

**Medical Monitoring Project (MMP)  
Medical Record Abstraction Form  
Surveillance Period Visit Form (SPVF)  
VERSION 2.0.4**

OPTIONAL- FOR LOCAL USE ONLY

*MMP SPVF v2.0.4*

MMP Participant ID:  Facility ID:

Date of Visit:   Date not documented  
Mo. Day Year

Medical record number:

Patient name:

Patient residence:

Street:

City/County:  State:

ZIP code:

Physician name:





# Medical Monitoring Project (MMP) Medical Record Abstraction Form Surveillance Period Visit Form (SPVF) v2.0.4



## 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)

Facility ID:

Date of visit:

Date of abstraction:

Abstractor ID:

## II. PATIENT DEMOGRAPHICS

Weight during this visit (lbs):

lbs.

Weight not documented

Is there documentation of the patient being homeless or living in a shelter during this visit?

Yes

No

Is this the first SP visit?

Yes

→

Select country of residence; enter patient's residence address in tear-off section on front cover.

No

→

Is the patient's residence during this visit the same as the previous SP visit?

Yes

→

Go to section III.

No

→

Select country of residence; enter patient's new residence address in tear-off section on front cover.

Residence not documented

→

Go to section III.

Patient's country of residence during this visit:

(select one)

United States

Canada

Mexico

Other, Specify:

Not documented/Could not be determined from residence address

## III. CHIEF COMPLAINTS

Is there documentation of any chief complaints during this visit?

Yes

→

Select all that are documented below.

No

<input type="radio"/> 1 Abdominal pain	<input type="radio"/> 29 Excessive urination (polyuria)	<input type="radio"/> 56 Irregular menses	<input type="radio"/> 83 Sore throat
<input type="radio"/> 2 Arthritis, osteoarthritis	<input type="radio"/> 30 Eye redness	<input type="radio"/> 57 Leg cramps	<input type="radio"/> 84 Sore tongue
<input type="radio"/> 3 Backache	<input type="radio"/> 31 Fainting	<input type="radio"/> 58 Leg swelling (edema)	<input type="radio"/> 85 Sores on penis
<input type="radio"/> 4 Blackouts	<input type="radio"/> 32 Fatigue	<input type="radio"/> 59 Loss of sensation	<input type="radio"/> 86 Stiffness
<input type="radio"/> 5 Bleeding after intercourse	<input type="radio"/> 33 Fever	<input type="radio"/> 60 Menopausal symptoms	<input type="radio"/> 87 Suicidal attempts
<input type="radio"/> 6 Bleeding between periods	<input type="radio"/> 34 Follow-up	<input type="radio"/> 61 Menstrual pain (dysmenorrhea)	<input type="radio"/> 88 Suicidal ideation
<input type="radio"/> 7 Bloody urine (hematuria)	<input type="radio"/> 35 Food intolerance	<input type="radio"/> 62 Mood incongruence	<input type="radio"/> 89 Sweating
<input type="radio"/> 8 Bloody sputum (hemoptysis)	<input type="radio"/> 36 Forgetfulness	<input type="radio"/> 63 Muscle or joint pain	<input type="radio"/> 90 Swollen glands
<input type="radio"/> 9 Blurred vision	<input type="radio"/> 37 Frequency of bowel movements	<input type="radio"/> 64 Nausea	<input type="radio"/> 91 Tension
<input type="radio"/> 10 Breast lumps	<input type="radio"/> 38 Frequent menses	<input type="radio"/> 65 Nervousness	<input type="radio"/> 92 Testicular pain
<input type="radio"/> 11 Breast pain or discomfort	<input type="radio"/> 39 Genital discharge	<input type="radio"/> 66 Nipple discharge	<input type="radio"/> 93 Thrombosis (thrombophlebitis)

