio"/> 3 Carcinoma, invasive cervical	<input type="radio"/> 16 Lymphoma, primary in brain
<input type="radio"/> 4 Coccidioidomycosis, disseminated or extrapulmonary	<input type="radio"/> 17 <i>Mycobacterium avium</i> complex or <i>M. kansasii</i> , disseminated OR extrapulmonary
<input type="radio"/> 5 Cryptococcosis, extrapulmonary	<input type="radio"/> 18 <i>M. tuberculosis</i> , pulmonary
<input type="radio"/> 6 Cryptosporidiosis, chronic intestinal (>1 month duration)	<input type="radio"/> 19 <i>M. tuberculosis</i> , disseminated or extrapulmonary
<input type="radio"/> 7 Cytomegalovirus disease (other than in liver, spleen, or nodes)	<input type="radio"/> 20 <i>Mycobacterium</i> , of other species or unidentified species, disseminated or extrapulmonary
<input type="radio"/> 8 Cytomegalovirus retinitis (with loss of vision)	<input type="radio"/> 21 <i>Pneumocystis jiroveci</i> pneumonia (PCP)
<input type="radio"/> 9 Herpes simplex: chronic ulcer (>1 month duration) or bronchitis, pneumonitis, or esophagitis	<input type="radio"/> 22 Pneumonia, recurrent in 12 month period
<input type="radio"/> 10 HIV encephalopathy	<input type="radio"/> 23 Progressive multifocal leukoencephalopathy (PML)
<input type="radio"/> 11 Histoplasmosis, disseminated or extrapulmonary	<input type="radio"/> 24 Salmonella septicemia, recurrent
<input type="radio"/> 12 Isosporiasis, chronic intestinal (>1 month duration)	<input type="radio"/> 25 Toxoplasmosis of brain
<input type="radio"/> 13 Kaposi's sarcoma	<input type="radio"/> 26 Wasting syndrome due to HIV

### IV. CONDITIONS OTHER THAN AIDS OI

Is there documentation of any new or existing diagnoses of conditions other than AIDS OI during this inpatient stay?

- Yes → Select all that are documented below.  
 No

<input type="radio"/> 1 Abscess	<input type="radio"/> 19 Erythema multiforme	<input type="radio"/> 37 Hypogonadism (gonadal deficiency)	<input type="radio"/> 55 Prostatitis
<input type="radio"/> 2 Alcoholism	<input type="radio"/> 20 Erythroderma	<input type="radio"/> 38 Hypothyroidism	<input type="radio"/> 56 Psoriasis
<input type="radio"/> 3 Anxiety disorder	<input type="radio"/> 21 Fatty liver	<input type="radio"/> 39 Ischemic heart disease	<input type="radio"/> 57 Psychosis, including schizophrenia
<input type="radio"/> 4 Arthritis (osteoarthritis)	<input type="radio"/> 22 Fever, unexplained, >100°F for 2+ weeks*	<input type="radio"/> 40 Lactic acidosis	<input type="radio"/> 58 Pulmonary hypertension
<input type="radio"/> 5 Asthma	<input type="radio"/> 23 Gastroesophageal reflux disease (GERD)	<input type="radio"/> 41 Lipoatrophy	<input type="radio"/> 59 Rash, drug-related
<input type="radio"/> 6 Avascular necrosis	<input type="radio"/> 24 Guillain-Barré syndrome	<input type="radio"/> 42 Lipodystrophy	<input type="radio"/> 60 Renal failure
<input type="radio"/> 7 Buffalo hump	<input type="radio"/> 25 Hearing loss, acquired	<input type="radio"/> 43 Malignancy	<input type="radio"/> 61 Respiratory infection, upper
<input type="radio"/> 8 Bronchitis	<input type="radio"/> 26 Hepatic (liver) failure	<input type="radio"/> 44 Metabolic syndrome	<input type="radio"/> 62 Respiratory infection, NOS
<input type="radio"/> 9 Cardiomyopathy, due to HIV or unknown cause	<input type="radio"/> 27 Hepatitis, alcohol-induced	<input type="radio"/> 45 Myelopathy (spinal cord disease/disorder)	<input type="radio"/> 63 Seborrheic dermatitis
<input type="radio"/> 10 Cellulitis (skin infection, bacterial)	<input type="radio"/> 28 Hepatitis, drug-induced	<input type="radio"/> 46 Myopathy (muscular weakness or changes)	<input type="radio"/> 64 Stevens-Johnson Syndrome
<input type="radio"/> 11 Depression, diagnosed by physician	<input type="radio"/> 29 Hepatitis, infectious, not drug-induced	<input type="radio"/> 47 Nephrolithiasis (kidney stone)	<input type="radio"/> 65 Stroke, ischemic, non-hemorrhagic
<input type="radio"/> 12 Diabetes mellitus (DM), type 1	<input type="radio"/> 30 Hepatitis, NOS	<input type="radio"/> 48 Nephropathy (kidney damage)	<input type="radio"/> 66 Suicide attempt

