

**Medical Monitoring Project (MMP)
Medical Record Abstraction Form
Medical History Form (MHF)
VERSION 2.0.4**

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OPTIONAL- FOR LOCAL USE ONLY

<i>MMP MHF v2.0.4</i>	
MMP Participant ID:	Facility ID:
Medical record number:	
Patient name:	
Patient residence:	
Street:	
City/County:	State:
ZIP code:	
Physician name:	

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Medical Monitoring Project (MMP) Medical Record Abstraction Form Medical History Form (MHF) v2.0.4



I. ABSTRACTION AND IDENTIFICATION

MMP Participant ID:

Surveillance Period (SP)

SP start date:

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

SP end date:

(date of interview OR 1st contact attempt if no interview obtained)

Medical History Period (MHP)

MHP start date:

(date of first visit to any facility for HIV care 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 visit prior to SP start date → Complete this section and section II of this form.

Facility ID:

Date of abstraction:

Abstractor ID:

Is the medical record complete for this abstraction?

Yes

No → Enter all that apply below.

Dates of missing records:

First missing record date:

Last missing record date:

Date not documented

Date not documented

Describe the missing sections:

IV. AIDS DEFINING OPPORTUNISTIC ILLNESSES (AIDS OI)

Is there documentation that any AIDS defining opportunistic illnesses (AIDS OI), and/or AIDS with AIDS OI not specified, were diagnosed prior to the SP start date?

- Yes → Enter all that are documented below.
 No

AIDS defining opportunistic illnesses (AIDS OI) prior to the SP start date <small>(select all that are documented and record dates)</small>	Date of <u>first</u> diagnosis <small>Mo. Year</small>	Date not documented	Date of <u>most recent</u> diagnosis prior to the SP start date <small>Mo. Year</small>	Date not documented
1 <input type="radio"/> AIDS diagnosis, AIDS OI not specified	/	1 <input type="radio"/>		
2 <input type="radio"/> Candidiasis, bronchi, trachea, or lungs	/	2 <input type="radio"/>	/	2 <input type="radio"/>
3 <input type="radio"/> Candidiasis, esophageal	/	3 <input type="radio"/>	/	3 <input type="radio"/>
4 <input type="radio"/> Carcinoma, invasive cervical	/	4 <input type="radio"/>	/	4 <input type="radio"/>
5 <input type="radio"/> Coccidioidomycosis, disseminated or extrapulmonary	/	5 <input type="radio"/>	/	5 <input type="radio"/>
6 <input type="radio"/> Cryptococcosis, extrapulmonary	/	6 <input type="radio"/>	/	6 <input type="radio"/>
7 <input type="radio"/> Cryptosporidiosis, chronic intestinal (>1 month duration)	/	7 <input type="radio"/>	/	7 <input type="radio"/>
8 <input type="radio"/> Cytomegalovirus disease (other than in liver, spleen, or nodes)	/	8 <input type="radio"/>	/	8 <input type="radio"/>
9 <input type="radio"/> Cytomegalovirus retinitis (with loss of vision)	/	9 <input type="radio"/>	/	9 <input type="radio"/>
10 <input type="radio"/> HIV encephalopathy	/	10 <input type="radio"/>	/	10 <input type="radio"/>
11 <input type="radio"/> Herpes simplex: chronic ulcer (>1 month duration) or bronchitis, pneumonitis, or esophagitis	/	11 <input type="radio"/>	/	11 <input type="radio"/>
12 <input type="radio"/> Histoplasmosis, disseminated or extrapulmonary	/	12 <input type="radio"/>	/	12 <input type="radio"/>
13 <input type="radio"/> Isosporiasis, chronic intestinal (>1 month duration)	/	13 <input type="radio"/>	/	13 <input type="radio"/>
14 <input type="radio"/> Kaposi's sarcoma	/	14 <input type="radio"/>	/	14 <input type="radio"/>
15 <input type="radio"/> Lymphoma, Burkitt's (or equivalent term)	/	15 <input type="radio"/>	/	15 <input type="radio"/>
16 <input type="radio"/> Lymphoma, immunoblastic (or equivalent term, IBL)	/	16 <input type="radio"/>	/	16 <input type="radio"/>
17 <input type="radio"/> Lymphoma (primary in brain)	/	17 <input type="radio"/>	/	17 <input type="radio"/>
18 <input type="radio"/> <i>Mycobacterium avium</i> complex or <i>M. kansasii</i> , disseminated or extrapulmonary	/	18 <input type="radio"/>	/	18 <input type="radio"/>
19 <input type="radio"/> <i>M. tuberculosis</i> , pulmonary	/	19 <input type="radio"/>	/	19 <input type="radio"/>
20 <input type="radio"/> <i>M. tuberculosis</i> , disseminated or extrapulmonary	/	20 <input type="radio"/>	/	20 <input type="radio"/>
21 <input type="radio"/> <i>Mycobacterium</i> , of other species or unidentified species, disseminated or extrapulmonary	/	21 <input type="radio"/>	/	21 <input type="radio"/>
22 <input type="radio"/> <i>Pneumocystis jiroveci</i> pneumonia (PCP)	/	22 <input type="radio"/>	/	22 <input type="radio"/>
23 <input type="radio"/> Pneumonia, recurrent in 12 month period	/	23 <input type="radio"/>	/	23 <input type="radio"/>
24 <input type="radio"/> Progressive multifocal leukoencephalopathy (PML)	/	24 <input type="radio"/>	/	24 <input type="radio"/>
25 <input type="radio"/> Salmonella septicemia, recurrent	/	25 <input type="radio"/>	/	25 <input type="radio"/>
26 <input type="radio"/> Toxoplasmosis of brain	/	26 <input type="radio"/>	/	26 <input type="radio"/>
27 <input type="radio"/> Wasting syndrome due to HIV	/	27 <input type="radio"/>	/	27 <input type="radio"/>

