

**Medical Monitoring Project (MMP)  
Medical Record Abstraction Form  
2010 Medical History Form (MHF)  
VERSION 6.0.0**

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**OPTIONAL- FOR LOCAL USE ONLY**

<i>MMP MHF v6.0.0</i>		<b>Abstraction Facility ID:</b>	
<b>MMP Participant ID:</b>			(ID of the facility where abstraction is being conducted)
<b>Medical record number:</b>			
<b>Patient name:</b>			
<b>Patient residence:</b>			
<b>Street:</b>			
<b>City/County:</b>		<b>State:</b>	
<b>ZIP code:</b>			
<b>Physician name:</b>			

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# Medical Monitoring Project (MMP) Medical Record Abstraction Form 2010 Medical History Form (MHF) v6.0.0



## 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)

**Medical History Period (MHP)**

**MHP start date:**

(date of first HIV care (at any facility) 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 documented care in medical records prior to SP start date** → Complete sections I, II, and IX (documentation of the first positive HIV test result)

**Abstraction Facility ID:**

(ID of the facility where abstraction is being conducted)

**For the medical history period**

Abstract information on all HIV care documented in the medical records at the "Abstraction Facility" using a single MHF regardless of where the care was actually provided to the patient.

**Date of abstraction:**

**Abstractor ID:**

## II. PATIENT DEMOGRAPHICS

**Date of birth:**

Date not documented

If date of birth is not documented, enter documented age:

Enter **date of this documented age:**

Date not documented

Age not documented

**Most recent height (ft/in) prior to the SP start date:**

ft. inches

Enter **date of this documented height:**

Date not documented

Height not documented

**Sex at birth:**

(select one)

Male

Female

Not documented

**Gender:**

(select one)

Male

Female

Male to female

Female to male

Not documented

## II. PATIENT DEMOGRAPHICS cont'd

**Hispanic or Latino ethnicity:**  Yes, Hispanic or Latino  Not documented  
 (select one)  No, not Hispanic or Latino

**Race:** (select all that are documented)  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Not documented

**Country of birth:** (select one)  
 United States  
 US Dependencies/Possessions (including Puerto Rico)  
 Other, Specify:   
 Not documented

## III. MEDICAL HISTORY FORM SECTIONS - OPTIONAL

**Is there documentation of any of the following prior to the SP start date?**

Yes → Select all that are documented below.  
 No → This form is now complete except for optional section XIII (Remarks).

<input type="radio"/> Diagnosis of AIDS defining opportunistic illnesses (AIDS OI) → <b>Complete section IV.</b>	<input type="radio"/> First positive HIV test result, or laboratory test results for CD4 cell count, HIV viral load, or abnormal ALT (SGPT) or AST (SGOT) → <b>Complete section IX.</b>
<input type="radio"/> Prescription for prophylaxis of <i>Pneumocystis jiroveci</i> pneumonia (PCP) or <i>Mycobacterium avium</i> complex (MAC) → <b>Complete section V.</b>	<input type="radio"/> Testing for HIV ART resistance → <b>Complete section X.</b>
<input type="radio"/> Screening for hepatitis (A, B, or C), <i>Toxoplasma</i> , or tuberculosis (TB) → <b>Complete section VI.</b>	<input type="radio"/> Reported or suspected substance abuse, including substance abuse counseling or treatment → <b>Complete section XI.</b>
<input type="radio"/> Whether or not hepatitis A, B, A and B, or pneumococcal immunizations were given → <b>Complete section VII.</b>	<input type="radio"/> Diagnosis of anxiety, bipolar disorder, psychosis, or depression → <b>Complete section XII.</b>
<input type="radio"/> Prescription of antiretroviral therapy (ART) → <b>Complete section VIII.</b>	

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

**Is there documentation that any AIDS defining opportunistic illnesses (AIDS OI) were diagnosed prior to the SP start date?**

Yes → Enter all that are documented below.  
 No

<b>AIDS defining opportunistic illnesses (AIDS OI)                      prior to the SP start date</b> (select all that are documented and record dates)	<b>Date of <u>first</u> diagnosis</b> Mo.                      Year	Date not documented
<input type="radio"/> Candidiasis, bronchi, trachea, or lungs	<input style="width: 100%; height: 20px;" type="text"/>	<input type="radio"/>
<input type="radio"/> Candidiasis, esophageal	<input style="width: 100%; height: 20px;" type="text"/>	<input type="radio"/>
<input type="radio"/> Carcinoma, invasive cervical	<input style="width: 100%; height: 20px;" type="text"/>	<input type="radio"/>
<input type="radio"/> Coccidioidomycosis, disseminated or extrapulmonary	<input style="width: 100%; height: 20px;" type="text"/>	<input type="radio"/>
<input type="radio"/> Cryptococcosis, extrapulmonary	<input style="width: 100%; height: 20px;" type="text"/>	<input type="radio"/>