<input type="radio"/> <sup>13</sup> Diabetes mellitus (DM), type 2	<input type="radio"/> <sup>31</sup> Hodgkin's lymphoma (Hodgkin's disease)	<input type="radio"/> <sup>49</sup> Neuropathy, cranial	<input type="radio"/> <sup>67</sup> Thrombocytopenia, idiopathic (ITP)
<input type="radio"/> <sup>14</sup> Diabetes mellitus (DM), NOS	<input type="radio"/> <sup>32</sup> Human papillomavirus (HPV) infection	<input type="radio"/> <sup>50</sup> Neuropathy, peripheral	<input type="radio"/> <sup>68</sup> Vision loss, moderate or severe; blindness
<input type="radio"/> <sup>15</sup> Diarrhea, allergic/colitis	<input type="radio"/> <sup>33</sup> Hypercholesterolemia	<input type="radio"/> <sup>51</sup> Neuropathy, NOS	<input type="radio"/> <sup>69</sup> Warts, anal or genital
<input type="radio"/> <sup>16</sup> Diarrhea, infectious	<input type="radio"/> <sup>34</sup> Hyperglycemia	<input type="radio"/> <sup>52</sup> Oral candidiasis (thrush)	<input type="radio"/> <sup>70</sup> Warts, non-anal, non-genital
<input type="radio"/> <sup>17</sup> Diarrhea, NOS	<input type="radio"/> <sup>35</sup> Hypertension (high blood pressure)	<input type="radio"/> <sup>53</sup> Osteopenia or osteoporosis	<i>*in absence of a known cause</i>
<input type="radio"/> <sup>18</sup> Erectile dysfunction	<input type="radio"/> <sup>36</sup> Hypertriglyceridemia	<input type="radio"/> <sup>54</sup> Pneumonia	



26 <input type="radio"/>	26 <input type="radio"/>			
27 <input type="radio"/>	27 <input type="radio"/>	Trizivir	ABC/3TC/AZT	CNRTI
28 <input type="radio"/>	28 <input type="radio"/>	Truvada	FTC/TDF	CNRTI

**V. ANTIRETROVIRAL THERAPY (ART) cont'd**

Prescription or continuation closest to:					
Admission	Discharge	Name	Abbreviation	Also Known As	Group
29 <input type="radio"/>	29 <input type="radio"/>	Zalcitabine	ddC	Hivid	NRTI
30 <input type="radio"/>	30 <input type="radio"/>	Zidovudine	AZT	Retrovir	NRTI
31 <input type="radio"/>	31 <input type="radio"/>	Other, Specify:	<input type="text"/>		
32 <input type="radio"/>	32 <input type="radio"/>	Other, Specify:	<input type="text"/>		
33 <input type="radio"/>	33 <input type="radio"/>	Other, Specify:	<input type="text"/>		

