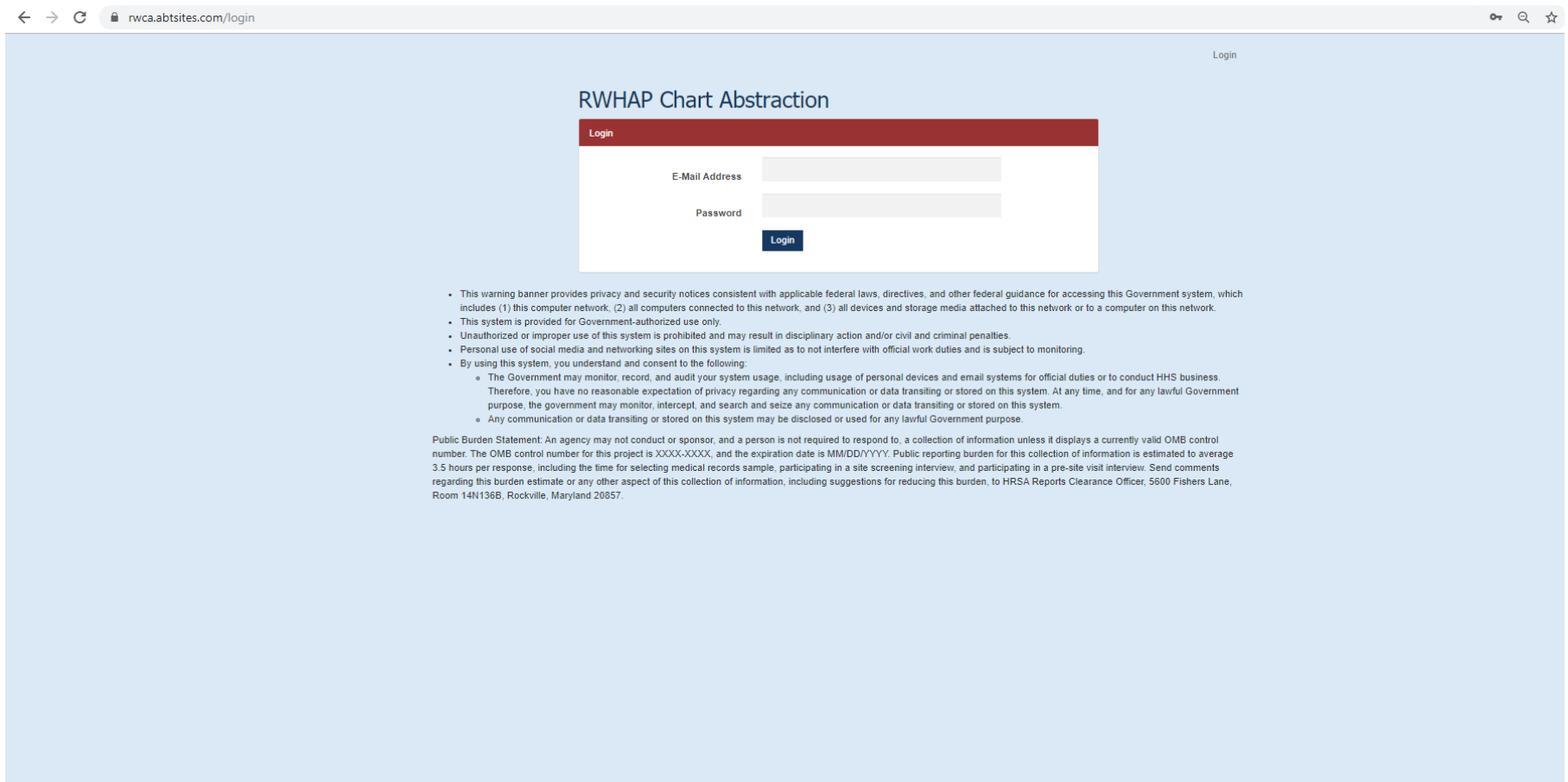


# 1. Login Screen



## 2. Creation of de-identified eUCI number

**RWHAP Chart Abstraction** Home

**New Chart Abstraction Form**

First and third letters of first name:

First and third letters of last name:

Date of birth: Enter January 1 if month and date are unknown

Current Gender:

Male  Female

Transgender  Unknown

## 3. Top Navigation

**RWHAP Chart Abstraction** Home [User Profile]

Client Information / Demographics | Medical Visits | Medications | Laboratory Testing | Vaccines

