Attachment 3

Medical Record Abstraction Instruments

Medical Record Abstraction
Medical History Form for
Medical Monitoring Project (MMP)

VERSION 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
Atlanta, GA 30333

CENTERS FOR DISEASE CONTROL AND PREVENTION

– MMP Medical Record Abstraction Form –

Patient's Name: _____ **Physician's Name:** _____ **Phone No.:** ( ) _____

Address: _____ **Hospital/Clinic:** _____ **Medical Record No.:** _____

-- Patient identifier information is not transmitted to CDC --

Information in the surveillance system that would permit identification of any individual on whom a record is maintained, is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance in the protocol, and will not otherwise be disclosed or released without the consent of the individual in accordance with Sections 306 and 308(d) of the Public Health Service Act [42 USC 242k and 242m(d)].

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control & Prevention

Morbidity Monitoring Project (MMP) Medical Record Abstraction Form

Medical History Form

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

I. ABSTRACTION AND IDENTIFICATION INFORMATION

Patient Identification Number: ☐☐☐☐☐☐☐☐☐☐

Patients' residence during the visit prior to surveillance period (SP): State: ☐☐ City/County: ☐☐☐☐ Zip Code: ☐☐☐☐☐

First HIV-related visit at this facility: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

Date of Abstraction: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

Initials of person abstracting information: ☐☐☐

Surveillance Period (SP) (Abstract events occurring prior to this period):
Start Date: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐ End Date: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

Dates of medical record information abstracted:
From: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐ To: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

Clinic Location:
Clinic Site Code: ☐☐☐☐☐☐☐ Zip Code: ☐☐☐☐☐-☐☐☐☐

II. PATIENT INFORMATION

Date of Birth: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

Age (if Date of Birth Unknown): ☐☐

Sex at Birth: 1☐ Male 2☐ Female 9☐ Unknown/Not Documented

Current Sex: 1☐ Male 2☐ Female 9☐ Unknown/Not Documented

Hispanic or Latino Ethnicity:
1☐ Yes, Hispanic or Latino 9☐ Unknown
2☐ No, Not Hispanic or Latino

Race (Check all that apply):
1☐ American Indian or Alaska Native
2☐ Asian
3☐ Black or African American
4☐ Native Hawaiian or Pacific Islander
5☐ White
6☐ Other, Specify: _____
9☐ Unknown/Not Documented

Most recent weight in lbs: ☐☐☐ **Date:** Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

Height: ☐ ft ☐☐ inches **Date:** Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

III. INSURANCE STATUS

Type of insurance during the visit prior to SP (Check all that apply):

1☐ None
2☐ CHAMPUS/Tricare
3☐ Medicaid
4☐ Medicare
5☐ AIDS Drug Assistance Program
6☐ Other Public Insurance
6a☐ Federal 6b☐ Non-Federal
7☐ Private (including HMOs and PPOs)
8☐ Veterans Administration
9☐ Unknown
10☐ Self-Insured
11☐ Other, Specify: _____

IV. DISEASES INDICATIVE OF AIDS

Record any AIDS opportunistic infections (OI) diagnosed EVER: Check this box ☐ if no diagnosis of OI. For conditions with more than one diagnosis (episode), enter the date of earliest diagnosis and enter the number of episodes.

