

MMP MEDICAL RECORD ABSTRACTION 2013 DATA DICTIONARY

DEMOGRAPHICS SECTION

Form section	Form label	Data type	Allowable values	Comments
Participant ID	Participant ID	Numeric		
Abstractor ID	Abstractor ID	Numeric		
Abstraction date	Date of abstraction	Date		
Death	Death	Drop down list	Yes, No/Not documented	
Date of Death	Date of death	Date	Allow partial date and date not documented	
Causes of Death	Causes of death	Drop down list		
Source Death Data	Sources of death data	Drop down list	Death Certificate, Documented in chart, Information obtained during contact attempt, Hospital discharge notes, Information obtained from clinic staff, Other	
Observation period	Start of observation period	Date		
	End of observation period	Date		
Date of birth	Month of birth	Drop down list	January-December	
	Year of birth	Number		
Gender	Gender	Drop down list	Male; Female; Transgender; Transgender male (female-to-male); Transgender female (male-to-female); Not documented	
Race	Race	Check all that apply	American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Other Pacific Islander; White; Not documented;	
Ethnicity	Hispanic/Latino ethnicity or Spanish Origin	Drop down list	Yes, No, Not documented	
Insurance	Insurance category	Check all that apply	ADAP, Medicare, Medicaid, Ryan White, Tricare or Champus, VA Coverage, Private health insurance, None/Self-Pay, City county state or other publicly funded insurance, Other insurance (specify), Not documented	
HIV diagnosis date	Date of diagnosis	Date	Allow partial dates and date not documented	
Lowest CD4 count	Lowest CD4 count		Lowest CD4 count documented	
Date of lowest CD4	Date of lowest CD4 count	Date	Allow date not documented	
Source of lowest CD4 count data	Source of nadir CD4 data	Drop down list	Flowsheet, Progress note indicating value based on participant self-report, Provider progress note indicating value based on laboratory report, Laboratory report	

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HEALTHCARE ENCOUNTERS SECTION

Form section	Form label	Data type	Allowable values
Encounters	Encounter date	Date	
HIV Provider Encounter	Where did the encounter take place?	Drop down list	In person, By Phone, By email, Other, Unknown
	With whom did the encounter take place?	Drop down list	MD, DO, PA, NP, Other, Unknown
	Did the encounter take place with a known HIV provider?	Drop down list	Yes, No, Unknown
	Were any vital signs documented during the encounter	Drop down list	Yes, No
	Was ≥ 1 physical exam findings documented during the encounter	Drop down list	Yes, No
	Was antiretroviral therapy prescribed or refilled during the encounter	Drop down list	Yes, No, Unknown
Non-HIV Provider Encounter	Did encounter take place with a non-HIV provider?	Drop down list	Yes, No, Unknown
	If yes, specify provider type	Drop down list	List of provider types
Physical Exam			
	Weight: unit of measurement	Drop down list	Pounds, Kilograms
	Weight: measurement	Numeric	Allow weight not documented
	Height: unit of measurement	Drop down list	Feet, inches
	Height: Measurement	Numeric	Allow height not documented
	Systolic blood pressure	Numeric	Allow blood pressure not documented
	Diastolic blood pressure	Numeric	Allow blood pressure not documented

Form section	Form label	Data type	Allowable values	Comments
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Hospitalizations	Was the patient hospitalized?	Drop down list	Yes, No/ Not documented	
	Inpatient admission date	Date	Allow partial dates and date not documented option	
	Inpatient discharge date	Date	Allow partial dates and date not documented option	
	Discharge diagnoses	Drop down list		
	Specify other diagnosis	Text field		

DIAGNOSES SECTION

Form section	Form label	Data type	Allowable values	Comments
Diagnosis	Diagnosis	Drop down list		
	Specify other diagnosis	Text field		
	Diagnosis Time Period	Check boxes	Present prior to start of observation period, started or ongoing in first 6 months, started or ongoing 6-12 months in, started or ongoing 12-18 months in, started or ongoing 18-24 months in, Ongoing at end of observation period.	Check all that apply