### IV. AIDS DEFINING OPPORTUNISTIC ILLNESSES (AIDS OI) cont'd

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	Date not documented
	<small>Mo.</small> <small>Year</small>	
<input type="checkbox"/> 6 Cryptosporidiosis, chronic intestinal (>1 month duration)	/	6 <input type="checkbox"/>
<input type="checkbox"/> 7 Cytomegalovirus disease (other than in liver, spleen, or nodes)	/	7 <input type="checkbox"/>
<input type="checkbox"/> 8 Cytomegalovirus retinitis (with loss of vision)	/	8 <input type="checkbox"/>
<input type="checkbox"/> 9 HIV encephalopathy	/	9 <input type="checkbox"/>
<input type="checkbox"/> 10 Herpes simplex: chronic ulcer (>1 month duration) or bronchitis, pneumonitis, or esophagitis	/	10 <input type="checkbox"/>
<input type="checkbox"/> 11 Histoplasmosis, disseminated or extrapulmonary	/	11 <input type="checkbox"/>
<input type="checkbox"/> 12 Isosporiasis, chronic intestinal (>1 month duration)	/	12 <input type="checkbox"/>
<input type="checkbox"/> 13 Kaposi's sarcoma	/	13 <input type="checkbox"/>
<input type="checkbox"/> 14 Lymphoma, Burkitt's (or equivalent term)	/	14 <input type="checkbox"/>
<input type="checkbox"/> 15 Lymphoma, immunoblastic (IBL, or equivalent term)	/	15 <input type="checkbox"/>
<input type="checkbox"/> 16 Lymphoma, primary in brain	/	16 <input type="checkbox"/>
<input type="checkbox"/> 17 <i>Mycobacterium avium</i> complex or <i>M. kansasii</i> , disseminated or Extrapulmonary	/	17 <input type="checkbox"/>
<input type="checkbox"/> 18 <i>M. tuberculosis</i> , pulmonary	/	18 <input type="checkbox"/>
<input type="checkbox"/> 19 <i>M. tuberculosis</i> , disseminated or extrapulmonary	/	19 <input type="checkbox"/>
<input type="checkbox"/> 20 <i>Mycobacterium</i> , of other species or unidentified species, disseminated or extrapulmonary	/	20 <input type="checkbox"/>
<input type="checkbox"/> 21 <i>Pneumocystis jiroveci</i> pneumonia (PCP)	/	21 <input type="checkbox"/>
<input type="checkbox"/> 22 Pneumonia, recurrent in 12 month period	/	22 <input type="checkbox"/>
<input type="checkbox"/> 23 Progressive multifocal leukoencephalopathy (PML)	/	23 <input type="checkbox"/>
<input type="checkbox"/> 24 Salmonella septicemia, recurrent	/	24 <input type="checkbox"/>
<input type="checkbox"/> 25 Toxoplasmosis of brain	/	25 <input type="checkbox"/>
<input type="checkbox"/> 26 Wasting syndrome due to HIV	/	26 <input type="checkbox"/>

### V. PROPHYLAXIS

<p><b>Is there documentation of prescription for prophylaxis of <i>Pneumocystis jiroveci</i> pneumonia (PCP) prior to the SP start date?</b></p> <p style="text-align: center;"><input type="radio"/> Yes                      <input type="radio"/> No</p> <p><b>Prescription must be for PCP prophylaxis.</b> 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</p>	<p><b>Is there documentation of prescription for prophylaxis of <i>Mycobacterium avium</i> complex (MAC) prior to the SP start date?</b></p> <p style="text-align: center;"><input type="radio"/> Yes                      <input type="radio"/> No</p> <p><b>Prescription must be for MAC prophylaxis.</b> Medications include:          Biaxin Filmtab® (clarithromycin)          Biaxin Granules®          Biaxin XL®          Zithromax®          Zithromax Single Pack® (azithromycin, azithromycin dihydrate)          Mycobutin® (rifabutin)</p>
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## VI. HEPATITIS, *TOXOPLASMA*, AND TUBERCULOSIS (TB) SCREENING

Is there documentation of screening for hepatitis A, B, 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 not done  
 3 Hepatitis A screening not documented

If “Yes,” what were the results? ←

Select all that apply OR result not documented

Positive →

Date of 1<sup>st</sup> positive test: →

Mo.	/	Year
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Date not documented

Which Hepatitis A test(s) was/were positive on this date? (select all that apply)

- Anti HAV IgG or HAV Ab IgG       Anti HAV total or HAV Ab total  
 Anti-HAV IgM or HAV Ab IgM       Test type not documented

Negative →

Date of last negative test:

