OMB NO: XXXX-XXXX EXPIRATION DATE: XX/XX/XXXX

Medical Monitoring Project (MMP) Medical Record Abstraction Form 2012 Medical History Form (MHF) VERSION 7.1.0

MMP MHF v7.1	.0															٦	Abs	trac	tion									
MMP Participar	nt ID:	:	1						I		I	I		1	1			cility	ID:		e faci	lity wł	nere a	l ıbstra	ction	is bei	ng co	I
Medical record	num	ıber:			I	1	1		I		I					1	I	I	I	I	I							
Patient name:		I	I	<u> </u>				1	1		I					1	1	1		1						1		
Patient residen	ce:																											
Street:	1	L			L	1			1				1				I	<u> </u>	1	1	1	1						
City/County:	1				I		1	1	1		1			1		I]		1	1]	Sta	te:		I
ZIP code:					1	-	1	I																				
Physician nam	e:																											

BEPARTM HUMAN SI Centers for Prevention

DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control &

Medical Monitoring Project (MMP)
 Medical Record Abstraction Form
 2012 Medical History Form (MHF) v7.1.0



I. ABSTRACTION AND IDENTIFICATION
MMP Participant ID:
Surveillance Period (SP)
SP start date: //// Mo. Day Year (12 months prior to date of interview OR 1 st contact attempt if no interview obtained) SP end date: // // Mo. Day Year (date of interview OR 1 st contact attempt if no interview obtained)
Medical History Period (MHP)
MHP start date: / / / / (date of first HIV care (at <u>any</u> facility) documented in this medical record)
First visit to this facility: / / / (date of first <i>available</i> visit to <u>this</u> facility for HIV care)
MHP end date: / / / / / / / / / / / / / / / / / / /
○ 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: I I I I I I I I I I I I I I I I I I
Date of abstraction: / / / Abstractor ID:
II. PATIENT DEMOGRAPHICS
Date of birth: / / / Day Year
If date of birth is not documented, enter documented age:
Enter date of this documented age:
Most recent height (ft/in) prior to the SP start date:
$ \underbrace{ \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$
Sex at birth: O Male O Not documented (select one) O Female O Not documented
Gender: O Male Male to female O Not documented (select one) O Female O Female to male

	II. PATIENT DEM	OGRAPHICS con	ť'd			
Hispanic or Latino ethnicity: (select one)	 ○ Yes, Hispanic or Latino ○ No, not Hispanic or Latino 	O Not documented				
Race: (select all that are documented)	¹ ○ American Indian or Alaska Nat ² ○ Asian ³ ○ Black or African American ⁴ ○ Native Hawaiian or Other Paci ⁵ ○ White ⁶ ○ Not documented					
(select one) 20 US 30 Oth	ed States Dependencies/Possessions (includir er, Specify: documented			1 1		
	III. MEDICAL HISTORY FO	ORM SECTIONS -	OPTIONAL			
○ Yes → Select all that are	y of the following prior to the SP s documented below. complete except for optional section					
 Diagnosis of AIDS defining Complete section IV. 	 > Diagnosis of AIDS defining opportunistic illnesses (AIDS OI) → Complete section IV. > Complete section IV. > Complete Section IX. 					
	 Prescription for prophylaxis of <i>Pneumocystis jiroveci</i> pneumonia (PCP) or <i>Mycobacterium avium</i> complex (MAC) → Complete section V. ○ Testing for HIV ART resistance → Complete section X. 					
 Screening for hepatitis (A, E (TB) Complete section VI. 	Screening for hepatitis (A, B, or C), <i>Toxoplasma</i> , or tuberculosis (TB) OReported or suspected substance abuse, including substance abuse counseling or treatment					
O Whether or not hepatitis A, immunizations were given → Complete section VII.		depression	anxiety, bipolar disorder, psycho: ete section XII.	sis, or		
 Prescription of antiretroviral Complete section VIII. 	therapy (ART)					
I I I I I I I I I I I I I I I I I I I	V. AIDS DEFINING OPPORT	UNISTIC ILLNES	SES (AIDS OI)			
	any AIDS defining opportunistic ill			art date?		
	ing opportunistic illnesses (AIDS OI prior to the SP start date ct all that are documented and record dates))	Date of <u>first</u> diagnosis	Date not documented		
¹ O Candidiasis, bronchi, trach	nea, or lungs					
² O Candidiasis, esophageal				2		
³ O Carcinoma, invasive cervi	cal			3		
⁴ O Coccidioidomycosis, disse	minated or extrapulmonary			4		
⁵ Cryptococcosis, extrapulm	nonary			5		