Disease	Date of Diagnosis of First Episode Mo.	Year	No. of Episodes
Candidiasis, bronchi, trachea, or lungs	☐☐	☐☐☐☐	☐
Candidiasis, esophageal	☐☐	☐☐☐☐	☐
Carcinoma, invasive cervical	☐☐	☐☐☐☐	☐
Coccidioidomycosis, disseminated or extrapulmonary	☐☐	☐☐☐☐	☐
Cryptococcosis, extrapulmonary	☐☐	☐☐☐☐	☐
Cryptosporidiosis, chronic intestinal (>1 mo. duration)	☐☐	☐☐☐☐	☐
Cytomegalovirus disease (other than in liver, spleen, or nodes)	☐☐	☐☐☐☐	☐
Cytomegalovirus retinitis (with loss of vision)	☐☐	☐☐☐☐	☐
HIV encephalopathy	☐☐	☐☐☐☐	☐
Herpes simplex: chronic ulcer (>1 mo. duration) or bronchitis, pneumonitis, or esophagitis	☐☐	☐☐☐☐	☐
Histoplasmosis, disseminated or extrapulmonary	☐☐	☐☐☐☐	☐
Isosporiasis, chronic intestinal (>1 mo. duration)	☐☐	☐☐☐☐	☐
Kaposi's sarcoma (KS)	☐☐	☐☐☐☐	☐
Lymphoma, Burkitt's (or equivalent term)	☐☐	☐☐☐☐	☐
Lymphoma, immunoblastic (or equivalent term; IBL)	☐☐	☐☐☐☐	☐
Lymphoma (primary in brain)	☐☐	☐☐☐☐	☐
Mycobacterium avium complex or *M. kansasii*, disseminated or extrapulmonary	☐☐	☐☐☐☐	☐
M. tuberculosis, pulmonary	☐☐	☐☐☐☐	☐
M. tuberculosis, disseminated or extrapulmonary	☐☐	☐☐☐☐	☐
Mycobacterium, of other species or unidentified species, disseminated or extrapulmonary	☐☐	☐☐☐☐	☐
Pneumocystis carinii pneumonia	☐☐	☐☐☐☐	☐
Pneumonia, recurrent in 12 mo. period	☐☐	☐☐☐☐	☐
Progressive multifocal leukoencephalopathy (PML)	☐☐	☐☐☐☐	☐
Salmonella septicemia, recurrent	☐☐	☐☐☐☐	☐
Toxoplasmosis of brain	☐☐	☐☐☐☐	☐
Wasting syndrome due to HIV	☐☐	☐☐☐☐	☐

Dates of medical record information abstracted: From: Mo. Day Year To: Mo. Day Year

V. PROPHYLAXIS

Was the patient EVER prescribed prophylaxis for the following conditions?

Pneumocystis carinii Pneumonia	Cytomegalovirus Disease	Extrapulmonary Cryptococcosis
1☐ Yes 2☐ No 9☐ Unknown	1☐ Yes 2☐ No 9☐ Unknown	1☐ Yes 2☐ No 9☐ Unknown

Latent TB Infection	*Mycobacterium avium Complex*	Toxoplasmosis
1☐ Yes 2☐ No 9☐ Unknown	1☐ Yes 2☐ No 9☐ Unknown	1☐ Yes 2☐ No 9☐ Unknown

VI. SCREENING AND IMMUNIZATIONS

Did the patient EVER receive screening for the following conditions?

	Hepatitis A	Hepatitis B	Hepatitis C
EVER	1☐ Yes 2☐ No 9☐ Unknown	1☐ Yes 2☐ No 9☐ Unknown	1☐ Yes 2☐ No 9☐ Unknown
Date of First Positive Result	Mo. Year 2☐ Negative	Mo. Year 2☐ Negative	Mo. Year 2☐ Negative

Did the patient receive screening for the following conditions during the visit prior to SP?

	Syphilis	Genital Herpes	Gonorrhea
Visit Prior to SP	1☐ Yes 2☐ No 9☐ Unknown	1☐ Yes 2☐ No 9☐ Unknown	1☐ Yes 2☐ No 9☐ Unknown
Result	1☐ Positive 2☐ Negative 9☐ Unknown	1☐ Positive 2☐ Negative 9☐ Unknown	1☐ Positive 2☐ Negative 9☐ Unknown

	Chlamydia	Non-Gonococcal Urethritis/Cervicitis	Human Papillomavirus (HPV)
Visit Prior to SP	1☐ Yes 2☐ No 9☐ Unknown	1☐ Yes 2☐ No 9☐ Unknown	1☐ Yes 2☐ No 9☐ Unknown
Result	1☐ Positive 2☐ Negative 9☐ Unknown	1☐ Positive 2☐ Negative 9☐ Unknown	1☐ Positive 2☐ Negative 9☐ Unknown