MEDICATION SECTION

Form section	Form label	Data Type	Allowable values	Comments
Medication	Medication	Drop down		
	Specify other medication	Text field		
	Frequency for ARVs only	Drop down	QD(daily), BID(2x/day), TID(3x/day), QID(4x/day), QAM (every morning), QPM(every evening), QHS(every night before sleep), Q4H(every 4 hours), Q6H(every 6 hours), Q8H(every 8 hours), Q12H(every 12 hours), QOD(every other day), QWK(1x/week), BIW(2x/week), Once, Other (specify), Not documented	
	Medication Time Period	Check boxes	Present prior to start of observation period, started or ongoing in first 6 months, started or ongoing 6-12 months in, started or ongoing 12-18 months in, started or ongoing 18-24 months in, Ongoing at end of observation period.	Check all that apply

PROCEDURES SECTION

Form section	Form label	Data Type	Allowable values	Comments
Procedures	Procedure type	Drop down list		
	Procedure date	Date		

PROPHYLAXIS SECTION

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Form section	Form label	Data Type	Allowable values	Comments
MAC	MAC Prophylaxis Administered	Drop down list	Yes, No/Not documented	
	MAC medication regimen	Drop down list	Approved List.	
	MAC Time Period	Check boxes	Present prior to start of observation period, started or ongoing in first 6 months, started or ongoing 6-12 months in, started or ongoing 12-18 months in, started or ongoing 18-24 months in, Ongoing at end of observation period.	Check all that apply
PCP	PCP Prophylaxis Administered	Drop down list	Y or No/Not documented	
	PCP Medication regimen	Drop down list	Approved List.	
	PCP Time Period	Check boxes	Present prior to start of observation period, started or ongoing in first 6 months, started or ongoing 6-12 months in, started or ongoing 12-18 months in, started or ongoing 18-24 months in, Ongoing at end of observation period.	Check all that apply
Influenza Vaccine	Vaccine received in year 1	Drop down list	Yes, No/Not documented	
	Date vaccine received	Date	Allow partial date and date not documented option	
	Vaccine received in year 2	Drop down list	Yes, No/Not documented	
	Date vaccine received	Date	Allow partial date and date not documented option	

PREGNANCY SECTION

Form section	Form label	Data Type	Allowable values	Comments
Pregnant	Pregnant during obs period	Drop down list	Yes, No/Not documented	
Number of pregnancies	Number of pregnancies	Numeric		
Delivery Method	Delivery Method	Drop down list	C-section (elective); C-section (non-elective); Induced vaginal delivery, Spontaneous vaginal delivery, ND	
Pregnancy Outcome	Pregnancy Outcome	Drop down list	Live birth, Elective surgical abortion, Elective medical abortion (RU486), Intrauterine fetal death, spontaneous abortion/miscarriage, Still pregnant, Not documented	
Date of Pregnancy Outcome	Date of Pregnancy Outcome	Date	Allow partial date and date not documented option	

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PAP SMEAR AND MAMMOGRAM SECTION

Form section	Form label	Data Type	Allowable values	Comments
Pap	Pap date	Date	Date not documented	
Pap	Pap source	Drop down list	Cervix, Vaginal, Anus, Not documented	
	Pap specimen adequate	Drop down list	Yes, No, Not documented	
	Pap result	Drop down list	Negative for intraepithelial lesion or malignancy, ASC-US, ASC-H, LSIL, HSIL, Squamous cell carcinoma, Atypical glandular cells, Atypical glandular cells-favor neoplastic, Endocervical carcinoma in situ, Adenocarcinoma, Other.	
Mammogram	Mammogram date	Date	Date not documented	
	Mammogram result	Drop down list	Normal, Abnormal, Not documented	

