Summary of Changes to Data Collection Instruments
Medical Monitoring Project
OMB # 0920-0740 Exp. 5/31/2015
Attachment 3b

Summary of Revisions to the Questionnaire

Beginning in early 2013, CDC began an evaluation of the MMP questionnaire that included consultation with external stakeholders, among them grantees, subject matter experts, and colleagues from other federal agencies. The evaluation focused on examination of the relevance, coherence, and scientific contribution of interview questions. The result is a modified interview questionnaire (see Attachment 8c for the previously approved version of the questionnaire and Attachment 8a for the new version of the questionnaire, a red-lined version was not feasible due to extensive reformatting of the questionnaire which was necessary to reduce programming errors and automate the collection of meta-data). The following changes were necessary given the new eligibility rules for MMP allowing the participation of persons not receiving care: the expansion of the HIV testing, linkage to care, and re-engagement in care sections, as well as the addition of questions that elicit detailed information on reasons for not being in care. These questions were previously used in formative research to test new sampling methods for MMP (OMB No. 0920-0840, expiration 2/29/2016), and were refined according to input from stakeholders and the formative research experience. Other sections of the questionnaire were modified to improve the efficiency of administration and the quality of the data collected, for example, by changing open-ended questions to close-ended questions. All new sections of the questionnaire were tested for clarity through test interviews and presentation to MMP's Community Advisory Board. CDC staff conducted test interviews of the revised questionnaire using scenarios involving hypothetical respondents with different characteristics, and determined the average time to complete the interview was 45 minutes, which is the same administration time as for the previously approved questionnaire. The changes to the questionnaire are described in the following table.

Table 1. Proposed Modifications

Location in Documents	Modifications (with brief justification)	Question #(s)	Burden (Increase, Decrease, No change)	Total Number of Questions
Attachment: 8c (p. 7)	Removed two questions about city and state of previous MMP interview as they did not provide useful information.	8c: Removed: D1b, D1c	Decrease	2
Attachment 8a: p. 8; Attachment 8c: p. 4	Replaced an information element in Preliminary Information (IP) section completed by the interviewer about whether the interview was conducted over the phone or face-to-face, with an item that documents the interview setting. The majority of face-to-face interviews were previously conducted in facilities, but the interview setting will now vary, given the change from	8a:INTSE_12; 8c: Removed: I5	No change	0

	facility-based sampling to the new case based sampling methodology. Adding this element will allow us to assess whether interview setting affects question response.			
Attachment 8a: p.9Where in 8c would the questions be added?	Added sampling date in the Preliminary Information (IP) section - as an information element for the interviewer to complete.	8a: SDATENS_IP.6.0.	No change	0
Attachment 8a: p. 12-20 Where in 8c would the questions be added?	Added 11 questions in the Residence (YS) section to capture whether the respondent lived in the sampling jurisdiction on the sampling date and during the surveillance period. We estimate that 75% of respondents will be asked only the first 2 questions. Persons sampled because they were presumed to be a resident in a jurisdiction at the time of sampling, may have moved out of the jurisdiction before they are recruited. Collection of area of residence is important) to allow project areas to restrict certain analyses to persons who actually resided in the project area at the time of data collection, e.g., 1) analyses of unmet need used to guide allocation of local resources, and 2) analyses of state-by-state variation in unmet need and quality of care used to guide allocation of national resources.	8a: YS.1.0 – YS.3.2	Increase	11
Attachment 8a: p.25; Attachment 8c p. 11	Modified question about sexual orientation in the Gender and sexual orientation (DG) section to align with National Health Interview Survey response set.	8a: SEXOR_N5 8c: Removed: D11	No change	0
Attachment 8a: p. 25-26 Where in 8c would	Added two questions in Marriage status (DM) to assess whether respondents are benefiting from the protections and	8a: DM.1.0, DM.1.1	Increase	2