Did the patient EVER receive a toxoplasma antibody titer?
1☐ Yes 2☐ No 9☐ Unknown/Not Documented
If "Yes", what were the results?
1☐ Positive 9☐ Unknown/Not Documented
2☐ Negative
If "Positive", when? Mo. Day Year

Did the patient EVER receive a tuberculin skin test (TST) (Mantoux, purified protein derivative [PPD], or tuberculosis [TB] skin test)?
1☐ Yes 2☐ No 9☐ Unknown/Not Documented
If "Yes", what was the result?
1☐ Positive (≥ 5mm) 3☐ Patient was anergic
2☐ Negative (< 5mm) 4☐ Not read 9☐ Unknown/Not Documented
If "Positive", when? Mo. Day Year

Did the patient EVER receive a Pap smear?
1☐ Yes 2☐ No
9☐ Unknown/Not Documented
Date of the most recent Pap smear: Mo. Day Year
Site of the most recent Pap smear:
1☐ Cervical 2☐ Anal 3☐ Both

Did the patient EVER receive Hepatitis A vaccine (Havrix, Vaqta)?
DOSE No. DATE (Mo. Day Year)
1☐ Yes (List each dose and date):
2☐ No
3☐ Yes, number of doses not specified
4☐ Medically Contraindicated
9☐ Unknown/Not Documented

Did the patient EVER receive Hepatitis B vaccine (Engerix-B, Recombivax)?
DOSE No. DATE (Mo. Day Year)
1☐ Yes (List each dose and date):
2☐ No
3☐ Yes, number of doses not specified
4☐ No, Hepatitis B positive
5☐ Medically Contraindicated
9☐ Unknown/Not Documented

Did the patient EVER receive a combination Hepatitis A and B vaccine (Twinrix)?
DOSE No. DATE (Mo. Day Year)
1☐ Yes (List each dose and date):
2☐ No
3☐ Yes, number of doses not specified
4☐ Medically Contraindicated
9☐ Unknown/Not Documented

Did the patient EVER receive an influenza vaccine (Flushield, Fluvirin, Fluzone)?
1☐ Yes **If "Yes", date of last vaccination:** Mo. Day Year
2☐ No 3☐ Medically Contraindicated 9☐ Unknown/Not Documented

Did the patient EVER receive a pneumococcal vaccine (Pneumovax 23, Pnu-Immune 23)?
1☐ Yes **If "Yes", date of most recent vaccine:** Mo. Day Year
2☐ No 3☐ Medically Contraindicated 9☐ Unknown/Not Documented

Dates of medical record information abstracted: From: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐ To: Mo. ☐☐ Day ☐☐ Year ☐☐☐☐

VII. ANTIRETROVIRAL THERAPY

Did the patient EVER have a history of antiretroviral therapy? 1☐ Yes 2☐ No 9☐ Unknown/Not Documented

Antiretroviral Medicine	Was this EVER prescribed?	Check if patient is prescribed this medicine during the visit prior to SP	Antiretroviral Medicine	Was this EVER prescribed?	Check if patient is prescribed this medicine during the visit prior to SP
Zidovudine	1☐ Yes 2☐ No	☐	Saquinavir	1☐ Yes 2☐ No	☐
Lamivudine	1☐ Yes 2☐ No	☐	Nelfinavir	1☐ Yes 2☐ No	☐
Stavudine	1☐ Yes 2☐ No	☐	Amprenavir	1☐ Yes 2☐ No	☐
Didanosine	1☐ Yes 2☐ No	☐	Ritonavir	1☐ Yes 2☐ No	☐
Zalcitabine	1☐ Yes 2☐ No	☐	Atazanavir	1☐ Yes 2☐ No	☐
Abacavir	1☐ Yes 2☐ No	☐	Fosamprenavir	1☐ Yes 2☐ No	☐
Emtricitabine	1☐ Yes 2☐ No	☐	Enfuvirtide	1☐ Yes 2☐ No	☐
Tenofovir	1☐ Yes 2☐ No	☐	Combivir	1☐ Yes 2☐ No	☐
Nevirapine	1☐ Yes 2☐ No	☐	Trizivir	1☐ Yes 2☐ No	☐
Delavirdine	1☐ Yes 2☐ No	☐	Epzicom	1☐ Yes 2☐ No	☐
Efavirenz	1☐ Yes 2☐ No	☐	Truvada	1☐ Yes 2☐ No	☐
Indinavir	1☐ Yes 2☐ No	☐	Lopinavir/Ritonavir	1☐ Yes 2☐ No	☐
	1☐ Yes 2☐ No	☐		1☐ Yes 2☐ No	☐