### III. CHIEF COMPLAINTS cont'd

<input type="checkbox"/> 12 Chest pain or discomfort	<input type="checkbox"/> 40 Goiter	<input type="checkbox"/> 67 Nose bleeds (epistaxis)	<input type="checkbox"/> 94 Tingling or "pins and pricks"
<input type="checkbox"/> 13 Cold intolerance	<input type="checkbox"/> 41 Gum bleeding	<input type="checkbox"/> 68 Numbness	<input type="checkbox"/> 95 Tinnitus
<input type="checkbox"/> 14 Constipation	<input type="checkbox"/> 42 Head injury	<input type="checkbox"/> 69 Pain or stiffness in neck	<input type="checkbox"/> 96 Tremors or other involuntary movements
<input type="checkbox"/> 15 Cough	<input type="checkbox"/> 43 Headache	<input type="checkbox"/> 70 Painful urination (dysuria)	<input type="checkbox"/> 97 Trouble swallowing
<input type="checkbox"/> 16 Depression	<input type="checkbox"/> 44 Heartburn	<input type="checkbox"/> 71 Palpitations	<input type="checkbox"/> 98 Urgency, urinary
<input type="checkbox"/> 17 Diarrhea	<input type="checkbox"/> 45 Heat intolerance	<input type="checkbox"/> 72 Paralysis	<input type="checkbox"/> 99 Urination at night (nocturia)
<input type="checkbox"/> 18 Dizziness	<input type="checkbox"/> 46 Hemorrhoids	<input type="checkbox"/> 73 Postmenstrual bleeding	<input type="checkbox"/> 100 Varicose veins
<input type="checkbox"/> 19 Double vision (diplopia)	<input type="checkbox"/> 47 Hernia	<input type="checkbox"/> 74 Premenstrual tension	<input type="checkbox"/> 101 Vertigo
<input type="checkbox"/> 20 Dribbling, urinary	<input type="checkbox"/> 48 Hesitancy, urinary	<input type="checkbox"/> 75 Prolonged menstrual flow	<input type="checkbox"/> 102 Vomiting
<input type="checkbox"/> 21 Dry mouth	<input type="checkbox"/> 49 Hoarseness	<input type="checkbox"/> 76 Regurgitation	<input type="checkbox"/> 103 Vomiting of blood (hematemesis)
<input type="checkbox"/> 22 Ear discharge	<input type="checkbox"/> 50 Hot flashes	<input type="checkbox"/> 77 Sexual satisfaction problems	<input type="checkbox"/> 104 Vulval itching
<input type="checkbox"/> 23 Earaches	<input type="checkbox"/> 51 Hunger	<input type="checkbox"/> 78 Seizures	<input type="checkbox"/> 105 Weakness
<input type="checkbox"/> 24 Easy bruising or bleeding	<input type="checkbox"/> 52 Impaired hearing	<input type="checkbox"/> 79 Shortness of breath (dyspnea)	<input type="checkbox"/> 106 Weight gain
<input type="checkbox"/> 25 Excessive belching	<input type="checkbox"/> 53 Incontinence	<input type="checkbox"/> 80 Shortness of breath at night (paroxysmal nocturnal dyspnea, PND)	<input type="checkbox"/> 107 Weight loss
<input type="checkbox"/> 26 Excessive menstrual flow	<input type="checkbox"/> 54 Indigestion	<input type="checkbox"/> 81 Shortness of breath when lying down (orthopnea)	<input type="checkbox"/> 108 Wheezing
<input type="checkbox"/> 27 Excessive tearing	<input type="checkbox"/> 55 Intermittent claudication	<input type="checkbox"/> 82 Sinus problems	<input type="checkbox"/> 109 Yellow eyes (jaundice)
<input type="checkbox"/> 28 Excessive thirst			
<input type="checkbox"/> 110 Other, Specify:			
<input type="checkbox"/> 111 Other, Specify:			
<input type="checkbox"/> 112 Other, Specify:			
<input type="checkbox"/> 113 Other, Specify:			

### IV. SURVEILLANCE PERIOD VISIT FORM SECTIONS - OPTIONAL

<b>Is there documentation of any of the following during this visit?</b> <input type="checkbox"/> Yes —> Select all that are documented below. <input type="checkbox"/> No —> This form is now complete except for optional section XIII (Remarks).	
<input type="checkbox"/> Diagnosis of AIDS defining opportunistic illnesses (AIDS OI) —> <b>Complete section V.</b>	<input type="checkbox"/> Prescription or continuation of medications other than ART —> <b>Complete section X.</b>
<input type="checkbox"/> Diagnosis of conditions other than AIDS OI —> <b>Complete section VI.</b>	<input type="checkbox"/> Phlebotomy —> <b>Complete section XI on this visit form.</b>
<input type="checkbox"/> Prescription for prophylaxis of <i>Pneumocystis jiroveci</i> pneumonia (PCP) or <i>Mycobacterium avium</i> complex (MAC) —> <b>Complete section VII.</b>	<input type="checkbox"/> Laboratory test results, including HIV ART resistance tests —> <b>Select this box, and complete section XI on visit form for date specimen was collected.</b>
<input type="checkbox"/> Physical screening for any sexually transmitted infections (STI) —> <b>Complete section VIII.</b>	<input type="checkbox"/> Reported or suspected substance abuse, including substance abuse counseling or treatment —> <b>Complete section XII.</b>
<input type="checkbox"/> Prescription or continuation of antiretroviral therapy (ART) —> <b>Complete section IX.</b>	

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

Is there documentation that any AIDS defining opportunistic illnesses (AIDS OI) were diagnosed during this visit?

Yes —> Select all that are documented below.