the questions be added?	rights afforded by legal marital status and the social support afforded by co-habitation with a partner.			
Attachment 8a: p. 28 Where in 8c would the questions be added?	Added two questions in the Incarceration (DJ) section about length of most recent incarceration and date of last release, to assess involvement with the criminal justice system and challenges related to returning to community life after release. We estimate 5% of respondents will be asked these questions.	8a: DJ.1.1, DJ.1.2	Increase	2
Attachment 8a: p.31 Attachment 8c: p. 14	Deleted question (in the Demographics (D) section about whether respondent reported income as monthly; Changed prompt in Income (FI) section to ask only about income, which the respondent can report as either monthly or yearly	8a: FI.1.0. 8c: Removed: D19a	No change	0
Attachment 8a: p. 32 Where in 8c would the questions be added?	As recent findings demonstrate that food security is associated with health outcomes and adherence to antiretroviral therapy, we added one question to measure food security in Food security (FS) section. This question allows findings from MMP so be compared to findings from the general U.S. population, as the question is asked in the National Health and Nutrition Examination Survey as well as several other population-based surveys.	8a: FS.1.0.	Increase	1
Attachment 8a: p.32-35 Where in 8c would this happen?	Added 7 questions in Productivity loss (FL) section to measure economic burden and productivity loss among HIV-infected persons. Studies demonstrate that employment among HIV-infected persons is lower than the general population, yet the majority of	8a: FL.1.0.-FL.4.0.	Increase	7

	the HIV-infected persons are of prime working age. It is important to better understand HIV infection's effect on labor force participation. This is the first and only national survey of productivity losses among the HIV-infected population.			
Attachment 8a: p. 36-38; Attachment 8c: p.12	Changed the prompt in Healthcare coverage (FH) section for each health insurance option from, for example, "… Medicaid," to "Did you have Medicaid?" This change should help improve the flow of the questionnaire.	8a: FH.1.1., FH.1.2., FH.1.3., FH.1.4., FH.1.5., FH.1.6., FH.1.7., FH.1.8., FH.1.9., FH.1.10. 8c: Removed: D15a-D15i	No change	10
Attachment 8a: p. 36 Where in 8c would this happen?	Added two questions in Healthcare coverage (FH) section about whether the respondent obtained private health insurance through an employer or purchased coverage on healthcare.gov. These questions are only asked to respondents who indicate they have private health insurance. These questions will assess the impact of the Affordable Care Act on insurance coverage among HIV-diagnosed individuals.	8a: FH.1.1.a, FH.1.1.b	Increase	2
Attachment 8a: p. 37 Attachment 8c: p. 12	In Healthcare coverage (FH) section, combined "Ryan White" and "ADAP" health insurance options. ADAP is part of Ryan White – in 2005, about 1/3 of Ryan White funds went to ADAP.	8a: FH.1.4. 8c: Removed: D15d, D15e	Decrease	1
Attachment 8a: p. 37 Attachment 8c: p. 12	In Healthcare coverage (FH) section, reworded question to include "CHAMPVA"	8a: FH.1.5. 8c: Removed: D15f	No change	1
Attachment 8a: p. 37 Where in 8c would this happen?	Added in Healthcare coverage (FH) section health insurance option: "free medication or help with payment for medication through your doctor's office or clinic, or a compassionate care	8a: FH.1.8.	Increase	1

	program—but not through ADAP or Ryan White." This was a common write-in option in previous cycles.			
Attachment 8a: p. 37 Where in 8c would this happen?	Added in Healthcare coverage (FH) section health insurance option: "free medication or help with payment for medication through a drug company." This was a common write-in option in previous cycles.	8a: FH.1.9.	Increase	1
Attachment 8a: p. 38 Where in 8c would this happen?	Added question in Healthcare coverage (FH) section: "So, during the past 12 months, you had no insurance and no other coverage for any type of healthcare, including medications. Is that correct?" This question can double-check that a respondent was uninsured, to prevent misclassification.	8a: FH.1.12	Increase	1
Attachment 8a: p. 39 Where in 8c would this happen?	Added question in Healthcare coverage (FH) section: "During the past 12 months, about how many months were you without insurance or other health care coverage?" This question allows better description of time spent uninsured and lapses in coverage. Understanding the duration of gaps in healthcare coverage among HIV-positive individuals is important, since health insurance is a critical social determinant of health. Previously MMP only asked whether there was a gap or not, and stakeholders felt this question would provide more useful information.	8a: FH.2.1	Increase	1
Attachment 8a: p. 39-40 Where in 8c would this happen?	Added seven questions in the Affordable Care Act (FC) section related to the Affordable Care Act, which can assess how changes in health insurance coverage affect HIV-diagnosed individuals. All respondents will be asked three of these questions; only	8a: FC.1.0, FC.1.1, FC.1.2., FC.1.3., FC.1.4., FC.2.0., FC.3.0.	Increase	7