IV. AIDS DEFINING OPPORTUNIST	IC ILLNESSES (AIDS OI) co	nt'd	
AIDS defining opportunistic illnesses (AIDS OI) prior to the SP start date (select all that are documented and record dates)	Date of <u>first</u>	diagnosis	Date not documented
⁶ O Cryptosporidiosis, chronic intestinal (>1 month duration)			6O
⁷ Cytomegalovirus disease (other than in liver, spleen, or nodes)			7
⁸ O Cytomegalovirus retinitis (with loss of vision)			Ô
⁹ O HIV encephalopathy			Qe
¹⁰ O Herpes simplex: chronic ulcer (>1 month duration) or bronchitis, pneumonitis, or esophagitis			10
¹¹ O Histoplasmosis, disseminated or extrapulmonary			¹¹ O
¹² O Isosporiasis, chronic intestinal (>1 month duration)			¹² O
¹³ O Kaposi's sarcoma			13
¹⁴ O Lymphoma, Burkitt's (or equivalent term)			14
¹⁵ O Lymphoma, immunoblastic (IBL, or equivalent term)			15
¹⁶ O Lymphoma, primary in brain		1 1	16
¹⁷ O Mycobacterium avium complex or M. kansasii, disseminated or Extrapulmonary			17
¹⁸ O <i>M. tuberculosis</i> , pulmonary			18
¹⁹ <i>M. tuberculosis</i> , disseminated or extrapulmonary		1 1	19
²⁰ Mycobacterium, of other species or unidentified species, disseminated or extrapulmonary	/		20
²¹ <i>Pneumocystis jiroveci</i> pneumonia (PCP)			21
²² O Pneumonia, recurrent in 12 month period			22
²³ O Progressive multifocal leukoencephalopathy (PML)			23
²⁴ O Salmonella septicemia, recurrent			24
²⁵ O Toxoplasmosis of brain			25
²⁶ O Wasting syndrome due to HIV			26
V. PROPHY Is there documentation of prescription for prophylaxis of <i>Pneumocystis jiroveci</i> pneumonia (PCP) prior to the SP start date? Yes ONO <i>Prescription must be for PCP prophylaxis.</i> Medications include: Bactrim® (Septra, Cotrim, Co-trimoxazole, trimethorprim, sulfamethoxazole) Dapsone® Pentamidine® (pentamidine isothianate) Mepron® or Mepron® Suspension (atovaquone) Clindamycin® (clindamycin hydrochloride) + Primaquine® (primaquine	Is there documentation of prescr Mycobacterium avium complex (f date? Yes No Prescription must be for MAC prophy Biaxin Filmtab [®] (clarithromycin) Biaxin Granules [®] Biaxin XL [®] Zithromax [®] Zithromax Single Pack [®] (azithromycin, a	MAC) prior to	the SP start
phosphate) Dapsone [®] + Daraprim [®] (pyrimethamine) + Folinic Acid	Mycobutin [®] (rifabutin)	·	