No

<sup>1</sup> <input type="radio"/> Candidiasis, bronchi, trachea, or lungs	<sup>14</sup> <input type="radio"/> Lymphoma, Burkitt's (or equivalent term)
<sup>2</sup> <input type="radio"/> Candidiasis, esophageal	<sup>15</sup> <input type="radio"/> Lymphoma, immunoblastic (IBL, or equivalent term)
<sup>3</sup> <input type="radio"/> Carcinoma, invasive cervical	<sup>16</sup> <input type="radio"/> Lymphoma, primary in brain
<sup>4</sup> <input type="radio"/> Coccidioidomycosis, disseminated or extrapulmonary	<sup>17</sup> <input type="radio"/> <i>Mycobacterium avium</i> complex or <i>M. kansasii</i> , disseminated or extrapulmonary
<sup>5</sup> <input type="radio"/> Cryptococcosis, extrapulmonary	<sup>18</sup> <input type="radio"/> <i>M. tuberculosis</i> , pulmonary
<sup>6</sup> <input type="radio"/> Cryptosporidiosis, chronic intestinal (>1 month duration)	<sup>19</sup> <input type="radio"/> <i>M. tuberculosis</i> , disseminated or extrapulmonary
<sup>7</sup> <input type="radio"/> Cytomegalovirus disease (other than in liver, spleen, or nodes)	<sup>20</sup> <input type="radio"/> <i>Mycobacterium</i> , of other species or unidentified species, disseminated or extrapulmonary
<sup>8</sup> <input type="radio"/> Cytomegalovirus retinitis (with loss of vision)	<sup>21</sup> <input type="radio"/> <i>Pneumocystis jirovecii</i> pneumonia (PCP)
<sup>9</sup> <input type="radio"/> HIV encephalopathy	<sup>22</sup> <input type="radio"/> Pneumonia, recurrent in 12 month period
<sup>10</sup> <input type="radio"/> Herpes simplex: chronic ulcer (>1 month duration) or bronchitis, pneumonitis, or esophagitis	<sup>23</sup> <input type="radio"/> Progressive multifocal leukoencephalopathy (PML)
<sup>11</sup> <input type="radio"/> Histoplasmosis, disseminated or extrapulmonary	<sup>24</sup> <input type="radio"/> Salmonella septicemia, recurrent
<sup>12</sup> <input type="radio"/> Isosporiasis, chronic intestinal (>1 month duration)	<sup>25</sup> <input type="radio"/> Toxoplasmosis of brain
<sup>13</sup> <input type="radio"/> Kaposi's sarcoma	<sup>26</sup> <input type="radio"/> Wasting syndrome due to HIV

## VI. CONDITIONS OTHER THAN AIDS OI

Is there documentation that any conditions other than AIDS OI were diagnosed during this visit?

Yes —> Select all that are documented below.

No

<sup>1</sup> <input type="radio"/> Abscess	<sup>21</sup> <input type="radio"/> Epilepsy (seizure disorder)	<sup>41</sup> <input type="radio"/> Hypertriglyceridemia	<sup>61</sup> <input type="radio"/> Psoriasis
<sup>2</sup> <input type="radio"/> Alcoholism	<sup>22</sup> <input type="radio"/> Erectile dysfunction	<sup>42</sup> <input type="radio"/> Hypogonadism (gonadal deficiency)	<sup>62</sup> <input type="radio"/> Psychosis, including schizophrenia
<sup>3</sup> <input type="radio"/> Anxiety disorder	<sup>23</sup> <input type="radio"/> Erythema multiforme	<sup>43</sup> <input type="radio"/> Hypothyroidism	<sup>63</sup> <input type="radio"/> Pulmonary hypertension
<sup>4</sup> <input type="radio"/> Arthritis (osteoarthritis)	<sup>24</sup> <input type="radio"/> Erythroderma	<sup>44</sup> <input type="radio"/> Ischemic heart disease	<sup>64</sup> <input type="radio"/> Rape or other sexual abuse
<sup>5</sup> <input type="radio"/> Asthma	<sup>25</sup> <input type="radio"/> Fatty liver	<sup>45</sup> <input type="radio"/> Keratitis, eye	<sup>65</sup> <input type="radio"/> Rash, drug-related
<sup>6</sup> <input type="radio"/> Attention deficit disorder (ADD); attention deficit hyperactive disorder (ADHD)	<sup>26</sup> <input type="radio"/> Fever, unexplained, >100°F for 2+ weeks*	<sup>46</sup> <input type="radio"/> Lactic acidosis	<sup>66</sup> <input type="radio"/> Renal failure
<sup>7</sup> <input type="radio"/> Avascular necrosis	<sup>27</sup> <input type="radio"/> Folliculitis	<sup>47</sup> <input type="radio"/> Lipoatrophy	<sup>67</sup> <input type="radio"/> Respiratory infection, lower
<sup>8</sup> <input type="radio"/> Buffalo hump	<sup>28</sup> <input type="radio"/> Gastroesophageal reflux Disease (GERD)	<sup>48</sup> <input type="radio"/> Lipodystrophy	<sup>68</sup> <input type="radio"/> Respiratory infection, upper
<sup>9</sup> <input type="radio"/> Bronchitis	<sup>29</sup> <input type="radio"/> Guillain-Barre syndrome	<sup>49</sup> <input type="radio"/> Mitochondrial disease	<sup>69</sup> <input type="radio"/> Respiratory infection, NOS
<sup>10</sup> <input type="radio"/> Cardiomyopathy, due to HIV or unknown cause	<sup>30</sup> <input type="radio"/> Hearing loss, acquired	<sup>50</sup> <input type="radio"/> Myelopathy (spinal cord disease/disorder)	<sup>70</sup> <input type="radio"/> Seborrheic dermatitis
<sup>11</sup> <input type="radio"/> Cellulitis (skin infection, bacterial)	<sup>31</sup> <input type="radio"/> Hemorrhoids	<sup>51</sup> <input type="radio"/> Myopathy (muscular weakness or changes)	<sup>71</sup> <input type="radio"/> Sinusitis
<sup>12</sup> <input type="radio"/> Constipation	<sup>32</sup> <input type="radio"/> Hepatic (liver) failure	<sup>52</sup> <input type="radio"/> Nasal ulceration	<sup>72</sup> <input type="radio"/> Stevens-Johnson syndrome
<sup>13</sup> <input type="radio"/> Depression, diagnosed by physician	<sup>33</sup> <input type="radio"/> Hepatitis, drug-induced	<sup>53</sup> <input type="radio"/> Neoplasm	<sup>73</sup> <input type="radio"/> Stroke, ischemic, non-hemorrhagic
<sup>14</sup> <input type="radio"/> Diabetes mellitus (DM), Type 1	<sup>34</sup> <input type="radio"/> Hepatitis, infectious, not drug-induced	<sup>54</sup> <input type="radio"/> Nephrolithiasis (kidney stone)	<sup>74</sup> <input type="radio"/> Suicide attempt
<sup>15</sup> <input type="radio"/> Diabetes mellitus (DM), Type 2	<sup>35</sup> <input type="radio"/> Hodgkin's lymphoma (Hodgkin's disease)	<sup>55</sup> <input type="radio"/> Nephropathy (kidney damage)	<sup>75</sup> <input type="radio"/> Thrombocytopenia, idiopathic (ITP)
<sup>16</sup> <input type="radio"/> Diabetes mellitus (DM), NOS	<sup>36</sup> <input type="radio"/> Human papillomavirus (HPV) infection	<sup>56</sup> <input type="radio"/> Neuropathy, cranial	<sup>76</sup> <input type="radio"/> Vision loss, moderate or severe; blindness
<sup>17</sup> <input type="radio"/> Diarrhea, allergic/colitis	<sup>37</sup> <input type="radio"/> Hypercholesterolemia	<sup>57</sup> <input type="radio"/> Neuropathy, peripheral	<sup>77</sup> <input type="radio"/> Warts, anal or genital
<sup>18</sup> <input type="radio"/> Diarrhea, infectious	<sup>38</sup> <input type="radio"/> Hyperglycemia	<sup>58</sup> <input type="radio"/> Neuropathy, NOS	<sup>78</sup> <input type="radio"/> Warts, non-anal, non-genital
<sup>19</sup> <input type="radio"/> Diarrhea, NOS	<sup>39</sup> <input type="radio"/> Hypersomnolence (excessive sleepiness)	<sup>59</sup> <input type="radio"/> Osteopenia or osteoporosis	<sup>79</sup> <input type="radio"/> Weight loss
<sup>20</sup> <input type="radio"/> Diverticulitis	<sup>40</sup> <input type="radio"/> Hypertension (high blood pressure)	<sup>60</sup> <input type="radio"/> Prostatitis	*in the absence of a known cause