	respondents who reported experiencing a change in coverage will be asked the remaining four questions.			
Attachment 8a: p. 42 Where in 8c would this happen?	Two HIV testing questions in the HIV testing experiences (X) section were modified from the 2014 questionnaire by collapsing response categories. In our experience using and analyzing data from the 2014 questions, the distinction between responses was sometimes not clear to respondents, or certain response items were seldom chosen; these items were usually combined during analysis. For instance, separate HIV setting response items such as "Private doctor" and "primary care" were combined into "Primary care, non-emergency setting."	8a: X.1.0 – X.2.0	Increase	2
Attachment 8a: p. 42-43 **Attachment: 8c (p.16-27)**	The Access to Care section was removed and questions were revised in the HIV testing experiences (X) section to reflect the new sampling methodology, which includes persons who have never accessed or are not currently accessing care.	8a: X.1.0., X.2.0. 8c: Removed: A1 – A19	Decrease	29
Attachment 8a: p. 43-51 Where in 8c would this happen?	Questions were added to the Never in care (K) section pertaining to "Never in Care" status. There is one stem question, and respondents who report they have never received HIV outpatient care will be asked 11-26 follow-up questions. Persons who had never received HIV care were excluded from MMP in 2014, so new questions are needed pertaining to this population. The follow-up questions identify barriers to ever receiving medical care and identify programmatic needs (e.g., disclosure support needed). One question identifies missed opportunities for linkage to care.	8a: K.1.0 – K.5.0.	Increase	31

	These questions address the current focus on engaging HIV-infected persons in HIV care. Data from these questions will be used to support achievement of the 2010 National HIV Strategy goal of increasing access to care.			
Attachment 8a: p. 52-54 Where in 8c would this happen?	Questions were added to the Linkage to care (VL) section pertaining to Linkage to Care (six stem questions and five follow up questions). The existing questions were inadequate to guide public health action to promote linkage to care, which is a goal of the 2010 National HIV Strategy. The new questions allow description of types of referrals to HIV care respondents received (active or passive), and assessment of whether different types of referral led to faster linkage care.	8a: VL.1.0 – VL.5.1.	Increase	10
Attachment 8a: p. 55-64 Where in 8c would this happen?	Questions have been added to the Retention (VR) section to address the increasing information needs related to retention in HIV care. Evidence is accruing indicating that optimal HIV care that includes antiretroviral therapy dramatically lengthens and improves the quality of life, as well as decreasing HIV transmission. To guide efforts to improve retention in care, one stem question has been added to identify respondents who are receiving intermittent HIV outpatient care, as well as 11-22 follow-up questions, for these respondents, depending on their answers. The follow-up questions will allow description of the reasons for not being consistently engaged in HIV outpatient care. The degree of engagement in care was not characterized well enough	8a: VR.1.0 – VR.10.2.	Increase	34

	through the 2014 survey to guide retention in care efforts. (only allowing description of the most recent visit to an HIV outpatient care provider), Therefore, questions have been added on the number of HIV outpatient care facilities visited, the frequency of HIV outpatient care visits, and gaps in HIV outpatient care.			
Attachment 8a: p. 65 Attachment 8c: p. 25	The 2014 survey contained a 2-question patient satisfaction scale in the Sources of Care section taken from the widely used Patient Satisfaction Questionnaire-8. To offset the addition of new questions elsewhere while still maintaining valid measurement of patient satisfaction, we switched to a single patient satisfaction question from the National Health Interview Survey, which was added to the HIV care quality (VQ) section.	8a: VQ.1.0 8c: Remove: A10a, A10b	Decrease	1

Attachment 8a: p. 66-74 Attachment 8c: p. 38-49; p. 52	The HIV treatment and adherence (T) section has been revised (235 questions were removed and 39 added. Items removed: medication specific adherence questions were replaced by a validated three-item adherence scale to improve measurement of adherence to antiretroviral medications, open-ended questions were removed and instead, common responses to them were included in response sets to improve measurement and increase efficiency of administration. Items were added from the National Health Interview Survey to monitor the effect of changes to the health care system on use of HIV medications.	8a: T.1.0 – T.11.5 8c: Removed: T5a_a-T5zi_f; T10_o1, T10_o3	Decrease	196
Attachment 8a: p. 75 Where in 8c would this happen?	Questions on emergency department care and hospitalizations due to HIV were added to replace 2 questions on ER and hospitalization (JH). Experience with the 2014 questions indicated that respondents are often unable to determine whether emergency care and hospitalizations are specifically related to HIV infection. Therefore, one emergency care question was adopted from the National Health Interview Survey and two hospitalization questions were adopted from the National Health and Nutrition Examination Survey.	8a: JH.1.0 – JH.2.1.0	Increase	3
Attachment 8a: p.76 **Attachment: 8c (p.32)**	Removed two health literacy questions and replaced them with a single-item question to measure health literacy in the Health literacy section (HL), to allow monitoring of progress toward the Healthy People 2020 goal to increase	8a: HL.1.0. 8c: Removed: A39, A41	Decrease	2