Is there documentation of scr	PATITIS, TOXOPLASMA, AN reening for hepatitis A, B, C, Toxo documented for <u>each</u> screening belo	plasma, or tuberculosis (TB) prie	
Was hepatitis A screening pe	rformed prior to the SP start date	? (select one)	
¹ O Yes – screening done –	 Enter all that are documented for 	"Yes" below	
² O No – documented that scre	• <u> </u>		
³ O Hepatitis A screening not d	locumented		
If "Yes," what were the result Select all that apply <u>OR</u> result not o			
\bigcirc Positive \rightarrow	Date of 1 st positive test:	Which Hanatitic A toot(a) was	ware positive on this date?
		Which Hepatitis A test(s) was (select all that apply)	were <u>positive</u> on this date?
	Mo. Year	◯ Anti HAV IgG or HAV Ab IgG	O Anti HAV total or HAV Ab total
	O Date not documented	O Anti-HAV IgM or HAV Ab IgM	O Test type not documented
○ Negative →	Date of last negative test:		
	O Date not documented		
Result not documented			
	rformed prior to the SP start date	, ,	
•	 Enter all that are documented for 	"Yes" below	
2 O No – documented that scre			
³ O Hepatitis B screening not d	locumented		
If "Yes," what were the result	s? 🖣		
Select all that apply OR result not o	locumented		
○ Positive →	Date of 1 st positive test: →	Which Hepatitis B test(s) was	were positive on this date? (select
○ Positive →	Date of 1 st positive test:	all that apply)	were <u>positive</u> on this date? (select
○ Positive →	Date of 1 st positive test: \rightarrow	all that apply) O Anti HBc IgG O	⊖Anti HBs IgG or HBsAb IgG
○ Positive →	Date of 1 st positive test: → / Mo. Year O Date not documented	all that apply) Anti HBc IgG Anti HBc IgM	◯Anti HBs IgG or HBsAb IgG ◯Anti HBs or HBsAb total
○ Positive →	Mo. Year	all that apply) Anti HBc IgG Anti HBc IgM Anti HBc total	◯ Anti HBs IgG or HBsAb IgG ◯ Anti HBs or HBsAb total ◯ HBsAg
	Date not documented	all that apply) Anti HBc IgG Anti HBc IgM Anti HBc total	◯Anti HBs IgG or HBsAb IgG ◯Anti HBs or HBsAb total
 ○ Positive → ○ Negative → 	Date of last negative test:	all that apply) Anti HBc IgG Anti HBc IgM Anti HBc total	◯ Anti HBs IgG or HBsAb IgG ◯ Anti HBs or HBsAb total ◯ HBsAg
	Date not documented	all that apply) Anti HBc IgG Anti HBc IgM Anti HBc total	◯ Anti HBs IgG or HBsAb IgG ◯ Anti HBs or HBsAb total ◯ HBsAg
	Date of last negative test:	all that apply) Anti HBc IgG Anti HBc IgM Anti HBc total	◯ Anti HBs IgG or HBsAb IgG ◯ Anti HBs or HBsAb total ◯ HBsAg
	Date of last negative test:	all that apply) Anti HBc IgG Anti HBc IgM Anti HBc total	◯ Anti HBs IgG or HBsAb IgG ◯ Anti HBs or HBsAb total ◯ HBsAg
○ Negative → ○ Result not documented	Date of last negative test:	all that apply) Anti HBc IgG Anti HBc IgM Anti HBc total	◯ Anti HBs IgG or HBsAb IgG ◯ Anti HBs or HBsAb total ◯ HBsAg
○ Negative → ○ Result not documented Was hepatitis C screening per	Date of last negative test:	all that apply) Anti HBc IgG Anti HBc IgM Anti HBc total () () () () () () () () () ()	O Anti HBs IgG or HBsAb IgG O Anti HBs or HBsAb total O HBsAg
○ Negative → ○ Result not documented Was hepatitis C screening per ¹○ Yes – screening done →	Date of last negative test: Date of last negative test: Mo. Date not documented Date not documented Date not documented formed prior to the SP start date? Enter all that are documented for	all that apply) Anti HBc IgG Anti HBc IgM Anti HBc total () () () () () () () () () ()	O Anti HBs IgG or HBsAb IgG O Anti HBs or HBsAb total O HBsAg
○ Negative → ○ Result not documented Was hepatitis C screening per	Date of last negative test: Date of last negative test: Date not documented Date of last negative test: Date of last negative test: Date not documented formed prior to the SP start date? Enter all that are documented for pening not done	all that apply) Anti HBc IgG Anti HBc IgM Anti HBc total () () () () () () () () () ()	O Anti HBs IgG or HBsAb IgG O Anti HBs or HBsAb total O HBsAg
 ○ Negative → ○ Result not documented Was hepatitis C screening per ¹○ Yes – screening done → ²○ No – documented that scre ³○ Hepatitis C screening not d 	Date of last negative test: Date of last negative test: Date of last negative test: Date not documented Date not documented formed prior to the SP start date? Enter all that are documented for teening <u>not</u> done locumented	all that apply) Anti HBc IgG Anti HBc IgM Anti HBc total () () () () () () () () () ()	◯ Anti HBs IgG or HBsAb IgG ◯ Anti HBs or HBsAb total ◯ HBsAg
 ○ Negative → ○ Result not documented Was hepatitis C screening per ¹○ Yes – screening done → ²○ No – documented that scre ³○ Hepatitis C screening not d If "Yes," what were the results 	Date of last negative test: Date of last negative test: Mo. Date not documented Date not documented The prior to the SP start date? Formed prior to the SP start date? Enter all that are documented for the prior done locumented S?	all that apply) Anti HBc IgG Anti HBc IgM Anti HBc total () () () () () () () () () ()	◯ Anti HBs IgG or HBsAb IgG ◯ Anti HBs or HBsAb total ◯ HBsAg