## VI. CONDITIONS OTHER THAN AIDS OI cont'd

80 <input type="radio"/> Other, Specify: <input style="width: 90%; height: 20px;" type="text"/>	OR ICD code: <input style="width: 90%; height: 20px;" type="text"/>
81 <input type="radio"/> Other, Specify: <input style="width: 90%; height: 20px;" type="text"/>	OR ICD code: <input style="width: 90%; height: 20px;" type="text"/>
82 <input type="radio"/> Other, Specify: <input style="width: 90%; height: 20px;" type="text"/>	OR ICD code: <input style="width: 90%; height: 20px;" type="text"/>
83 <input type="radio"/> Other, Specify: <input style="width: 90%; height: 20px;" type="text"/>	OR ICD code: <input style="width: 90%; height: 20px;" type="text"/>

## VII. PROPHYLAXIS

<b>Is there documentation of prescription for prophylaxis of <i>Pneumocystis jiroveci</i> pneumonia (PCP) during this visit?</b> <input type="radio"/> Yes <input type="radio"/> No <small><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</small>	<b>Is there documentation of prescription for prophylaxis of <i>Mycobacterium avium</i> complex (MAC) during this visit?</b> <input type="radio"/> Yes <input type="radio"/> No <small><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)</small>
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## VIII. SEXUALLY TRANSMITTED INFECTION (STI) SCREENING

**Is there documentation of physical screening for any sexually transmitted infections (STI) during this visit?**  
 Yes → Select all that are documented below.  
 No

1 <input type="radio"/> Chlamydia	3 <input type="radio"/> Genital Herpes	5 <input type="radio"/> Non-gonococcal urethritis	7 <input type="radio"/> Trichomoniasis
2 <input type="radio"/> Gonorrhea	4 <input type="radio"/> Human Papillomavirus (HPV)	6 <input type="radio"/> Syphilis	8 <input type="radio"/> STI not specified

## IX. ANTIRETROVIRAL THERAPY (ART)

**Is there documentation of prescription or continuation of antiretroviral therapy (ART) during this visit?**  
 Yes → Select all that are documented below.  
 No