**VI. OTHER MEDICATIONS**

**Is there documentation of prescription or continuation of medications other than ART during this inpatient stay?**

- Yes → Select all that are documented below.  
 No

1 <input type="radio"/>	acarbose	35 <input type="radio"/>	dapsone (DDS)
2 <input type="radio"/>	acetaminophen/hydrocodone	36 <input type="radio"/>	darifenacin
3 <input type="radio"/>	acetaminophen/oxycodone	37 <input type="radio"/>	dexamethasone
4 <input type="radio"/>	acyclovir	38 <input type="radio"/>	diphenhydramine
5 <input type="radio"/>	adefovir	39 <input type="radio"/>	doxorubicin
6 <input type="radio"/>	albuterol	40 <input type="radio"/>	doxorubicin liposomal
7 <input type="radio"/>	albuterol/ipratropium	41 <input type="radio"/>	doxycycline
8 <input type="radio"/>	aldesleukin	42 <input type="radio"/>	dronabinol
9 <input type="radio"/>	alprazolam	43 <input type="radio"/>	enalapril
10 <input type="radio"/>	amikacin	44 <input type="radio"/>	enalapril/hydrochlorothiazide (HCTZ)
11 <input type="radio"/>	amitriptyline	45 <input type="radio"/>	entecavir
12 <input type="radio"/>	amitriptyline/chlordiazepoxide	46 <input type="radio"/>	epoetin alfa (EPO)
13 <input type="radio"/>	amoxicillin	47 <input type="radio"/>	escitalopram
14 <input type="radio"/>	amoxicillin/clavulanate	48 <input type="radio"/>	esomeprazole
15 <input type="radio"/>	aspirin (ASA)	49 <input type="radio"/>	ethambutol
16 <input type="radio"/>	atenolol	50 <input type="radio"/>	ethionamide
17 <input type="radio"/>	atorvastatin	51 <input type="radio"/>	famotidine
18 <input type="radio"/>	azithromycin	52 <input type="radio"/>	fexofenadine
19 <input type="radio"/>	baclofen	53 <input type="radio"/>	filgrastim
20 <input type="radio"/>	bupropion	54 <input type="radio"/>	folinic acid
21 <input type="radio"/>	bupirone	55 <input type="radio"/>	fluconazole
22 <input type="radio"/>	butalbital/aspirin	56 <input type="radio"/>	fludrocortisone
23 <input type="radio"/>	butalbital/aspirin/caffeine (BAC)	57 <input type="radio"/>	fluoxetine
24 <input type="radio"/>	calcitrol	58 <input type="radio"/>	fluphenazine
25 <input type="radio"/>	capreomycin	59 <input type="radio"/>	fluticasone
26 <input type="radio"/>	cetirizine	60 <input type="radio"/>	fluticasone/salmeterol
27 <input type="radio"/>	chlorpropamide	61 <input type="radio"/>	fluvastatin
	cimetidine		foscarnet



28 <input type="radio"/>		62 <input type="radio"/>	
29 <input type="radio"/>	ciprofloxacin	63 <input type="radio"/>	gabapentin
30 <input type="radio"/>	citalopram	64 <input type="radio"/>	gatifloxacin
31 <input type="radio"/>	clonazepam	65 <input type="radio"/>	gemfibrozil
32 <input type="radio"/>	cromolyn	66 <input type="radio"/>	hydrochlorothiazide (HCTZ)
33 <input type="radio"/>	cycloserine	67 <input type="radio"/>	hydrochlorothiazide (HCTZ)/methyldopa
34 <input type="radio"/>	cyclosporine	68 <input type="radio"/>	hydrochlorothiazide (HCTZ)/metoprolol