VIII. OTHER TREATMENTS

Specify each drug prescribed or continued during the visit prior to SP:

DRUG	DRUG
1.)	13.)
2.)	14.)
3.)	15.)
4.)	16.)
5.)	17.)
6.)	18.)
7.)	19.)
8.)	20.)
9.)	21.)
10.)	22.)
11.)	23.)
12.)	24.)

IX. OTHER DIAGNOSES

For ALL diagnoses present, active, and requiring treatment during the visit prior to SP, enter the appropriate diagnosis status code (1 = "New", 2 = "Existing", 3 = "Adverse Event") in the corresponding box. If a diagnosis is not on this list, enter the diagnoses or ICD code in the blank space on the next page.

- ☐ Alcohol Abuse (EtOH)
- ☐ Avascular Necrosis
- ☐ Blindness/moderate or severe visual loss
- ☐ Buffalo Hump
- ☐ Cardiomyopathy, due to HIV or unk. cause
- ☐ Depression (diagnosed by clinician)
- ☐ Diabetes Mellitus
- ☐ Diarrhea, infectious
- ☐ Diarrhea, allergic/Colitis
- ☐ Drug Abuse, IV or injection
- ☐ Drug Abuse, NOT IV or injection
- ☐ Erythema Multiforme
- ☐ Erythroderma
- ☐ Fatty Liver
- ☐ Fever (unexplained, >100°F for two weeks or more)*
- ☐ Guillain-Barre Syndrome
- ☐ Hearing loss (acquired)
- ☐ Hepatic (liver) Failure
- ☐ Hepatitis - drug induced
- ☐ Hepatitis - infectious (not drug-induced)
- ☐ Hypercholesterolemia
- ☐ Hyperglycemia
- ☐ Hypertension (HTN)
- ☐ Hypertriglyceridemia
- ☐ Ischemic Heart Disease
- ☐ Lactic Acidosis
- ☐ Lipoatrophy
- ☐ Lipodystrophy
- ☐ Metastatic Neoplasm
- ☐ Mitochondrial Disease
- ☐ Myelopathy
- ☐ Myopathy
- ☐ Nephrolithiasis (kidney stone)
- ☐ Nephropathy
- ☐ Neuropathy, cranial
- ☐ Neuropathy, peripheral
- ☐ Osteopenia or osteoporosis
- ☐ Pancreatitis
- ☐ Pregnancy
- ☐ Primary Neoplasm (enter site code)
- ☐ Psychosis (including schizophrenia)
- ☐ Pulmonary Hypertension
- ☐ Rape (or other sexual abuse)
- ☐ Rash, drug-related
- ☐ Renal Failure
- ☐ Stevens-Johnson Syndrome
- ☐ Stroke (ischemic, non-hemorrhagic)
- ☐ Suicide Attempt
- ☐ Thrombocytopenia (idiopathic or ITP)
- ☐ Weight loss, >10 lbs, or >10% of baseline weight

*In the absence of a known infectious or neoplastic cause

– MMP Medical Record Abstraction Form –

Dates of medical record information abstracted: From: Mo. Day Year To: Mo. Day Year