Mo.	/	Year
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Date not documented

Result 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 not done  
 3 Hepatitis B screening not documented

If “Yes,” what were the results? ←

Select all that apply OR result not documented

Positive →

Date of 1<sup>st</sup> positive test: →

Mo.	/	Year
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Date not documented

Which Hepatitis B test(s) was/were positive on this date? (select all that apply)

- Anti HBc IgG       Anti HBs IgG or HBsAb IgG  
 Anti HBc IgM       Anti HBs or HBsAb total  
 Anti HBc total       HBsAg  
 Test type not documented

Negative →

Date of last negative test:

Mo.	/	Year
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Date not documented

Result not documented

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 not done  
 3 Hepatitis C screening not documented

If “Yes,” what were the results? ←

Select all that apply OR result not documented

Positive →

Date of 1<sup>st</sup> positive test: →

Mo.	/	Year
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Date not documented

Which Hepatitis C test(s) was/were positive on this date? (select all that apply)

- Anti HCV (EIA or RIBA)       HCV RNA quantitative (PCR)  
 HCV RNA qualitative       Test type not documented

Negative →

Date of last negative test:

Mo.	/	Year
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Date not documented

Result not documented



## VII. HEPATITIS AND PNEUMOCOCCAL IMMUNIZATIONS cont'd

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

**Yes** → Enter a maximum of 4 documented doses and dates:

**Dose No.** (If documented) **Date** Date not documented

**Yes – but number of doses not documented**

	Mo.		/		Year
1					

**No – documented that vaccine 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"/> Other, specify      |  |

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	Mo.		/		Year
2					

	Mo.		/		Year
3					

	Mo.		/		Year
4					

**Hepatitis B vaccination not documented**

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

**Yes** → Enter a maximum of 4 documented doses and dates:

**Dose No.** (If documented) **Date** Date not documented

**Yes – but number of doses not documented**

	Mo.		/		Year
1					

**No – documented that vaccine 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"/> Other, specify      |  |

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	Mo.		/		Year
2					

	Mo.		/		Year
3					

	Mo.		/		Year
4					

**Hepatitis A and B vaccination not documented**

**Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) given prior to the SP start date?**  
(select one Yes, No, or Not documented)

**Yes** → Enter date of last dose given before the SP start date:

**Date** Date not documented

**No – documented that vaccine not given**

**Reason vaccine not given:** (select one) ←

- |   |  |
|---|--|
| <input type="radio"/> Prior vaccination | <input type="radio"/> Patient declined |
| <input type="radio"/> Other, specify    |  |
| <input type="radio"/> Not documented    |  |

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	Mo.		/		Year
1					

**Pneumococcal vaccination not documented**



## VIII. 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 Lopinavir/Ritonavir (LPV/RTV, Kaletra, Meltrex)	<input type="radio"/> 25 Tenofovir (TDF, Viread)
<input type="radio"/> 2 Amprenavir (APV, Agenerase)	<input type="radio"/> 10 Emtricitabine (FTC, Emtriva)	<input type="radio"/> 18 Maraviroc (MRC, Selzentry)	<input type="radio"/> 26 Tipranavir (TPV, Aptivus)
<input type="radio"/> 3 Atazanavir (ATV, Reyataz)	<input type="radio"/> 11 Enfuvirtide (ENF, 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 Etravirine (Intelence, ETR, formerly TMC125)	<input type="radio"/> 21 Raltegravir (RAL, Isentress, MK-0518)	<input type="radio"/> 29 Zalcitabine (ddC, Hivid)
<input type="radio"/> 6 Darunavir (DRV, TMC 114, Prezista)	<input type="radio"/> 14 Fosamprenavir (FPV, Lexiva)	<input type="radio"/> 22 Ritonavir (RTV, Norvir)	<input type="radio"/> 30 Zidovudine (AZT, Retrovir)
<input type="radio"/> 7 Delavirdine (DLV, Rescriptor)	<input type="radio"/> 15 Indinavir (IDV, Crixivan)	<input type="radio"/> 23 Saquinavir (SQV-HGC, Invirase, Fortovase)	
<input type="radio"/> 8 Didanosine (ddl) Videx	<input type="radio"/> 16 Lamivudine (3TC, Epivir)	<input type="radio"/> 24 Stavudine (d4T, Zerit)	

31 Other, Specify:

32 Other, Specify:

33 Other, Specify:

34 Other, Specify:

## IX. LABORATORY TEST RESULTS

Is there documentation of the first positive HIV test result, or laboratory test results for CD4 cell count, or HIV viral load, 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:  /  $\mu\text{l}$  or  $\text{mm}^3$

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

## X. 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 Testing not documented)

Select all ART classes documented with resistance and/or possible resistance:

- <sup>1</sup>  Yes – resistance reported →  FI  PI  NRTI  NNRTI  ART classes not specified
- <sup>2</sup>  Yes – possible resistance reported →  FI  PI  NRTI  NNRTI  ART classes not specified
- <sup>3</sup>  Yes – but no resistance reported
- <sup>4</sup>  Yes – but result was indeterminate
- <sup>5</sup>  Yes – but test result not documented
- <sup>6</sup>  No – documented that genotypic resistance testing was not done
- <sup>7</sup>  Genotypic resistance testing not documented

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

(Select one: Yes, No, or Testing not documented)

Select all ART classes documented with resistance and/or intermediate resistance:

- <sup>1</sup>  Yes – resistance reported →  FI  PI  NRTI  NNRTI  ART classes not specified
- <sup>2</sup>  Yes – intermediate resistance reported →  FI  PI  NRTI  NNRTI  ART classes not specified
- <sup>3</sup>  Yes – but no resistance reported
- <sup>4</sup>  Yes – but result was indeterminate
- <sup>5</sup>  Yes – but test result not documented
- <sup>6</sup>  No – documented that phenotypic resistance testing was not done
- <sup>7</sup>  Phenotypic resistance testing not documented

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

(Select one: Yes, No, or Testing not documented)

Select all ART classes documented with resistance and/or possible / intermediate resistance reported:

- <sup>1</sup>  Yes – resistance reported →  FI  PI  NRTI  NNRTI  ART classes not specified
- <sup>2</sup>  Yes – possible/intermediate resistance reported →  FI  PI  NRTI  NNRTI  ART classes not specified
- <sup>3</sup>  Yes – but no resistance reported
- <sup>4</sup>  Yes – but result was indeterminate
- <sup>5</sup>  Yes – but test result not documented
- <sup>6</sup>  No – documented that virtual phenotypic resistance testing was not done
- <sup>7</sup>  Virtual phenotypic resistance testing not documented

## XI. SUBSTANCE ABUSE

Is there documentation of reported or suspected alcohol abuse or other non-prescribed use of substances, including counseling or treatment for alcohol and/or substance use/abuse prior to the SP?

- Yes → Enter all that are documented below.  
 No

### Alcohol Abuse

Is there documentation of alcohol abuse prior to the SP?  Yes  No

### Other Non-prescribed Use of Substances

Is there evidence of any injection substance use (e.g., track marks) documented prior to the SP?  Yes  No

## XI. SUBSTANCE ABUSE cont'd

**Non-prescribed use of substances documented prior to the SP:** (select all that are documented and type of use)

Substance	Type of Use <small>(select all that apply OR select Not documented)</small>		
	Injection	Non-Injection	Not documented
<sup>1</sup> <input type="radio"/> Amphetamines (other than methamphetamines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<sup>2</sup> <input type="radio"/> Cocaine (other than crack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<sup>3</sup> <input type="radio"/> Crack cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<sup>4</sup> <input type="radio"/> Ecstasy (MDMA, X)			
<sup>5</sup> <input type="radio"/> GHB			
<sup>6</sup> <input type="radio"/> Hallucinogens such as LSD or mushrooms			
<sup>7</sup> <input type="radio"/> Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<sup>8</sup> <input type="radio"/> Ketamine (Special K)			
<sup>9</sup> <input type="radio"/> Marijuana			
<sup>10</sup> <input type="radio"/> Methadone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<sup>11</sup> <input type="radio"/> Methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<sup>12</sup> <input type="radio"/> Painkillers such as Oxycontin, Vicodin or Percocet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<sup>13</sup> <input type="radio"/> Poppers (amyl nitrate)			
<sup>14</sup> <input type="radio"/> Rohypnol			
<sup>15</sup> <input type="radio"/> Steroids/Hormones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<sup>16</sup> <input type="radio"/> Tranquilizers such as Valium, Ativan, or Xanax			
<sup>17</sup> <input type="radio"/> Viagra, Levitra or Cialis			
<sup>18</sup> <input type="radio"/> Other, Specify: <input style="width: 500px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<sup>19</sup> <input type="radio"/> Other, Specify: <input style="width: 500px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<sup>20</sup> <input type="radio"/> Other, Specify: <input style="width: 500px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<sup>21</sup> <input type="radio"/> Substance not specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## XII. MENTAL HEALTH

**Is there documentation of any of the following mental illnesses prior to the SP start date?**

- Yes → Select all that are documented below.  
 No

<sup>1</sup> <input type="radio"/> Anxiety disorder (General anxiety disorder, GAD)	<sup>3</sup> <input type="radio"/> Depression (Major depression, depressive disorder)
<sup>2</sup> <input type="radio"/> Bipolar disorder	<sup>4</sup> <input type="radio"/> Psychosis