V. CONDITIONS OTHER THAN AIDS OI

Is there documentation that any of the following conditions other than AIDS OI were diagnosed prior to the SP start date?

- Yes → Select all that are documented below.
 No

<input type="radio"/> 1 Chronic kidney disease	<input type="radio"/> 6 Hepatitis, drug induced	<input type="radio"/> 11 Lipoatrophy	<input type="radio"/> 16 Renal failure
<input type="radio"/> 2 Chronic liver disease	<input type="radio"/> 7 Hepatitis, alcohol induced	<input type="radio"/> 12 Lipodystrophy	<input type="radio"/> 17 Stroke
<input type="radio"/> 3 Diabetes mellitus (DM), Type 1	<input type="radio"/> 8 Hypercholesterolemia	<input type="radio"/> 13 Myocardial infarction	
<input type="radio"/> 4 Diabetes mellitus (DM), Type 2	<input type="radio"/> 9 Hypertension	<input type="radio"/> 14 Non-alcoholic fatty liver disease	
<input type="radio"/> 5 Diabetes mellitus (DM), NOS	<input type="radio"/> 10 Hypertriglyceridemia	<input type="radio"/> 15 Peripheral neuropathy	

VI. PROPHYLAXIS

Is there documentation of prescription for prophylaxis of *Pneumocystis jiroveci* pneumonia (PCP) prior to the SP start date?

- Yes No

Prescription must be for PCP prophylaxis. Medications include:
 Bactrim® (Septra, Cotrim, Co-trimoxazole, trimethoprim, sulfamethoxazole)
 Dapsone®
 Pentamidine® (pentamidine isothianate)
 Mepron® or Mepron® Suspension (atovaquone)
 Clindamycin® (clindamycin hydrochloride) + Primaquine® (primaquine phosphate)
 Dapsone® + Daraprim® (pyrimethamine) + Folinic Acid

Is there documentation of prescription for prophylaxis of *Mycobacterium avium* complex (MAC) prior to the SP start date?

- Yes No

Prescription must be for MAC prophylaxis. Medications include:
 Biaxin Filmtab® (clarithromycin)
 Biaxin Granules®
 Biaxin XL®
 Zithromax®
 Zithromax Single Pack® (azithromycin, azithromycin dihydrate)
 Mycobutin® (rifabutin)

VII. HEPATITIS, TOXOPLASMA, AND TUBERCULOSIS (TB) SCREENING

Is there documentation of screening for hepatitis A, B, or C, *Toxoplasma*, or tuberculosis (TB) prior to the SP start date?