 ○ Negative → ○ Result not documented Was hepatitis C screening per ¹○ Yes – screening done → ²○ No – documented that scre ³○ Hepatitis C screening not d 	Date of last negative test: Date of last negative test: Mo. Date not documented Date not documented The prior to the SP start date? Formed prior to the SP start date? Enter all that are documented for the prior done locumented S?	all that apply) ○ Anti HBc IgG (○ Anti HBc IgM (○ Anti HBc total (0 (select one) "Yes" below Which Hepatitis C test(s)	◯ Anti HBs IgG or HBsAb IgG ◯ Anti HBs or HBsAb total ◯ HBsAg
 ○ Negative → ○ Result not documented Was hepatitis C screening per ¹○ Yes – screening done → ²○ No – documented that scre ³○ Hepatitis C screening not d If "Yes," what were the results Select all that apply <u>OR</u> result not de 	Date of last negative test: Date of last negative test: Date of last negative test: Date not documented Date not documented formed prior to the SP start date? Formed prior to the SP start date? Enter all that are documented for the ening not done locumented S?	Anti HBc IgG (Anti HBc IgM (Anti HBc total (Anti HBc total ((((((((((((((Anti HBs IgG or HBsAb IgG Anti HBs or HBsAb total HBsAg Test type not documented
 ○ Negative → ○ Result not documented Was hepatitis C screening per ¹○ Yes – screening done → ²○ No – documented that scre ³○ Hepatitis C screening not d If "Yes," what were the results Select all that apply <u>OR</u> result not de 	Date of last negative test: Date not documented formed prior to the SP start date? Enter all that are documented for teening not done locumented S? Date of 1 st positive test: Mo. Vear	Anti HBc IgG (Anti HBc IgM (Anti HBc total (Anti HBc total ((((((((((((((Anti HBs IgG or HBsAb IgG Anti HBs or HBsAb total HBsAg Test type not documented was/were_positive on this date?
 ○ Negative → ○ Result not documented Was hepatitis C screening per ¹○ Yes – screening done → ²○ No – documented that scree ³○ Hepatitis C screening not d If "Yes," what were the results Select all that apply OR result not de ○ Positive → 	Date of last negative test: Date of last negative test: Date of last negative test: Date not documented The not documented The not documented The not documented for the SP start date? The not documented for the negative test: Date of 1 st positive test: Date of 1 st positive test: Date not documented	Anti HBc IgG (Anti HBc IgM (Anti HBc total (Anti HBc total ((((((((((((((Anti HBs IgG or HBsAb IgG Anti HBs or HBsAb total HBsAg Test type not documented
 ○ Negative → ○ Result not documented Was hepatitis C screening per ¹○ Yes – screening done → ²○ No – documented that scre ³○ Hepatitis C screening not d If "Yes," what were the results Select all that apply <u>OR</u> result not de 	Date of last negative test: Date not documented formed prior to the SP start date? Enter all that are documented for teening not done locumented S? Date of 1 st positive test: Mo. Vear	Anti HBc IgG (Anti HBc IgM (Anti HBc total (Anti HBc total ((((((((((((((Anti HBs IgG or HBsAb IgG Anti HBs or HBsAb total HBsAg Test type not documented was/were_positive on this date?
 ○ Negative → ○ Result not documented Was hepatitis C screening per ¹○ Yes – screening done → ²○ No – documented that scree ³○ Hepatitis C screening not d If "Yes," what were the results Select all that apply OR result not de ○ Positive → 	Date of last negative test: Date of last negative test: Date of last negative test: Date not documented The not documented The not documented The not documented for the SP start date? The not documented for the negative test: Date of 1 st positive test: Date of 1 st positive test: Date not documented	Anti HBc IgG (Anti HBc IgM (Anti HBc total (Anti HBc total ((((((((((((((Anti HBs IgG or HBsAb IgG Anti HBs or HBsAb total HBsAg Test type not documented was/were_positive on this date?
 ○ Negative → ○ Result not documented Was hepatitis C screening per ¹○ Yes – screening done → ²○ No – documented that scree ³○ Hepatitis C screening not d If "Yes," what were the results Select all that apply OR result not de ○ Positive → 	Date of last negative test: Date of last negative test: Date of last negative test: Date not documented The not documented The not documented The not documented for the SP start date? The not documented for the negative test: Date of 1 st positive test: Date of 1 st positive test: Date not documented	Anti HBc IgG (Anti HBc IgM (Anti HBc total (Anti HBc total ((((((((((((((Anti HBs IgG or HBsAb IgG Anti HBs or HBsAb total HBsAg Test type not documented was/were_positive on this date?