## VI. OTHER MEDICATIONS cont'd

69 <input type="radio"/>	hydrochlorothiazide (HCTZ)/triamterene	108 <input type="radio"/>	penicillin
70 <input type="radio"/>	imiquimod	109 <input type="radio"/>	phenytoin
71 <input type="radio"/>	insulin (inhaled or injectable)	110 <input type="radio"/>	pioglitazone
72 <input type="radio"/>	interferon alphacon-1	111 <input type="radio"/>	podofilox topical
73 <input type="radio"/>	interferon alfa 2a	112 <input type="radio"/>	podophyllin topical
74 <input type="radio"/>	interferon alfa 2b	113 <input type="radio"/>	pravastatin
75 <input type="radio"/>	iodoquinol	114 <input type="radio"/>	prednisone
76 <input type="radio"/>	isoniazid (INH)	115 <input type="radio"/>	propranolol
77 <input type="radio"/>	isoniazid (INH)/pyrazinamide (PZA)/rifampin	116 <input type="radio"/>	propranolol/hydrochlorothiazide (HCTZ)
78 <input type="radio"/>	isoniazid (INH)/rifampin	117 <input type="radio"/>	pyrazinamide (PZA)
79 <input type="radio"/>	kanamycin	118 <input type="radio"/>	ranitidine
80 <input type="radio"/>	lansoprazole	119 <input type="radio"/>	ribavirin
81 <input type="radio"/>	lansoprazole/amoxicillin/clarithromycin	120 <input type="radio"/>	rifabutin
82 <input type="radio"/>	levofloxacin	121 <input type="radio"/>	rifampin
83 <input type="radio"/>	levothyroxine	122 <input type="radio"/>	rifapentine
84 <input type="radio"/>	lisinopril	123 <input type="radio"/>	rosiglitazone
85 <input type="radio"/>	lithium	124 <input type="radio"/>	rosiglitazone/glemeperide
86 <input type="radio"/>	loxapine	125 <input type="radio"/>	rosuvastatin
87 <input type="radio"/>	megestrol	126 <input type="radio"/>	sertraline
88 <input type="radio"/>	metformin	127 <input type="radio"/>	sildenafil
89 <input type="radio"/>	methadone	128 <input type="radio"/>	somatropin
90 <input type="radio"/>	metoclopramide	129 <input type="radio"/>	streptomycin
91 <input type="radio"/>	metoprolol	130 <input type="radio"/>	tadalafil
92 <input type="radio"/>	mirtazapine	131 <input type="radio"/>	tamsulosin
93 <input type="radio"/>	moxifloxacin	132 <input type="radio"/>	telbivudine
94 <input type="radio"/>	nalbuphine	133 <input type="radio"/>	testosterone
95 <input type="radio"/>	niacin	134 <input type="radio"/>	tinidazole
96 <input type="radio"/>	nifedipine	135 <input type="radio"/>	trazadone
97 <input type="radio"/>	nizatidine	136 <input type="radio"/>	triamcinolone nasal
98 <input type="radio"/>	octreotide	137 <input type="radio"/>	trichloroacetic acid (TCA) topical
99 <input type="radio"/>	olanzapine	138 <input type="radio"/>	trimethoprim/sulfamethoxazole (TMP/SMZ)
100 <input type="radio"/>	omeprazole	139 <input type="radio"/>	valacyclovir
101 <input type="radio"/>	oxycodone	140 <input type="radio"/>	valproic acid
102 <input type="radio"/>	p-aminosalicylate	141 <input type="radio"/>	vancomycin
103 <input type="radio"/>	palonosetron	142 <input type="radio"/>	vardenafil
104 <input type="radio"/>	pantoprazole	143 <input type="radio"/>	venlafaxine
105 <input type="radio"/>	paroxetine	144 <input type="radio"/>	warfarin
106 <input type="radio"/>	peginterferon alfa 2a	145 <input type="radio"/>	zanamivir
107 <input type="radio"/>	peginterferon alfa 2b	146 <input type="radio"/>	zolpidem

147	Other, <input type="radio"/> Specify:	
148	Other, <input type="radio"/> Specify:	
149	Other, <input type="radio"/> Specify:	
150	Other, <input type="radio"/> Specify:	
151	Other, <input type="radio"/> Specify:	

## VII. INPATIENT LABORATORY TEST RESULTS

Is there documentation of any of the following laboratory test results during this inpatient stay?