- Yes → Enter all that are documented for each screening below.
 No

Was hepatitis A screening performed prior to the SP start date? (select one)

- 1 Yes, screening done → Enter all that are documented for "Yes" below.
 2 No, documented that screening was not done → Select reason for "No" below.
 3 Hepatitis A screening not documented

<p>If "Yes," what were the results? (select all that apply or Not documented)</p>	<p><input type="radio"/> Positive →</p> <p style="text-align: center;">Date of 1st positive test:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Mo. / Year </div> <p><input type="radio"/> Date not documented</p>	<p>Which Hepatitis A test(s) was positive on this date? (select all that apply)</p> <p><input type="radio"/> Anti HAV IgM or HAV Ab IgM <input type="radio"/> Type of test not documented <input type="radio"/> Anti HAV total or HAV Ab total</p>
	<p><input type="radio"/> Negative →</p> <p style="text-align: center;">Date of last negative test:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Mo. / Year </div> <p><input type="radio"/> Date not documented</p>	<p>Which Hepatitis A test(s) was negative on this date? (select all that apply)</p> <p><input type="radio"/> Anti HAV IgM or HAV Ab IgM <input type="radio"/> Type of test not documented <input type="radio"/> Anti HAV total or HAV Ab total</p>
	<p><input type="radio"/> Result not documented</p>	

If "No," what was the reason?

Prior immunization
 Previously infected
 Other, Specify: _____
 Not documented

Was hepatitis B screening performed prior to the SP start date? (select one)

- 1 Yes, screening done → Enter all that are documented for "Yes" below.
 2 No, documented that screening was not done → Select reason for "No" below.
 3 Hepatitis B screening not documented

<p>If "Yes," what were the results? (select all that apply or Not documented)</p>	<p><input type="radio"/> Positive →</p> <p style="text-align: center;">Date of 1st positive test:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Mo. / Year </div> <p><input type="radio"/> Date not documented</p>	<p>Which Hepatitis B test(s) was positive on this date? (select all that apply)</p> <p><input type="radio"/> HBsAg <input type="radio"/> Anti HBc total <input type="radio"/> Anti HBs or HBsAb <input type="radio"/> Type of test not documented <input type="radio"/> Anti HBc IgM</p>
	<p><input type="radio"/> Negative →</p> <p style="text-align: center;">Date of last negative test:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Mo. / Year </div> <p><input type="radio"/> Date not documented</p>	<p>Which Hepatitis B test(s) was negative on this date? (select all that apply)</p> <p><input type="radio"/> HBsAg <input type="radio"/> Anti HBc total <input type="radio"/> Anti HBs or HBsAb <input type="radio"/> Type of test not documented <input type="radio"/> Anti HBc IgM</p>
	<p><input type="radio"/> Result not documented</p>	

If "No," what was the reason?

Prior immunization
 Previously infected
 Other, Specify: _____
 Not documented

VII. HEPATITIS, TOXOPLASMA, AND TUBERCULOSIS (TB) SCREENING cont'd

Was hepatitis C screening performed prior to the SP start date? (select one)

- ¹ Yes, screening done → Enter all that are documented for "Yes" below.
 ² No, documented that screening was not done → Select reason for "No" below.
 ³ Hepatitis C screening not documented

<p>If "Yes," what were the results? (select all that apply or Not documented)</p>	<input type="radio"/> Positive →	Date of 1st positive test: <input type="text"/> / <input type="text"/> <small>Mo. Year</small> <input type="radio"/> Date not documented	Which Hepatitis C test(s) was positive on this date? (select all that apply) <input type="radio"/> Anti HCV (EIA or RIBA) <input type="radio"/> HCV RNA quantitative (PCR) <input type="radio"/> HCV RNA qualitative <input type="radio"/> Type of test not documented
	<input type="radio"/> Negative →	Date of last negative test: <input type="text"/> / <input type="text"/> <small>Mo. Year</small> <input type="radio"/> Date not documented	Which Hepatitis C test(s) was negative on this date? (select all that apply) <input type="radio"/> Anti HCV (EIA or RIBA) <input type="radio"/> HCV RNA quantitative (PCR) <input type="radio"/> HCV RNA qualitative <input type="radio"/> Type of test not documented
<input type="radio"/> Result not documented			

If "No," what was the reason?