VI. HEPATITIS, TOXOPLASMA, AND TUBERCULOSIS (TB) SCREENING cont'd
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 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: / O Date not documented ² ○ No (negative result for most recent test) ³ ○ Result 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 <u>not</u> done ³ ○ TB screening not documented Date of the <u>most recent</u> tuberculin skin test (TST/PPD/Mantoux) or QuantiFERON test (QFT) prior to the SP start date:
∠ / C Date not documented
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)
TST/PPD/Mantoux: (enter OR select one) OR QFT: (select one) Result in millimeters: 1 QFT positive Positive, no value reported 2 QFT negative Positive, no value reported 3 QFT indeterminate Not read 4 Not documented So Not read 5 Not documented
VII. 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)
¹ ○ Yes → Enter a maximum of 3 documented doses and dates: Dose No. (If documented) Date not documented (If documented) Date No.
² Yes – but number of doses not documented
³ O No – documented that vaccine not given
OPrior vaccination OPatient declined OPreviously infected ONot documented
^₄ ◯ Hepatitis A vaccination not documented

VII. HEPATITIS AND PNEUMOCOCCAL IMMU	JNIZATIONS cont'd	
Was hepatitis B vaccine (Energix B, Recombivax) given prior to the SP start date	e? (select <u>one</u> : Yes, No, or Not documented)	
¹ \bigcirc Yes \longrightarrow Enter a maximum of 4 documented doses and dates:	Dose No. (If documented) Date	Date not documented
² O Yes – but number of doses not documented	Mo. Year	
³ O No – documented that vaccine not given – Reason vaccine not given: (select one)		
OPrior vaccination OPatient declined		0
OPreviously infected ONot documented		\neg
^₄ ◯ Hepatitis B vaccination not documented		
Was combination hepatitis A and B vaccine (Twinrix) given prior to the SP start o	date? (select one: Yes, No, or Not documen	ted)
¹ \bigcirc Yes \longrightarrow Enter a maximum of 4 documented doses and dates:	Dose No. (If documented) Date	Date not documented
² O Yes – but number of doses not documented	Mo. Year	\neg
³ No – documented that vaccine not given Reason vaccine not given: (select one) OPrior vaccination Previously infected Other, specify		
⁴ O Hepatitis A and B vaccination not documented		
Was pneumococcal vaccine (Pneumovax 23, Pneu-Immune 23) given prior to the (select one Yes, No, or Not documented)	e SP start date?	
¹ ○ Yes → Enter date of <u>last dose</u> given <u>before the SP</u> start date:	Date	Date not documented
² No – documented that vaccine not given Reason vaccine not given: (select one) Prior vaccination Prior vaccination Patient declined Not documented Other, specify	Mo. Year	
³ Pneumococcal vaccination not documented		