Yes → Enter all that are documented for each test below.

No

**Laboratory tests performed *closest to admission*:** (select all that are documented)

	Result		
	Undetectable	Value	Units (select one, where applicable)
1 <input type="radio"/> CD4 cell count			Cells/ mm <sup>3</sup> or $\mu$ L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
2 <input type="radio"/> CD4 cell %			% <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
3 <input type="radio"/> HIV viral load	<input type="radio"/>		Copies/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
	<input type="radio"/> Lower Limit of Detection for HIV Viral Load Test Used: → _____ <input type="radio"/> Lower Limit of Detection NOT documented		
4 <input type="radio"/> ALT (SGPT)			Units /L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
5 <input type="radio"/> AST (SGOT)			Units/L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
6 <input type="radio"/> Creatinine (Creat, Cr)			mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

**Laboratory tests performed *closest to discharge*:** (select all that are documented)

	Result		
	Undetectable	Value	Units (select one, where applicable)
1 <input type="radio"/> CD4 cell count			Cells/ mm <sup>3</sup> or $\mu$ L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
2 <input type="radio"/> CD4 cell %			% <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
3 <input type="radio"/> HIV viral load	<input type="radio"/>		Copies/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
	<input type="radio"/> Lower Limit of Detection for HIV Viral Load Test Used: → _____ <input type="radio"/> Lower Limit of Detection NOT documented		
4 <input type="radio"/> ALT (SGPT)			Units /L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
5 <input type="radio"/> AST (SGOT)			Units/L <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
6 <input type="radio"/> Creatinine (Creat, Cr)			mg/dL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented

**INFECTIOUS DISEASE TESTS: Hepatitis A, B, C**

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
22 <input type="radio"/> <b>Anti-HAV IgG</b> (HAV Ab IgG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
23 <input type="radio"/> <b>Anti-HAV IgM</b> (HAV Ab IgM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
24 <input type="radio"/> <b>Anti-HAV total</b> (HAV Ab total)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

## VII. INPATIENT LABORATORY TEST RESULTS cont'd

	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units (select one, where applicable)
25 <input type="radio"/> <b>Anti-HBc IgG</b> <small>(HBc Ab IgG)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
26 <input type="radio"/> <b>Anti-HBc IgM</b> <small>(HBc Ab IgM)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
27 <input type="radio"/> <b>Anti-HBc total</b> <small>(HBc Ab total)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
28 <input type="radio"/> <b>Anti-HBe (HBe Ab)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
29 <input type="radio"/> <b>Anti-HBs IgG</b> <small>(HBs IgG Ab)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
30 <input type="radio"/> <b>Anti-HBs total</b> <small>(HBs Ab)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
31 <input type="radio"/> <b>HBeAg</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
32 <input type="radio"/> <b>HBsAg</b> <small>(Hepatitis B surface antigen)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
33 <input type="radio"/> <b>HBV DNA (PCR)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		IU/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
Lower Limit of Detection for HBV DNA (PCR) Test Used: → <input style="width: 150px; height: 20px;" type="text"/> <input type="radio"/> Lower Limit of detection NOT documented						
34 <input type="radio"/> <b>Anti-HCV, EIA</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
35 <input type="radio"/> <b>HCV genotype</b>						
36 <input type="radio"/> <b>HCV RNA qualitative</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
37 <input type="radio"/> <b>HCV RNA quantitative (PCR)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		IU/mL <input type="radio"/> Other, specify: _____ <input type="radio"/> Units not documented
Lower Limit of Detection for HCV RNA (PCR) Test Used: → <input style="width: 150px; height: 20px;" type="text"/> <input type="radio"/> Lower Limit of Detection NOT documented						