Previously infected
 Other, Specify:
 Not documented

Was Toxoplasma screening performed prior to the SP start date? (select one)

- ¹ Yes, screening done → Enter all that are documented below.
 ² No, documented that screening was not done
 ³ Toxoplasma screening not documented

Was there a positive result for the most recent Toxoplasma antibody titer prior to the SP start date? (select one)

- ¹ Yes → Enter **date of positive result:** / Date not documented
Mo. Year
 ² No (negative result for most recent test)
 ³ Result of most recent test not documented

Was screening for tuberculosis (TB) performed prior to the SP start date? (select one)

- ¹ Yes, screening done → Enter all that are documented below.
 ² No, documented that screening was not done
 ³ 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
Mo. Year

Result of the most recent TST/PPD/Mantoux or QFT prior to the SP start date: (enter one for TST/PPD/Mantoux **OR** one for QFT)

<p>TST/PPD/Mantoux: (enter OR select one)</p> <p>Result in millimeters: <input type="text"/></p> <input type="radio"/> ¹ Positive, no value reported <input type="radio"/> ² Negative, no value reported <input type="radio"/> ³ Not read <input type="radio"/> ⁴ Anergic <input type="radio"/> ⁵ Not documented	<p>OR</p>	<p>QFT: (select one)</p> <input type="radio"/> ¹ QFT positive <input type="radio"/> ² QFT negative <input type="radio"/> ³ QFT indeterminate <input type="radio"/> ⁴ Not documented
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If TST/PPD/Mantoux positive (result > 5 mm) or QFT positive, is there documentation of prescription for treatment of latent TB infection (LTBI), i.e. with Isoniazid, Rifampin, Pyrazinamide, or any combination of these, prior to the SP start date?

- Yes → **Is there documentation that the patient *completed* treatment for LTBI?** Yes No
 No

VIII. HEPATITIS AND PNEUMOCOCCAL IMMUNIZATIONS

Is there documentation of whether or not hepatitis A, B, A and B, or pneumococcal immunizations were given prior to the SP start date?

- Yes → Enter all that are documented for each vaccine below.
 No

Was hepatitis A vaccine (Havrix, Vaqta) given prior to the SP start date? (select one Yes, No or Not documented choice)

	Dose No.	Date	Date not documented
		<small>Mo. Year</small>	
1 <input type="radio"/> Yes → Enter a maximum of 3 documented doses and dates:	_____	_ / _ _	<input type="radio"/>
2 <input type="radio"/> Yes, but number of doses not documented	_____	_ / _ _	<input type="radio"/>
3 <input type="radio"/> No, documented that vaccine was not given →	Reason vaccine not given: (select one) <input type="radio"/> Prior vaccination <input type="radio"/> Patient declined <input type="radio"/> Previously infected <input type="radio"/> Not documented		<input type="radio"/>
4 <input type="radio"/> Hepatitis A vaccination not documented	_____	_ / _ _	<input type="radio"/>

Was hepatitis B vaccine (Energix B, Recombivax) given prior to the SP start date? (select one Yes, No or Not documented choice)

	Dose No.	Date	Date not documented
		<small>Mo. Year</small>	
1 <input type="radio"/> Yes → Enter a maximum of 4 documented doses and dates:	_____	_ / _ _	<input type="radio"/>
2 <input type="radio"/> Yes, but number of doses not documented	_____	_ / _ _	<input type="radio"/>
3 <input type="radio"/> No, documented that vaccine was not given →	Reason vaccine not given: (select one) <input type="radio"/> Prior vaccination <input type="radio"/> Patient declined <input type="radio"/> Previously infected <input type="radio"/> Not documented		<input type="radio"/>
4 <input type="radio"/> Hepatitis B vaccination not documented	_____	_ / _ _	<input type="radio"/>
	_____	_ / _ _	<input type="radio"/>