		VIII. ANTIRETROVIRA	L THERAPY (ART)			
		ription of antiretroviral therapy (AF e documented below.	RT) prior to the SP start date?			
	escribed antiretro	Mo.		umented		
Prescribed antir	retroviral medicat	ttions prior to the SP start date: (se		1		
¹ O Abacavir (ABC, Ziagen)		[®] Efavirenz (EFV, Sustiva)	¹⁷ O Lopinavir/Ritonavir (LPV/RTV, Kaletra, Meltrex)	²⁵ Tenofovir (TDF, Viread)		
² O Amprenavir (APV, Agenerase)		¹⁰ O Emtricitabine (FTC, Emtriva)	¹⁸ O Maraviroc (MRC, Selzentry)	²⁶ Tipranavir (TPV, Aptivus)		
³ O Atazanavir (A		¹¹ O Enfuvirtide (ENF, T-20, Fuzeon)	¹⁹ O Nelfinavir (NFV, Viracept)	²⁷ O Trizivir (ABC/3TC/AZT)		
⁴ Atripla (EFV/	/FTC/TDF)	¹² O Epzicom (ABC/3TC)	²⁰ O Nevirapine (NVP, Viramune)	²⁸ O Truvada (FTC/TDF)		
⁵⊖ Combivir (Az	ZT/3TC)	¹³ O Etravirine (Intelence, ETR, formerly TMC125)	²¹ O Raltegravir (RAL, Isentress, MK-0518)	²⁹ O Zalcitabine (ddC, Hivid)		
⁶ O Darunavir (D Prezista)	ORV, TMC 114,	¹⁴ ◯ Fosamprenavir (FPV, Lexiva)	²² O Ritonavir (RTV, Norvir)	³⁰ Zidovudine (AZT, Retrovir)		
⁷ O Delavirdine (Rescriptor)	(DLV,	¹⁵ O Indinavir (IDV, Crixivan)	²³ Saquinavir (SQV-HGC, Invirase, Fortovase)			
⁸ O Didanosine ((ddl) Videx	¹⁶ O Lamivudine (3TC, Epivir)	²⁴ Stavudine (d4T, Zerit)			
³¹ O Other, Specify:						
³² O Other, Specify:						
³³ O Other, Specify:						
³⁴ O Other, Specify:						
		IX. LABORATORY	TEST RESULTS			
the SP start date	e?	r <u>st</u> positive HIV test result, or labor cumented for <u>each</u> diagnosis or test b	ratory test results for CD4 cell cou	nt, or HIV viral load, prior to		
Is there docume	entation of the fir	rst positive HIV test result?				
OYes →	Enter date	of first positive HIV test:		e not documented		
◯ No			100			
Is there docume	entation of CD4 c	ell count test results prior to the S	SP start date?			
⊖Yes →	Lowest CD	04 cell count:	J / μl or mm³			
◯ No	Date of lowest	CD4 cell count:		e not documented		
Is there docume	entation of HIV vi	ral load (VL) test results prior to th	ne SP start date?			
⊖Yes →	Is there doo	cumentation of an <u>undetectable</u> VL	∟?			
◯ No	⊖ Yes — ⊖ No	Enter date of most recent undet	tectable result:	Date not documented		