	health literacy among patients.			
Attachment 8a: p. 77-80 Where in 8c would this happen?	A well-validated anxiety module (Generalized Anxiety Disorder Scale or GAD) has been added to the Depression and Anxiety (M) section. Disorders are among the most common mental health disorders in the U.S., and little is known about their prevalence among HIV-infected persons, -7). There will be two stem questions for all respondents. Those whose responses meet a criterion-based threshold will then be asked five additional questions.	8a: MD.3.0., MD.4.0., MG.1.0., MG.2.0., MG.3.0., MG.4.0., MG.5.0.	Increase	7
Attachment: 8c (p. 150-151)	Removed three questions from the Prevention Activities section that were better captured in other sections of the survey or were no longer a priority.	8c: Removed: P1a, P2, P2a	Decrease	3
Attachment 8a: p. 152-153 Attachment 8c: p. 133-134	The questions in the Serosorting (SO) section were not changed, but the question numbering scheme was modified to fit the new format of the questionnaire.	8a: Say box before SO.1.0 – SO.4.0. 8c: Removed: S25-S29	No change	0
Attachment 8a: p. 154-155 Where in 8c would this happen?	Questions in the Disclosure of same sex attraction (RC) section were added in response to stakeholder comments. Similar questions were asked in previous cycles, but were left out of the 2014 data collection cycle. These questions elicit information that is useful for understanding the social context of sexual minorities, allow examination of the association of homosexual identity and disclosure ("Outness") with sexual risk behaviors. These items will be asked only of male respondents.	8a: RC.1.1. – RC.1.6.	Increase	6
Attachment 8a: p. 156 Attachment 8c:	Modified 2 questions from the Prevention Activities (PA) section to improve questionnaire flow. No	8a: PA.3.1., PA.3.2. 8c: Removed: P4, P5	No change	0

p. 151-152	substantive changes were made.			
Attachment: 8c (p. 153)	Removed six (of eight) depression questions for respondents who don't meet a criterion-based threshold according to two screening questions (MD.1.0. and MD.2.0.), to lessen the burden for respondents who do not show depressive symptoms	8c: Removed: M1c, M1d, M1e, M1f, M1g, M1h	Decrease	6
Attachment 8a: p. 158 Where in 8c would this happen?	Added one screener question and one follow-up question to measure intimate partner violence in the Physical violence (PV) section. Data will be compared to general population-level data from the National Intimate Partner and Sexual Violence Survey. Screening and counseling services for domestic and interpersonal violence are among the preventive health benefits that are now covered by new insurance programs under the Affordable Care Act.	8a: PV.1.0.–PV.1.1.	Increase	2
Attachment 8a: p. 159	Added one stem question and one follow-up question to measure intimate partner sexual violence in the Sexual violence (PS) section. Data will be compared to general population-level data from the National Intimate Partner and Sexual Violence Survey. Screening and counseling services for domestic and interpersonal violence are among the preventive health benefits that are now covered by new insurance programs under the Affordable Care Act.	8a: PS.1.0.–PS.1.1.	Increase	2
Attachment 8a:	In the Alcohol use (UA) section: The	8a: UA.1.0.-UA.6.0.	No change	0

p. 160-161 Attachment 8c: p. 135-137	alcohol use questions were not changed, but the question numbering scheme was modified to fit the new format of the questionnaire.	8c: Removed: U2-U7		
Attachment 8a: p. 162 Where in 8c would this happen?	Added two questions on lifetime and current use of cigars, cigarillos and little filtered cigars in the Cigarette and tobacco use (US) section. Previous studies have shown a higher prevalence of cigarette smoking in HIV-infected adults than in the general population. The use of cigar products has been increasing in the general population, especially among young people. Little is known about the prevalence of use in HIV-infected adults. The estimates generated can be compared to the general population.	8a: US.2.0. & US.2.1.	Increase	2
Attachment 8a: p. 163 Where in 8c would this happen?	Added questions to the Cigarette and tobacco use (US) section. Previous studies have shown a higher prevalence of cigarette smoking in HIV-infected adults than in the general population. Smoking cessation, both self-initiated and at suggestion of health care provider, will be measured. Smoking cessation programs have been shown to be an unmet need in previous cycles. These questions will only be asked to respondents who currently smoke cigarettes, cigarillos, little filtered cigars, or cigars.	8a: US.3.0. & US.4.0.	Increase	2
Attachment 8a: p. 163 Where in 8c would this happen?	Added questions to the Cigarette and tobacco use (US) section. Previous studies have shown a higher prevalence of cigarette smoking in HIV-infected adults than in the general population. Lifetime and current use of electronic cigarettes. The use of e-cigarettes has	8a: US.5.0. & US.5.1.	Increase	2