Was combination hepatitis A and B vaccine (Twinrix) given prior to the SP start date? (select one Yes, No or Not documented choice)

	Dose No.	Date	Date not documented
		<small>Mo. Year</small>	
1 <input type="radio"/> Yes → Enter a maximum of 4 documented doses and dates:	_____	_ / _ _	<input type="radio"/>
2 <input type="radio"/> Yes, but number of doses not documented	_____	_ / _ _	<input type="radio"/>
3 <input type="radio"/> No, documented that vaccine was not given →	Reason vaccine not given: (select one) <input type="radio"/> Prior vaccination <input type="radio"/> Patient declined <input type="radio"/> Previously infected <input type="radio"/> Not documented		<input type="radio"/>
4 <input type="radio"/> Hepatitis A and B vaccination not documented	_____	_ / _ _	<input type="radio"/>
	_____	_ / _ _	<input type="radio"/>

Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) given prior to the SP start date?

(select one Yes, No or Not documented choice)

	Dose No.	Date	Date not documented
		<small>Mo. Year</small>	
1 <input type="radio"/> Yes → Enter a maximum of 4 documented doses and dates:	_____	_ / _ _	<input type="radio"/>
2 <input type="radio"/> Yes, but number of doses not documented	_____	_ / _ _	<input type="radio"/>
3 <input type="radio"/> No, documented that vaccine was not given →	Reason vaccine not given: (select one) <input type="radio"/> Patient declined <input type="radio"/> Not documented		<input type="radio"/>
4 <input type="radio"/> Pneumococcal vaccination not documented	_____	_ / _ _	<input type="radio"/>
	_____	_ / _ _	<input type="radio"/>

IX. ANTIRETROVIRAL THERAPY (ART)

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 antiretroviral medication: Date not documented

Prescribed antiretroviral medications prior to the SP start date: (select all that are documented)

<input type="radio"/> 1 Abacavir (ABC, Ziagen)	<input type="radio"/> 9 Efavirenz (EFV, Sustiva)	<input type="radio"/> 17 Maraviroc	<input type="radio"/> 25 Tipranavir (TPV, Aptivus)
<input type="radio"/> 2 Amprenavir (APV, Agenerase)	<input type="radio"/> 10 Emtricitabine (FTC, Emtriva)	<input type="radio"/> 18 Raltegravir (MK-0518)	<input type="radio"/> 26 TMC 125
<input type="radio"/> 3 Atazanavir (ATV, Reyataz)	<input type="radio"/> 11 Enfuvirtide (T-20, Fuzeon)	<input type="radio"/> 19 Nelfinavir (NFV, Viracept)	<input type="radio"/> 27 Trizivir (ABC/3TC/AZT)
<input type="radio"/> 4 Atripla (EFV/FTC/TDF)	<input type="radio"/> 12 Epzicom (ABC/3TC)	<input type="radio"/> 20 Nevirapine (NVP, Viramune)	<input type="radio"/> 28 Truvada (FTC/TDF)
<input type="radio"/> 5 Combivir (AZT/3TC)	<input type="radio"/> 13 Fosamprenavir (FPV, Lexiva)	<input type="radio"/> 21 Ritonavir (RTV, Norvir)	<input type="radio"/> 29 Zalcitabine (ddC, Hivid)
<input type="radio"/> 6 Darunavir (TMC 114, Prezista)	<input type="radio"/> 14 Indinavir (IDV, Crixivan)	<input type="radio"/> 22 Saquinavir (SQV-HGC, Invirase)	<input type="radio"/> 30 Zidovudine (AZT, Retrovir)
<input type="radio"/> 7 Delavirdine (DLV, Rescriptor)	<input type="radio"/> 15 Lamivudine (3TC, Epivir)	<input type="radio"/> 23 Stavudine (d4T, Zerit)	
<input type="radio"/> 8 Didanosine (ddl) Videx	<input type="radio"/> 16 Lopinavir/Ritonavir (LPV/RTV, Kaletra, Meltrex)	<input type="radio"/> 24 Tenofovir (TDF) Viread	
<input type="radio"/> 31 Other, Specify:	<input style="width: 100%; height: 20px;" type="text"/>		
<input type="radio"/> 32 Other, Specify:	<input style="width: 100%; height: 20px;" type="text"/>		
<input type="radio"/> 33 Other, Specify:	<input style="width: 100%; height: 20px;" type="text"/>		
<input type="radio"/> 34 Other, Specify:	<input style="width: 100%; height: 20px;" type="text"/>		

X. LABORATORY TEST RESULTS

Is there documentation of the first positive HIV test result, or laboratory test results for CD4 cell count, HIV viral load, or abnormal ALT (SGPT) or AST (SGOT), prior to the SP start date?