IX. OTHER DIAGNOSES (Continued)

		Status of Diagnosis	If Adverse Event, Suspected Drug	Site Code
1.)	.	1 New 2 Existing 3 Adverse Event		
2.)	.	1 New 2 Existing 3 Adverse Event		
3.)	.	1 New 2 Existing 3 Adverse Event		
4.)	.	1 New 2 Existing 3 Adverse Event		
5.)	.	1 New 2 Existing 3 Adverse Event		
6.)	.	1 New 2 Existing 3 Adverse Event		
7.)	.	1 New 2 Existing 3 Adverse Event		
8.)	.	1 New 2 Existing 3 Adverse Event		
9.)	.	1 New 2 Existing 3 Adverse Event		
10.)	.	1 New 2 Existing 3 Adverse Event		
11.)	.	1 New 2 Existing 3 Adverse Event		
12.)	.	1 New 2 Existing 3 Adverse Event		
13.)	.	1 New 2 Existing 3 Adverse Event		
14.)	.	1 New 2 Existing 3 Adverse Event		
15.)	.	1 New 2 Existing 3 Adverse Event		
16.)	.	1 New 2 Existing 3 Adverse Event		
17.)	.	1 New 2 Existing 3 Adverse Event		
18.)	.	1 New 2 Existing 3 Adverse Event		
19.)	.	1 New 2 Existing 3 Adverse Event		
20.)	.	1 New 2 Existing 3 Adverse Event		
21.)	.	1 New 2 Existing 3 Adverse Event		

SITE CODES:
01 = Anorectal; 02 = Brain/other CNS; 03 = Breast; 04 = Bone; 05 = Endocrine; 06 = Esophagus; 07 = Genitourinary, female (cervix, uterus, ovary, vagina); 08 = Genitourinary, male (penis, testis, prostate); 09 = Heart/mediastinum; 10 = Intestine/colon; 11 = Blood; 12 = Liver/gall bladder/pancreas; 13 = Lymph node; 14 = Lung; 15 = Oral cavity/pharynx; 16 = Renal (kidney, bladder); 17 = Respiratory, upper (nose, sinus, larynx); 18 = Respiratory, lower (trachea, pleura); 19 = Skin; 20 = Stomach; 98 = Other

X. LABORATORY DATA

CD4/Viral Load Data	Documention Method
Date of First Positive HIV Test: Date of Test Mo. Day Year; 9 Unknown/Not Documented	1 Laboratory report 2 Physician report 3 Patient self-report 9 Unknown/Not Documented 8 Other, Specify:
First Documented CD4 Test Result at this Facility: CD4 count; CD4 percent %; Date of Test Mo. Day Year	1 Laboratory report 2 Physician report 3 Patient self-report 9 Unknown/Not Documented 8 Other, Specify:
Lowest Ever CD4 Count: CD4 count; CD4 percent %; Date of Test Mo. Day Year	1 Laboratory report 2 Physician report 3 Patient self-report 9 Unknown/Not Documented 8 Other, Specify:
Highest Ever CD4 Count: CD4 count; CD4 percent %; Date of Test Mo. Day Year	1 Laboratory report 2 Physician report 3 Patient self-report 9 Unknown/Not Documented 8 Other, Specify:
First Documented Viral Load Test Result at this Facility: Viral copies/mL.; Date of Test Mo. Day Year	1 Laboratory report 2 Physician report 3 Patient self-report 9 Unknown/Not Documented 8 Other, Specify:
Lowest Ever Viral Load Test: Viral copies/mL.; Date of Test Mo. Day Year	1 Laboratory report 2 Physician report 3 Patient self-report 9 Unknown/Not Documented 8 Other, Specify:
Highest Ever Viral Load Test: Viral copies/mL.; Date of Test Mo. Day Year	1 Laboratory report 2 Physician report 3 Patient self-report 9 Unknown/Not Documented 8 Other, Specify:

Most Recent Viral Load Test: Viral copies/mL.; Date of Test Mo. Day Year

Most Recent CD4 Count: CD4 count; CD4 percent %; Date of Test Mo. Day Year

❖ ***NOTE:*** *The remaining medical records abstraction drawings are too large and were left out. Please check paper copy of attachment 3.*