1 <input type="radio"/> Abacavir (ABC, Ziagen)	10 <input type="radio"/> Efavirenz (EFV, Sustiva)	18 <input type="radio"/> Maraviroc	26 <input type="radio"/> Tipranavir (TPV, Aptivus)
2 <input type="radio"/> Amprenavir (APV, Agenerase)	11 <input type="radio"/> Emtricitabine (FTC, Emtriva)	19 <input type="radio"/> Raltegravir (MK-0518)	27 <input type="radio"/> TMC 125
3 <input type="radio"/> Atazanavir (ATV, Reyataz)	12 <input type="radio"/> Enfuvirtide (T-20, Fuzeon)	20 <input type="radio"/> Nelfinavir (NFV, Viracept)	28 <input type="radio"/> Trizivir (ABC/3TC/AZT)
4 <input type="radio"/> Atripla (EFV/FTC/TDF)	13 <input type="radio"/> Epzicom (ABC/3TC)	21 <input type="radio"/> Nevirapine (NVP, Viramune)	29 <input type="radio"/> Truvada (FTC/TDF)
5 <input type="radio"/> Combivir (AZT/3TC)	14 <input type="radio"/> Fosamprenavir (FPV, Lexiva)	22 <input type="radio"/> Ritonavir (RTV, Norvir)	30 <input type="radio"/> Zalcitabine (ddC, Hivid)
6 <input type="radio"/> Darunavir (TMC 114, Prezista)	15 <input type="radio"/> Indinavir (IDV, Crixivan)	23 <input type="radio"/> Saquinavir (SQV-HGC, Invirase)	31 <input type="radio"/> Zidovudine (AZT, Retrovir)
7 <input type="radio"/> Delavirdine (DLV, Rescriptor)	16 <input type="radio"/> Lamivudine (3TC, Epivir)	24 <input type="radio"/> Stavudine (d4T, Zerit)	
9 <input type="radio"/> Didanosine (ddl, Videx)	17 <input type="radio"/> Lopinavir/Ritonavir (LPV/RTV, Kaletra, Meltrex)	25 <input type="radio"/> Tenofovir (TDF, Viread)	
32 <input type="radio"/> Other, Specify: <input style="width: 90%; height: 20px;" type="text"/>			
33 <input type="radio"/> Other, Specify: <input style="width: 90%; height: 20px;" type="text"/>			
34 <input type="radio"/> Other, Specify: <input style="width: 90%; height: 20px;" type="text"/>			
35 <input type="radio"/> Other, Specify: <input style="width: 90%; height: 20px;" type="text"/>			

## X. OTHER MEDICATIONS

Is there documentation of prescription or continuation of medications other than ART during this visit?

Yes —> Select all that that are documented below.

No

	Generic	Brand Names			
<input type="radio"/> 1	acarbose	Precose	Prandase		
<input type="radio"/> 2	acetaminophen/hydrocodone	Anexsia	Lorcet	Lortab	Vicodin
<input type="radio"/> 3	acetaminophen/oxycodone	Endocet	Percocet	Roxicet	Tylox
<input type="radio"/> 4	acyclovir	Zovirax			
<input type="radio"/> 5	adefovir	Hepsera			
<input type="radio"/> 6	albuterol	AccuNeb	ProAir	Proventil	Ventolin
<input type="radio"/> 7	albuterol/ipratropium	Combivent			
<input type="radio"/> 8	aldesleukin	Interleukin-2 (IL-2)	Proleukin		
<input type="radio"/> 9	alprazolam	Niravam	Xanax		
<input type="radio"/> 10	amikacin	Amikin			
<input type="radio"/> 11	amitriptyline	Elavil			
<input type="radio"/> 12	amitriptyline/chlordiazepoxide	Limbitrol			
<input type="radio"/> 13	amoxicillin	Amoxil	Dispermox	Polymox	Trimox
<input type="radio"/> 14	amoxicillin/clavulanate	Augmentin			
<input type="radio"/> 15	analapril	Vasotec			
<input type="radio"/> 16	aspirin (ASA)				
<input type="radio"/> 17	atenolol	Tenormin			
<input type="radio"/> 18	atorvastatin	Lipitor			
<input type="radio"/> 19	azithromycin	Zithromax	Zmax		
<input type="radio"/> 20	baclofen	Lioresal			
<input type="radio"/> 21	bupropion	Budeprion	Welbutrion	Zyban	
<input type="radio"/> 22	buspirone	BuSpar			
<input type="radio"/> 23	butalbital/aspirin	Axotal	Marnal		
<input type="radio"/> 24	butalbital/aspirin/caffeine (BAC)	Fiornal	Fiormax		
<input type="radio"/> 25	calcitrol	Rocaltrol			
<input type="radio"/> 26	ceterizine	Zyrtec			
<input type="radio"/> 27	chlorpropamide	Diabinese			
<input type="radio"/> 28	cimetidine	Tagamet			
<input type="radio"/> 29	ciprofloxacin	Cipro	Proquin		
<input type="radio"/> 30	citalopram	Celexa			
<input type="radio"/> 31	clonazepam	Klonopin			
<input type="radio"/> 32	cromolyn	Intal	NasalCrom		
<input type="radio"/> 33	cyclosporine	Gengraf	Neoral	Sandimmune	
<input type="radio"/> 34	dapsone (DDS)				
<input type="radio"/> 35	darifenacin	Enablex			
<input type="radio"/> 36	dexamethasone	Decadron	Dexone	Maxidex	Solurex
<input type="radio"/> 37	diphenhydramine	Benadryl			
<input type="radio"/> 38	diphenoxylate/atropine	Lomotil	Lomocot	Lonox	
<input type="radio"/> 39	divalproex sodium	Depakote			
<input type="radio"/> 40	docusate sodium (DOS)	Colace	Dialose		
<input type="radio"/> 41	doxorubicin	Adriamycin	Rubex		
<input type="radio"/> 42	doxorubicin liposomal	Doxil			
<input type="radio"/> 43	doxycycline	Adoxa	Doryx	Doxycin	Monodox
<input type="radio"/> 44	dronabinol	Marinol			
<input type="radio"/> 45	enalapril	Vasotec			
<input type="radio"/> 46	enalapril/hydrochlorothiazide (HCT/Z)	Vaseretic			