- Yes → Enter all that are documented for each diagnosis or test below.
 No

Is there documentation of the first positive HIV test result?

- Yes → Enter date of first positive HIV test: Date not documented
 No

Is there documentation of CD4 cell count test results prior to the SP start date?

- Yes → Lowest CD4 cell count: / μ l
 No Date of lowest CD4 cell count: Date not documented

Is there documentation of HIV viral load (VL) test results prior to the SP start date?

- Yes → Is there documentation of an undetectable VL?
 No Yes → Enter date of most recent undetectable result: Date not documented
 No No

Is there documentation of abnormal ALT (SGPT) or AST (SGOT) test results prior to the SP start date?

- Yes → Enter date of first abnormal result: Date not documented
 No

XI. 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 each resistance test below.
 No

Was genotypic ART resistance testing performed prior to the SP start date?

(select one Yes, No, or Not documented choice)

- ¹ Yes, resistance reported → Select all ART classes with documented resistance:
² Yes, no resistance reported
³ Yes, but test results not documented
⁴ No, documented that resistance testing was not done
⁵ Genotypic resistance testing not documented

- NRTI PI
 NNRTI FI
 ART classes not specified

Was phenotypic ART resistance testing performed prior to the SP start date?

(select one Yes, No, or Not documented choice)

- ¹ Yes, resistance reported → Select all ART classes with documented resistance:
² Yes, no resistance reported
³ Yes, but test results not documented
⁴ No, documented that resistance testing was not done
⁵ Phenotypic resistance testing not documented

- NRTI PI
 NNRTI FI
 ART classes not specified

Was virtual phenotypic ART resistance testing performed prior to the SP start date?

(select one Yes, No, or Not documented choice)

- ¹ Yes, resistance reported → Select all ART classes with documented resistance:
² Yes, no resistance reported
³ Yes, but test results not documented
⁴ No, documented that resistance testing was not done
⁵ Virtual phenotypic resistance testing not documented

- NRTI PI
 NNRTI FI
 ART classes not specified

XII. SUBSTANCE ABUSE

Is there documentation of reported or suspected substance abuse, including substance abuse counseling or treatment, prior to the SP start date?

- Yes → Enter all that are documented below.
 No

Is evidence of any injection substance abuse documented prior to the SP start date?

- Yes No

Substance abuse (non-prescription or prescription) documented prior to the SP start date:

(select all that are documented; enter type of use and date of last documented use)

Substance	Type of Abuse <small>(select all that apply OR select Not documented)</small>			Date of <u>last</u> documented use		Date not documented
	Injection	Non-Injection	Not documented	Mo.	Year	
¹ <input type="radio"/> Alcohol				/		¹ <input type="radio"/>
² <input type="radio"/> Amphetamines (other than methamphetamines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/		² <input type="radio"/>
³ <input type="radio"/> Cocaine (other than crack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/		³ <input type="radio"/>
⁴ <input type="radio"/> Crack cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/		⁴ <input type="radio"/>
⁵ <input type="radio"/> Ecstasy (MDMA, X)				/		⁵ <input type="radio"/>
⁶ <input type="radio"/> GHB				/		⁶ <input type="radio"/>
⁷ <input type="radio"/> Hallucinogens such as LSD or mushrooms				/		⁷ <input type="radio"/>
⁸ <input type="radio"/> Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/		⁸ <input type="radio"/>
⁹ <input type="radio"/> Ketamine (Special K)				/		⁹ <input type="radio"/>
¹⁰ <input type="radio"/> Marijuana				/		¹⁰ <input type="radio"/>
¹¹ <input type="radio"/> Methadone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	/		¹¹ <input type="radio"/>