Unique Client ID: [Redacted] Review period is January 1, 2017 - December 31, 2018

## 4. Footer Navigation

## 5. Client Information/ Demographics Screen

Site ID:  Reviewer Initials:  Date of Review:  Start & end time of chart review (in mins): Start:  End:

Year of birth:

Not documented

Current gender: 

- Male
- Female
- Transgender (Male to Female)
- Transgender (Female to Male)
- Transgender (Other)
- Not documented

Sex at birth: 

- Male
- Female
- Not documented

Housing status: 

- Stable Permanent Housing
- Temporary Housing
- Unstable Housing
- Not documented

Race: (check all that apply) 

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other:
- Not documented

Ethnicity: 

- Hispanic/Latino/or Spanish origin
- Non-Hispanic/Latino/or Spanish origin
- Not documented

Annual Household income:  \$

Not documented

Number of people in household:

Not documented

Medical insurance: (check all that apply) 

- Private—Employer
- Private—Individual
- Medicare
- Medicaid
- CHIP, or other public plan
- Veterans Health Administration (VA), military health care (TRICARE), and other military health care
- Indian Health Service
- No insurance/uninsured
- Other:
- Not documented

HIV risk: (check all that apply) 

- Male-to-male sexual contact (MSM)
- Injection Drug Use (IDU)
- Hemophilia/coagulation disorder
- Heterosexual contact
- Receipt of blood transfusion, blood components, or tissue
- Perinatal transmission
- Risk factor not reported or not identified

HIV diagnosis year:

Date unknown

Date 1st HIV medical visit at site:

Date unknown

Patient status at the end of the review period:
 

- Alive  Deceased
- Date of death unknown
- Use 99 for the month if unknown (Ex: 99/2000)

Services received during the review period: (check all that apply) 

- HIV care only
- HIV and primary care
- HIV and other healthcare and supportive services
  - Other healthcare and supportive services provided onsite with medical care clinic
  - Other healthcare and supportive services provided in network/not onsite with medical care clinic
  - Other healthcare and supportive services provided onsite with medical care and in network/not onsite with medical care clinic
- HIV, primary, and other healthcare and supportive services
  - Other healthcare and supportive services provided onsite with medical care clinic
  - Other healthcare and supportive services provided in network/not onsite with medical care clinic
  - Other healthcare and supportive services provided onsite with medical care and in network/not onsite with medical care clinic

# 6. HIV Medical Visit Screen

**HIV Medical Visit #1**

Date of visit with HIV medical provider with prescribing privileges:  
  Client did not show up for the visit

Blood pressure readings at visit:  
Systolic:   Not documented  
Diastolic:   Not documented

Is client sexually active:   
 Yes  
 No  
 Not documented

If female, is patient pregnant at this visit?   
 Yes  
 No  
 Not documented

First noted date of pregnancy, if applicable:    
 N/A Pregnancy ongoing  
 Not applicable / not documented

Pregnancy outcome at this visit:   
 Pregnancy ongoing  
 Live birth  
 Pregnancy did not result in live birth  
 Not applicable / not documented

Date sexual history discussed:    Not documented

Was a mental health screening done during the visit:   
 Yes  
 No  
 Not documented

Type of mental health screening tests: (check all that apply)   
 PHQ-2  
 SAMISS  
 PHQ-9  
 CES-D  
 GAD-7  
 Abbreviated PCL-C  
 Kessler 6 or 10  
 Beck Screeners  
 Other   
 Not documented

Was a substance use screening done during the visit:   
 Yes  
 No  
 Not documented

Type of substance use screening performed: (check all that apply)   
 NIDA Quick Screen V1.0 and NIDA ASSIST V2.0 Drug Abuse Screening Test (DAST-10)  
 MAST  
 Triage Assessment for Addictive Disorders (TAAD) CAGE  
 UNCOPE  
 CRAFFT  
 Other   
 Not documented

Specify substance(s) used: (check all that apply) [clear all](#)

No documented history of substance abuse

Substance:

- Alcohol
- Marijuana (including synthetic versions)
- Non-medical/recreational Benzodiazepines (including Xanax, Valium, Librium, Ativan, etc.)
- Cocaine
- Crack
- Hallucinogens
- Heroin
- Ketamine/ecstasy/club drugs
- Prescription opioids
- Methamphetamine/Amphetamine
- Other