**X. OTHER MEDICATIONS cont'd**

	<b>Generic</b>	<b>Brand Names</b>			
47	entecavir	Baraclude			
48	epoetin alfa (EPO)	Epogen	Procrit		
49	escitalopram	Lexapro			
50	esomeprazole	Nexium			
51	ethambutol	Myambutol			
52	ethionamide	Trecator			
53	famotidine	Pepcid			
54	fexofenadine	Allegra			
55	filgrastim	Neopogen			
56	folinic acid	Leucovorin	Wellcovorin		
57	fluconazole	Diflucan			
58	fludrocortisone	Florinef			
59	fluoxetine	Prozac	Sarafem		
60	fluphenazine	Prolixin			
61	fluticasone	Flonase			
62	fluticasone/salmeterol	Advair			
63	fluvastatin	Lescol			
64	foscarnet	Foscavir			
65	gabapentin	Gabarone	Neurontin		
66	gemfibrozil	Lopid			
67	hydrochlorothiazide (HCT/Z)	Esidrix	Oretic	Microzide	
68	hydrochlorothiazide (HCT/Z)/methyldopa	Aldoril			
69	hydrochlorothiazide (HCT/Z)/metoprolol	Lopressor			
70	hydrochlorothiazide (HCT/Z)/triamterene	Dyazide	Maxide		
71	ibuprofen	Advil	Midol	Motrin	Nuprin
72	imiquimod	Aldara			
73	insulin (inhaled)	Exubera			
74	insulin (injectible)	Humulin(aalog)	Novolin(olog)	Levemir	Lantus
75	interferon alphacon-1	Infergen			
76	interferon alfa 2a	Referon A			
77	interferon alfa 2b	Intron A			
78	iodoquinol	Yodoxin			
79	isoniazid (INH)	Nydrazid			
80	isoniazid (INH)/pyrazinamide (PZA)/rifampin	Rifater			
81	isoniazid (INH)/rifampin	Rifamate			
82	kanamycin	Kantrex			
83	lansoprazole	Prevacid			
84	lansoprazole/amoxicillin/clarithromycin	Prevpac			
85	levofloxacin	Levaquin			
86	levothyroxine	Euthyrox	Levothyroid	Levoxyl	Synthroid
87	lisinopril	Prinivil	Zestril		
88	lithium	Eskalith	Lithobid		
89	loperamide	Imodium	Kaopectate	Maalox	
90	loxapine	Loxitane			
91	megestrol	Megace			
92	metformin	Fortamet	Glucophage	Riomet	
93	methadone	Dolophine	Methadose		
94	metoclopramide	Reglan			
95	metoprolol	Lopressor	Toprol		



**X. OTHER MEDICATIONS cont'd**

	<b>Generic</b>	<b>Brand Names</b>			
96	<input type="radio"/> mirtazapine	Remeron			
97	<input type="radio"/> nalbuphine	Nubain			
98	<input type="radio"/> naproxen	Naprosyn	Aleve	Anaprox	Naprelan
99	<input type="radio"/> niacin	Niaspan	Sio-Niacin	nicotinic acid	
100	<input type="radio"/> nifedipine	Procardia	Adalat	Nifedical	
101	<input type="radio"/> nizatidine	Axid			
102	<input type="radio"/> octreotide	Sandostatin			
103	<input type="radio"/> olanzapine	Zyprexa			
104	<input type="radio"/> omeprazole	Prilosec	Prilosec OTC		
105	<input type="radio"/> oxycodone	Endocodone	OxyContin	Percolone	Roxicodone
106	<input type="radio"/> palonosetron	Aloxi			
107	<input type="radio"/> pantoprazole	Protonix			
108	<input type="radio"/> paroxetine	Paxil	Pexeva		
109	<input type="radio"/> peginterferon alfa 2a	Pegasys			
110	<input type="radio"/> peginterferon alfa 2b	PEG-Intron			
111	<input type="radio"/> penicillin	Beepen	Veetids	Pen-Vee K	
112	<input type="radio"/> phenylephrine	Lusonal	Nasop	Neo-Synephrine	
113	<input type="radio"/> phenytoin	Dilantin	Phenytek		
114	<input type="radio"/> pioglitazone	Actos			
115	<input type="radio"/> podofilox topical	Condylox			
116	<input type="radio"/> podophyllin topical				
117	<input type="radio"/> pravastatin	Pravachol			
118	<input type="radio"/> prednisone	Sterapred			
119	<input type="radio"/> propranolol	Inderal	InnoPran		
120	<input type="radio"/> propranolol/hydrochlorothiazide (HCT/Z)	Inderide			
121	<input type="radio"/> pseudoephedrine	Decofed	Dimetapp	Ridafed	Sudafed
122	<input type="radio"/> pyrazinamide (PZA)				
123	<input type="radio"/> ranitidine	Zantac			
124	<input type="radio"/> ribavirin	Copegus	Rebetol	Tribavirin	Virazole
125	<input type="radio"/> rifabutin	Mycobutin			
126	<input type="radio"/> rifampin	Rifadin	Rimactane		
127	<input type="radio"/> rosiglitazone	Avandia			
128	<input type="radio"/> rosiglitazone/glimepiride	Avandaryl			
129	<input type="radio"/> rosuvastatin	Crestor			
130	<input type="radio"/> sertraline	Zoloft			
131	<input type="radio"/> sildenafil	Viagra			
132	<input type="radio"/> somatropin	Saizen	r-hGH (human growth hormone)	Serostim	Zorbtive
133	<input type="radio"/> tadalafil	Cialis			
134	<input type="radio"/> tamsulosin	Flomax			
135	<input type="radio"/> telbivudine	Tyzeka			
136	<input type="radio"/> testosterone topical/transdermal	AndroDerm	AndroGel		
137	<input type="radio"/> tinidazole	Tindamax			
138	<input type="radio"/> trazadone	Desyrel			
139	<input type="radio"/> triamcinolone nasal	Nasacort	Tri-Nasal		
140	<input type="radio"/> trichloroacetic acid (TCA) topical	Tri-Chlor			
141	<input type="radio"/> trimethoprim/sulfamethoxazole (TMP/SMZ)	Bactrim	Cotrimoxazole	Septra	Sulfatrim
142	<input type="radio"/> valacyclovir	Valtrex			
143	<input type="radio"/> valproic acid	Depakene			