	been increasing in the general population and little is known about possible health effects. Little is known about the prevalence of use in HIV- infected adults. The estimates generated can be compared to the general population.			
Attachment 8a: p. 164-169 Attachment 8c: p.138-140	The Non-injection drug use (UN) section was modified as the previous format was burdensome to administer, and interviewers received complaints from respondents. Questions about drugs that have low frequency of use among MMP respondents were eliminated and descriptions and street names of certain drugs were clarified and updated. The flow of questions regarding non-injection drug use and non-injection drug use before or during sex was modified to ease administration and decrease question burden.	8a: UN.1.0.-UN.10.0 8c: Removed: U9a-U11o	Decrease	11
Attachment 8a: p. 169-175 Attachment 8c: p. 141-144	The injection drug use (UI) section was modified, as the previous format was burdensome to administer, and interviewers received complaints from respondents. Drugs with a low frequency of use among MMP respondents were eliminated, and descriptions of certain drugs were clarified. The flow of questions regarding injection drug use and injection drug use before or during sex was modified to ease administration and decrease question burden. Questions were added to more accurately assess sharing of injection equipment, as well as how injection equipment was obtained and disposed of. Added question on opiate replacement therapy programs. Only participants who indicate use of	8a: UI.1.0.-UI.12.0. 8c: Removed: U12-U18	Increase	3

	injection drugs in the past 12 months will receive these questions.			
Attachment: 8c (p.174-175)	Deleted items completed by the interviewer that are used to tracking provision of tokens of appreciation, as this information is tracked locally	8c: Removed: E1-E3a	No change	0
Attachment 8a: p. 176-177 Where in 8c would this happen?	Added many skip patterns in the Core acquisition risk questions (BC) section so the questions on risk behavior are asked in descending order of risk of HIV acquisition. For instance, the question on injection drug use is asked earlier than the question on heterosexual sex, because injection drug use in general confers a higher risk. This series allows assessment of the most likely route of HIV acquisition. When a person says yes to one HIV acquisition risk behavior, the section is ended. While the section is still 17 questions long, 70% of respondents are expected to complete the section after three questions.	8a: BC.1.0.- BA.3.0.	Decrease	0
Attachment 8a: p. 189-190 **Attachment: 8c (p.27)**	Modification of the Services and assistance programs (ND) section. The mental health services utilization question was changed (from asking about inpatient mental health) to so that it now asks about all forms of mental health treatment (because very few respondents in previous cycles reported receiving inpatient mental health treatment). A question about inpatient drug and alcohol treatment was dropped because of the small number of respondents in previous cycles who reported receiving it. A question to describe participation in HIV clinical trials was moved from the adherence section to the "other care" (JO) section.	8a: ND.9.0.-ND.9.5. 8c: Removed: A18, A19	Decrease	2

Attachment 8a: p. 181-199 Attachment 8c: p. 28-31	Modified the questions on met and unmet need for services to improve clarity of the existing questions in the Services and assistance programs (ND) section. Modifications were based on interviewer feedback and data from previous data collection cycles. We improved the definition of case management, food assistance, and meal or food services. A question on patient navigation was added, because this service is covered as specified in the Affordable Care Act. Instead of asking one open-ended qualitative question about the reason for unmet need as was done in previous cycles, four structured yes/no questions now specifically ask about financial, personal, and structural barriers. Testing demonstrated that the time to administer the new structured questions was comparable to the previously open-ended question. Previously 72 questions were asked and 94 questions are now asked in this section. Previously a minimum of 18 questions were asked of all respondents and now a minimum of 15 questions are asked of all respondents for this section.	8a: ND.1.0.-ND.18.5. 8c: Removed: A20a- A38e	Increase	22
Attachment 8a: p. 199-200 Where in 8c would this happen?	Added two questions in the Other disability (NS) section to determine the date that SSI or SSDI benefits were received. These questions are only asked of those who said they received SSI or SSDI benefits within the past 12 months. Based on analysis of MMP data, we identified the need to better understand lifetime SSI and SSDI benefits and the potential economic burden of providing these benefits. This is particularly	8a: NS.1.0.–NS.2.0.	Increase	2