Results of screening:

- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼

Referral date for services:

- Date:  mm/dd/yyyy  Not applicable/ not documented
- Date:  mm/dd/yyyy  Not applicable/ not documented
- Date:  mm/dd/yyyy  Not applicable/ not documented
- Date:  mm/dd/yyyy  Not applicable/ not documented
- Date:  mm/dd/yyyy  Not applicable/ not documented
- Date:  mm/dd/yyyy  Not applicable/ not documented
- Date:  mm/dd/yyyy  Not applicable/ not documented
- Date:  mm/dd/yyyy  Not applicable/ not documented
- Date:  mm/dd/yyyy  Not applicable/ not documented
- Date:  mm/dd/yyyy  Not applicable/ not documented

Treatment Status:

- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼

Result of referral:

- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼
- Select ▼

Treatment modality: (check all that apply) [clear](#)

- Medication-Assisted Treatment (MAT)
- Detox
- Acupuncture
- Licensed counselor
- Peer support staff
- narcotics Anonymous (NA)
- Alcoholics Anonymous (AA)
- Halfway/Sober House
- Counseled by provider
- Syringe services
- Other
- Not documented

Current Medication Assisted Treatment (MAT) use: [clear](#)

Yes  No  Unknown

Type of Medication Assisted Treatment (MAT): [clear](#)

- Buprenorphine/ Naloxone (Suboxone)
- Buprenorphine
- Oral Naltrexone
- Long acting injectable Naltrexone
- Methadone
- Disulfiram
- Acamprosate
- Other
- Not documented

Administration of NARCAN to patient: [clear](#)

Yes  No  Not documented

Specify tobacco/nicotine usage: (check all that apply) [clear all](#)

No documented history of tobacco/nicotine use

Specify tobacco/nicotine usage: (check all that apply) [Clear all](#)

No documented history of tobacco/nicotine use

Type of tobacco:

Cigarettes

Cigar/Cigarillo

Vaporizer

Snuff

Other

History:

Select

Cessation counseling at visit:

Select

Treatment Status:

Select

Tobacco/nicotine medication used by patient: (check all that apply) [Clear](#)

Nicotine patch  Nicotine gum  Chantix  Wellbutrin  Not documented

HCV treatment status: (check all that apply) [Clear](#)

In treatment  Completed treatment  Incomplete treatment  Not documented/Not applicable

Co-morbid conditions during the review period: (Type ahead) [Clear](#)

Type co-morbidities

## 7. Medications Screen

All Medications prescribed, including ART regimen: [v](#)

Medication Name:

*Enter 99 in place of an unknown month or day, ex: 99-99-2019*

Start date:   Not documented

Stop date:   Not documented

[+](#)

## 8. Lab Testing Screen

CD4 Count #1 [v](#)

Date:   Not documented

Result:  mm<sup>3</sup> =  $\mu$ L

and  %

Not documented  Not documented

[Add Another CD4 Count](#)

Viral Load #1 [v](#)

Date:   Not documented

Result:   Not documented

copies/mL  Not documented

[Add Another Viral Load](#)

Glucose Regulation Test #1 [v](#)

Date:   Not documented

Type:  Hemoglobin A1c

Result:  %

Not documented

[Add Another Glucose Test](#)

**Lipid Level Test #1** ▼

Date:   Not documented

Cholesterol HDL:  mg/dL  Not documented Cholesterol LDL:  mg/dL  Not documented

Cholesterol Total:  mg/dL  Not documented Triglycerides:  mg/dL  Not documented

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**Chem panels - Chemistry #1** ▼

Date:   Not documented

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**TB screening Test #1** ▼

Date:   Not documented  Not applicable, patient has a history of TB or a history of a (+) PPD result or IGRA test

Type:  PPD  IGRA  Chest X-ray  Not documented

Result:  Positive  Negative  Indeterminate (for IGRA)  Not documented

---

**Colorectal cancer screening** ▼

Date:   Not documented

Type:

Stool test  Flexible sigmoidoscopy  Colonoscopy  CT colonograph/virtual colonoscopy  Not documented

**Women's health screening**

Pregnancy test:  Date:   Not documented

HPV screening:  Date:   Not documented   
 Results of HPV screening test:  Detected  Not detected  Not documented