### X. OTHER MEDICATIONS cont'd

	Generic	Brand Names			
144 <input type="radio"/>	vancomycin	Lyphocin	Vancocin		
145 <input type="radio"/>	venlafaxine	Effexor			
146 <input type="radio"/>	warfarin	Coumadin			
147 <input type="radio"/>	zanamivir	Relenza			
148 <input type="radio"/>	zolpidem	Ambien			
149 <input type="radio"/>	Other, Specify:				
150 <input type="radio"/>	Other, Specify:				
151 <input type="radio"/>	Other, Specify:				
152 <input type="radio"/>	Other, Specify:				
153 <input type="radio"/>	Other, Specify:				
154 <input type="radio"/>	Other, Specify:				
155 <input type="radio"/>	Other, Specify:				
156 <input type="radio"/>	Other, Specify:				
157 <input type="radio"/>	Other, Specify:				
158 <input type="radio"/>	Other, Specify:				

### XI. LABORATORY TEST RESULTS

Is there documentation of any of the following laboratory test results, including HIV ART resistance tests, for this visit?

- Yes → Enter all that are documented below *on the visit form for the date the specimen was collected.*  
 No

Lab Test	Test Result					Limits of Normal Result				
	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units	Lower Limit	Select if not documented	Upper Limit	Select if not documented
1 <input type="radio"/> AFB culture (TB culture)	<input type="radio"/>	<input type="radio"/>								
2 <input type="radio"/> AFB smear (TB smear)	<input type="radio"/>	<input type="radio"/>								
3 <input type="radio"/> Albumin (ALB)						g/L		<input type="radio"/>		<input type="radio"/>
4 <input type="radio"/> ALT (SGPT)						units/L		<input type="radio"/>		<input type="radio"/>
5 <input type="radio"/> Anti-HAV IgG (HAV Ab IgG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
6 <input type="radio"/> Anti-HAV IgM (HAV Ab IgM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
7 <input type="radio"/> Anti-HAV total (HAV Ab total)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
8 <input type="radio"/> Anti-HBc IgM (HBc Ab IgM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
9 <input type="radio"/> Anti-HBc total (HBc Ab total)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
10 <input type="radio"/> Anti-HBe (HBe Ab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
11 <input type="radio"/> Anti-HBs (HBs Ab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
12 <input type="radio"/> Anti-HCV, EIA or RIBA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
13 <input type="radio"/> Anti-Toxoplasma IgG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
14 <input type="radio"/> AST (SGOT)						units/L		<input type="radio"/>		<input type="radio"/>
15 <input type="radio"/> Bilirubin, total						mg/dL		<input type="radio"/>		<input type="radio"/>
16 <input type="radio"/> CD4 cell count						cells/ $\mu$ L				