	important since our sampled now includes all HIV-diagnosed persons, whether or not they receive HIV care.			
Attachment 8a: p. 201-203; Attachment 8c: p. 34	Prior studies have shown that HIV-infected persons experience a high level of stigma. Stigma has been shown to effect risk behaviors, adherence to therapy, and healthcare utilization, among other, in HIV-infected persons. The stigma questions in the Stigma (RS) section were modified for a more complete assessment of stigma's dimensions. Four sub-categories of stigma are now measured: (personalized stigma, disclosure concerns, internalized stigma and public attitudes). The discrimination questions were not changed, but the question numbering scheme was modified.	8a: RS.1.0. – RS.10.0. 8c: Removed: R1a-R1f	Increase	4
Attachment 8a: p. 219-220 Where in 8c would this happen?	Added two questions in the Immigration status (LI) section about immigration status to assess eligibility for Medicaid expansion under the Affordable Care Act, which will allow for assessment of the need for programs newly available due to health care reform. We estimate only 15% of respondents will be asked these questions.	8a: LI.1.0, LI.1.1	Increase	2
Attachment 8a: p. 225 Where in 8c would this happen?	As the sampled population has expanded to include persons who are not receiving care, questions for interviewers have been added to the Referrals and follow-up (EO) section to document resources provided to respondents for linkage or care re-engagement to care and for other ancillary services.	8a: EO.1.0 and EO.1.2	No change	0

Summary of Revisions to the Medical Record Abstraction data elements

MMP medical record abstraction (MRA) will continue to be conducted by MMP staff and thus will not contribute to the overall burden of the project. A red-lined version of the changes to the MRA data elements can be found in Attachment 9. Six data elements were removed from the previously approved MRA data elements. A question about PAP smear specimen adequacy was removed because this information was found to be unnecessary for reporting PAP smear results. Six questions about lab tests were removed because they were determined not to be critical data elements. The lab tests removed were: tests for hematocrit, lymphocytes, basophils, monocytes, and eosinophils. Two data elements were added to the MRA. One data element documenting Ryan White HIV/AIDS Program funding at the facility where medical record abstraction is conducted was added to allow MMP to monitor changes in the delivery and quality of HIV care and the association of these factors with funding. This information is needed, given the changes in the structure of the health care system resulting from the Affordable Care Act. A second data element, which assesses whether an MMP participant accessed HIV care in the MMP project area where he/she was sampled, or in another US state), has been added to permit MMP project areas to monitor care provided in their own jurisdictions. This data element is now necessary because MMP no longer samples persons according to where they received HIV care.

Summary of Revisions to the Minimum Dataset

The minimum dataset (MDS) is a set of variables extracted from the National HIV Surveillance System (NHSS) for each sampled person that is used to adjust for bias resulting from non-participation. The 2014 MDS contained 118 data elements. The proposed 2015 MDS contains 88 data elements. The net change is a 30-element reduction. Seventy-four data elements that were not found to be useful for making adjustments to account for non-participation bias were dropped from the 2015 MDS dataset. With the change in MMP sampling methodology to include HIV-diagnosed persons not receiving HIV care, factors associated with participation among persons not receiving care are needed. HIV care utilization is expected to be correlated with participation, and HIV-related laboratory tests reported to HIV surveillance are a proxy for care utilization. Therefore, 14 laboratory testing-related data elements were added to the MDS variable list, to allow for adjustment for differences in care utilization. In 2014 the MDS was transferred to CDC by project areas from local eHARS (HIV case surveillance) databases. In 2015, the MDS will primarily be drawn from the National HIV Surveillance System database, which is created from merged reports from all US jurisdictions. This change made necessary the addition of 27 data elements that account for the multiple sources of data. For instance, a data element was added to indicate the number of jurisdictions whose data were merged to create the MDS record. Three additional variables pertaining to the recency of contact information for the sampled person were added that will be transferred to CDC by project areas from local eHARS, as the information is only retained locally. The variables retained in, deleted from, and added to the 2015 MDS are listed in Attachment 10.