		RESISTA			NG		
Is there documentation of HIV ART resistance testin ○ Yes → Select all that are documented for <u>each</u> r ○ No				ie?			
Was <u>genotypic</u> ART resistance testing performed p (Select <u>one</u> : Yes, No, or Testing not documented)	rior to t	the SP star	t date?				
	Select	all ART cla	sses docı	umente	d with resis	tance and	/or possible resistance:
¹ O Yes – resistance reported —	O FI	O PI	ОN	RTI		1 O A	RT classes not specified
² \bigcirc Yes – possible resistance reported —	⊖ FI	O PI	ОN	RTI		I O A	RT classes not specified
³ O Yes – but no resistance reported							
⁴ O Yes – but result was indeterminate							
⁵ O Yes – but test result not documented							
⁶ O No – documented that genotypic resistance testing	was no	ot done					
⁷ O Genotypic resistance testing not documented							
Was <u>phenotypic</u> ART resistance testing performed (Select <u>one</u> : Yes, No, or Testing not documented)	prior to	the SP sta	art date?				
	Select	all ART cla	sses docu	umente	d with resis	tance and	/or intermediate resistance:
¹ O Yes – resistance reported —	O FI	O PI	ОN	RTI		1 O A	RT classes not specified
² O Yes – intermediate resistance reported	⊖ FI	O PI	ОN	RTI		I O A	RT classes not specified
³ O Yes – but no resistance reported							
⁴ O Yes – but result was indeterminate							
⁵ O Yes – but test result not documented							
⁶ O No – documented that phenotypic resistance testin	ig was n	not done					
⁷ O Phenotypic resistance testing not documented							
			.		•		
Was <u>virtual phenotypic</u> ART resistance testing perf (Select <u>one</u> : Yes, No, or Testing not documented)	ormed	prior to the	e SP star	t date	7		
		Select <u>all</u> A intermedia				th resistar	nce and/or possible /
¹ O Yes – resistance reported		⊖ FI	O PI	ON		NNRTI	O ART classes not specified
² O Yes – possible/intermediate resistance reported –	→	⊖ FI	O PI	\bigcirc	irti O	NNRTI	O ART classes not specified
³ O Yes – but no resistance reported							
⁴ O Yes – but result was indeterminate							
⁵ O Yes – but test result not documented							
⁶ O No – documented that virtual phenotypic resistance	e testing	g was not d	one				
⁷ O Virtual phenotypic resistance testing not document	ted						
X	(I. SUE	BSTANCI	E ABUS	SE			
Is there documentation of reported or suspected al or treatment for alcohol and/or substance use/abus ○ Yes → Enter all that are documented below. ○ No				presc	ribed use o	of substa	nces, including counseling
Alcohol Abuse							
Is there documentation of alcohol abuse prior to	the SP	? (⊃ Yes	C) No		
Other Non-prescribed Use of Substances							
Is there evidence of any <u>injection</u> substance use	e (e.g., t	rack marks	s) docum	nented	prior to th	e SP?	○ Yes ○ No
, <u> </u>					•		

XI. SUBSTANCE ABUSE cont'd

Non-prescribed use of substances documented prior to the SP: (select all that are documented and type of use)							
		(select all th	Type of Use nat apply OR select Not do				
Substance ¹ O Amphetamines (other than methamphetamines)	Injection	Non-Injection	Not documented				
² O Cocaine (other than crack)	0	0	0				
³ O Crack cocaine	0	0	0				
⁴ O Ecstasy (MDMA, X))	0	0				
⁶ O Hallucinogens such as LSD or mushrooms							
	0	0	0				
⁸ O Ketamine (Special K))	<u> </u>	0				
	0	0	0				
¹¹ O Methamphetamines	0	0	0				
¹² O Painkillers such as Oxycontin, Vicodin or Percocet	0	0	0				
¹³ O Poppers (amyl nitrate))	0	0				
¹⁴ O Rohypnol							
¹⁵ O Steroids/Hormones	0	0	0				
¹⁶ O Tranquilizers such as Valium, Ativan, or Xanax							
¹⁷ O Viagra, Levitra or Cialis							
¹⁸ O Other, Specify:		0	0	0			
¹⁹ O Other, Specify:		0	0	0			
²⁰ O Other, Specify:		0	0	0			
²¹ O Substance not specified		0	0	0			
XII. MEN	TAL HEALTH						
Is there documentation of any of the following mental illnesse ○ Yes → Select all that are documented below. ○ No	es prior to the SP start date	?					
¹ OAnxiety disorder (General anxiety disorder, GAD)	³ O Depression (Major dep	ression, depres	sive disorder)				
² OBipolar disorder	⁴ OPsychosis	² OBipolar disorder ⁴ OPsychosis					

MMP MHF v7.1.0				LOCAL U		
MMP Participant ID:		1 1			Abstraction Facility ID:	
						(ID of the facility where abstraction is being conducted
			XIII. R	EMARKS		