Cervical PAP Smear:  Date:   Not documented  Not applicable (form women with hysterectomy without residual cervix)   
 Results of Cervical PAP Smear:  Unsatisfactory  Nilm (negative for intraepithelial lesion or malignancy)  Ascus (atypical squamous cells of undetermined significance)  Lgsil (low grade squamous intraepithelial lesion)  AGC  ASC-H (atypical squamous cells, cannot exclude high grade)  Hgsil (high grade squamous intraepithelial lesion)  No result listed

Colposcopy:  Date:   Not documented  Hysterectomy non-cancerous   
 Referral Date:   Not documented (if a result is indicated without a screening date)

Breast cancer screening:  Date:   Not documented   
 Breast cancer screening type:  Mammogram  MRI  Not documented

Bone density test:  Date:   Not documented

**Hepatitis A screen ever since diagnosis #1**

Hepatitis A IgG screening date:   Not documented   
 Hepatitis A IgG screening results:  Positive  Negative  Not documented  
 Total antibody (IgM and IgG) screening date:   Not documented  
 Total antibody (IgM and IgG) screening results:  Positive  Negative  Not documented

[Add Another Hepatitis A Screen](#)

**Hepatitis B screen ever since diagnosis #1**

HBV surface antibody screening date:   Not documented   
 HBV surface antibody results:  Positive  Negative  Not documented  
 HBV core antibody screening date:   Not documented  
 HBV core antibody results:  Positive  Negative  Not documented  
 HBV surface antigen screening date:   Not documented  
 HBV surface antigen results:  Positive  Negative  Not documented  
 HBV DNA screening date:   Not documented  
 HBV DNA results:  International units/mL  Not documented

[Add Another Hepatitis B Screen](#)



**Hepatitis C screen ever since diagnosis #1** ▼

HCV screening date:   Not documented

HCV screening test type:  HCV antibody test  HCV RNA test  Not documented

HCV antibody test results:  Positive  Negative  Not documented

HCV RNA test results: Values copies/ml   Detectable  Below Detectable Limits  Negative  Not documented

HCV genotyping test date:   Not documented

HCV genotyping test results:  Genotype 1  Genotype 2  Genotype 3  Genotype 4  Genotype 5  Not documented

**Liver disease Test #1** ▼

Liver test date:   Not documented

Test type:

Liver Biopsy:  Liver biopsy

Liver imaging:

- Fibroscan (Transient Elastography)
- Acoustic radiation force impulse (ARFI) Acuson S2000
- Real-time tissue elastography (RTE) HI VISION, Preirus
- Magnetic Resonance Elastography

Serum Liver Biomarkers:

- Fibrotest
- ActiTest
- Hepascore
- Fibrospect II
- European Liver Fibrosis Panel
- AST/ALT Ratio (hand calculated)
- AST and Platelet with APRI (Lab test)
- AST: platelet ratio (hand calculated)

**STI screen during the review period #1** ▼

Syphilis screening date:   Not documented

Syphilis results:  Reactive  Non-reactive  Not documented

Chlamydia screening date:   Not documented

Chlamydia screening site:  Throat  Anal/rectal  Vaginal  Urine  Not documented

Chlamydia results:  Positive  Negative  Not documented

Gonorrhea screening date:   Not documented

Gonorrhea results:  Positive  Negative  Not documented

Gonorrhea screening site:  Throat  Anal/rectal  Vaginal  Urine  Not documented

Gonorrhea type of specimen:  Nucleic acid amplification test (NAAT)  Culture  Not documented

# 9. Vaccines Screen

**Hepatitis A vaccine #1** ▼

Dose 1 date:   Not documented

Dose 2 date:   Not documented

[Add Another Hepatitis A](#)

**Hepatitis B vaccine #1** ▼

Dose 1 type:    Not documented

Dose 1 date:   Not documented

Dose 2 type:   Not documented

Dose 2 date:   Not documented

Dose 3 type:   Not documented

Dose 3 date:   Not documented

[Add Another Hepatitis B](#)

**Hepatitis A and B vaccine #1** ▼

Dose 1 type: clear all

Select Vaccine ▼

Dose 1 date:   Not documented

Dose 2 type:

Select Vaccine ▼

Dose 2 date:   Not documented

Dose 3 type:

Select Vaccine ▼

Dose 3 date:   Not documented

[Add Another Hepatitis A and B](#)

**Influenza vaccine #1** ▼

Date:   Not documented

[Add Another Influenza](#)

**Remarks** ▼