**XI. LABORATORY TEST RESULTS cont'd**

Lab Test	Test Result					Limits of Normal Result				
	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units	Lower Limit	Select if not documented	Upper Limit	Select if not documented
17 <input type="radio"/> CD4 cell percentage						%				
18 <input type="radio"/> Cholesterol, HDL (HDL-C)						mg/dL				
19 <input type="radio"/> Cholesterol, HDL to total ratio										
20 <input type="radio"/> Cholesterol, LDL (LDL-C)						mg/dL				
21 <input type="radio"/> Cholesterol, total						mg/dL				
22 <input type="radio"/> Cholesterol, total to HDL ratio										
23 <input type="radio"/> Creatinine (Creat)						mg/dL		<input type="radio"/>		<input type="radio"/>
24 <input type="radio"/> CT culture, cervical (Chlamydia culture)	<input type="radio"/>	<input type="radio"/>								
25 <input type="radio"/> CT culture, NOS (Chlamydia culture)	<input type="radio"/>	<input type="radio"/>								
26 <input type="radio"/> CT culture, pharyngeal (Chlamydia culture)	<input type="radio"/>	<input type="radio"/>								
27 <input type="radio"/> CT culture, rectal (Chlamydia culture)	<input type="radio"/>	<input type="radio"/>								
28 <input type="radio"/> Dark field microscopy (Immunofluorescent staining)	<input type="radio"/>	<input type="radio"/>								
29 <input type="radio"/> FBG (FBS, Blood glucose)						mg/dL				
30 <input type="radio"/> FTA-ABS (FTA, Treponemal syphilis test)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
31 <input type="radio"/> GC culture, cervical (Gonococcal culture)	<input type="radio"/>	<input type="radio"/>								
32 <input type="radio"/> GC culture, NOS (Gonococcal culture)	<input type="radio"/>	<input type="radio"/>								
33 <input type="radio"/> GC culture, pharyngeal (Gonococcal culture)	<input type="radio"/>	<input type="radio"/>								
34 <input type="radio"/> GC culture, rectal (Gonococcal culture)	<input type="radio"/>	<input type="radio"/>								
35 <input type="radio"/> Hba1c						%				
36 <input type="radio"/> HBeAg (Hepatitis B e-antigen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
37 <input type="radio"/> HBsAg (Hepatitis B surface antigen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
38 <input type="radio"/> HBV DNA (PCR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		IU/L				
39 <input type="radio"/> HCV genotype										
40 <input type="radio"/> HCV RNA qualitative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
41 <input type="radio"/> HCV RNA quantitative (PCR)			<input type="radio"/>	<input type="radio"/>		IU/L				
42 <input type="radio"/> Hemoglobin (Hgb, Hb)						g				
43 <input type="radio"/> HIV viral load				<input type="radio"/>		copies/mL		<input type="radio"/>		
44 <input type="radio"/> HPV DNA (PCR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		IU/L				
45 <input type="radio"/> Platelet count (PLT, Thrombocyte count)						count/mm <sup>3</sup>				
46 <input type="radio"/> RBC (Red blood cell count, Erythrocyte count)						count/mm <sup>3</sup>				
47 <input type="radio"/> Resistance test for INH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
48 <input type="radio"/> Resistance test for Rifampicin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
49 <input type="radio"/> RPR (Non-treponemal syphilis test)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			titer				
50 <input type="radio"/> TPHA (TP-PA, MHA-TP, Treponemal syphilis test)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
51 <input type="radio"/> Trichomonas wet mount	<input type="radio"/>	<input type="radio"/>								
52 <input type="radio"/> Trichomonas culture	<input type="radio"/>	<input type="radio"/>								

## XI. LABORATORY TEST RESULTS cont'd

Lab Test	Test Result					Limits of Normal Result			
	Pos(+)	Neg(-)	Indeterminate	Undetectable	Value	Units	Lower Limit <small>Select if not documented</small>	Upper Limit <small>Select if not documented</small>	
53 <input type="radio"/> <b>Trichomonas EIA or other molecular assay</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
54 <input type="radio"/> <b>Triglycerides (TG, TRIG)</b>						mg/dL	<input type="radio"/>	<input type="radio"/>	
55 <input type="radio"/> <b>Urinary CT NAAT (Chlamydia nucleic acid amplification test)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
56 <input type="radio"/> <b>Urinary GC NAAT (Gonococcal nucleic acid amplification test)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
57 <input type="radio"/> <b>Urinary hCG (Pregnancy test)</b>	<input type="radio"/>	<input type="radio"/>							
58 <input type="radio"/> <b>Urine protein, 24 hour</b>						g %			
59 <input type="radio"/> <b>Urine protein, dipstick</b>	<input type="radio"/>	<input type="radio"/>							
60 <input type="radio"/> <b>VDRL (Non-treponemal syphilis test)</b>	<input type="radio"/>	<input type="radio"/>				titer			
61 <input type="radio"/> <b>WBC (White blood cell count, Leukocyte count)</b>						count/mL			

**Genotypic ART resistance tests** → Select one below:

- Resistance reported → Select all ART classes with documented resistance:
  FI
 PI  
 No resistance reported
  NRTI
 ART classes not specified  
 NNRTI

**Phenotypic ART resistance tests** → Select one below:

- Resistance reported → Select all ART classes with documented resistance:
  FI
 PI  
 No resistance reported
  NRTI
 ART classes not specified  
 NNRTI

**Virtual phenotypic ART resistance tests** → Select one below:

- Resistance reported → Select all ART classes with documented resistance:
  FI
 PI  
 No resistance reported
  NRTI
 ART classes not specified  
 NNRTI

## XII. SUBSTANCE ABUSE

**Is there documentation of reported or suspected substance abuse, including substance abuse counseling or treatment, during this visit?**

- Yes → Enter all that are documented below.  
 No

**Is there evidence of any injection substance abuse documented during this visit?**  Yes  No

**Substance abuse (non-prescription or prescription) documented during this visit:** (select all that are documented and type of abuse)

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

## XII. SUBSTANCE ABUSE

<b>Substance</b>	<b>Type of Abuse</b> <small>(select all that apply OR select Not documented)</small>		
13 <input type="radio"/> Painkillers such as Oxycontin, Vicodin or Percocet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 <input type="radio"/> Poppers (amyl nitrate)			
15 <input type="radio"/> Rohypnol			
16 <input type="radio"/> Steroids/Hormones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 <input type="radio"/> Tranquilizers such as Valium, Ativan, or Xanax			
18 <input type="radio"/> Viagra, Levitra or Cialis			
19 <input type="radio"/> Other, Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 2px;"></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 <input type="radio"/> Other, Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 2px;"></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 <input type="radio"/> Other, Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 2px;"></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 <input type="radio"/> Substance not specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