LABORATORY/SCREENING SECTION

Form section	Form label	Data Type	Allowable Values	Units	Soft Flag Values	Reference Range
	Specimen Collection Date	Date				
HIV Labs						
CD4	CD4 cell count	Numeric	Allow only integers	cells/ μ L or cells/ mm^3	Lower limit: 0 Upper limit: 2X	350-1750 cells/ μ L
	CD4 percent	Numeric	0-100%	%	Lower limit: 0 Upper limit: 100	29-61%
HIV Viral Load	HIV VL Upper Limit of Detection	Drop down list	Upper Limits: 75000; 100,000; 500000; 750000; 1 million; 10 million; 100 million; Other specify		N/A	N/A
	HIV VL Lower Limit of Detection	Drop down list	Lower Limits: 20, 25, 30, 40, 45, 48, 50, 75, 80, 96, 100, 200, 400; 500; Other specify		N/A	N/A
	HIV Viral load result	Numeric	Allow for a < or > symbol, undetectable, and above limit of detectability	copies/mL or Units/mL or $\times 10^3$ copies/mL or \times K copies/mL	Value outside of upper and lower limits or = to upper/lower limit	N/A
HIV Resistance						
Genotype/Virtual Phenotype	Genotype or virtual phenotype performed?	Drop down list	Yes, No/Not documented	N/A	NA	N/A
	Lab report in chart?	Drop down list	Yes, No	N/A	NA	N/A

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Form section	Form label	Data Type	Allowable Values	Units	Soft Flag Values	Reference Range
	Results from genotype or virtual phenotype?	Drop down list	Genotype, Virtual Phenotype	N/A	NA	N/A
	Collection date	Date				
	Specimen adequate?	Drop down list	Yes, No	N/A	NA	N/A
	Mutations detected?	Drop down list	Yes, No	N/A	NA	N/A
	Mutation types	Drop down list	Check all that apply from a list of mutations taken from Stanford Database	N/A	N/A	N/A
Standard phenotype	Standard phenotype performed?	Drop down list	Yes, No, Not documented	N/A	N/A	N/A
	Collection date	Date				
Tropism assay		Drop down list	CCR5; CRCX4; Dual/Mixed	N/A	N/A	N/A
Lipid tests	Total cholesterol	Numeric		mg/dL or mmol/L	Lower limit: 0 Upper limit: x5	120-250 mg/dL
	HDL	Numeric		mg/dL or mmol/L	Lower limit: 0 Upper limit: x3	35-85 mg/dL
	LDL	Numeric		mg/dL or mmol/L	Lower limit: 0 Upper limit: x5	80-120 mg/dL
	Triglycerides	Numeric		mg/dL or mmol/L	Lower limit: 0 Upper limit: x5	54-150 mg/dL
Chemistry						
	Serum Creatinine	Numeric		mg/dL or μ mol/L	Lower limit: 0 Upper limit: x5	0.6-1.2 mg/dL
	[AST] Aspartate aminotransferase	Numeric		IU/L or U/L or μ Kat/L	Lower limit: 0 Upper limit: x 10	0-35 IU/L 0-0.58 μ Kat/L
	[ALT] Alanine aminotransferase	Numeric		U/L Or μ Kat/L	Lower limit: 0 Upper limit: x 10	0-35 U/L 0-0.58 μ Kat/L
	Total Bilirubin	Numeric		mg/dL or μ mol/L	Lower limit: x 0.5 Upper limit: x 3	0.1-1.2 mg/dL 2-21 μ mol/L
	Albumin	Numeric		g/dL or U/L or μ mol/L	Lower limit: x 0.5 Upper limit: x 2	3.4-4.7 g/dL
	Glucose	Numeric		mg/dL or mmol/L	Lower limit: x 0.5 Upper limit: x 5	60-110 mg/dL 3.3-6.1 mmol/L
	HbA1c	Numeric		%	Lower limit: x 0.5 Upper limit: x3	3.9-5.3%
	Serum calcium	Numeric		mg/dL or mmol/L or mEq/L	Lower limit: x 0.5 Upper limit: x 1.5	8.5-10.5 mg/dL 2.1-2.6 mmol/L
Urine Tests						

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Form section	Form label	Data Type	Allowable Values	Units	Soft Flag Values	Reference Range
	Urine Protein	Numeric		mg/dL or mcg/g or mg/g	Lower limit: 0 Upper limit: >2000mg/dL	0
	Urine Protein Dipstick	Drop down list	Negative, Trace , 0, +1, +2, +3, +4, Positive, Small, Moderate, Large, +, ++, +++, +++++	N/A	N/A	Negative
	24 Hour Urine protein	Numeric		mg/24 hours	Lower limit: 0 Upper limit: x10	30-300 mg/24 hours
	Urine Creatinine	Numeric		mg/dL or g/dL	Lower limit: 0 Upper limit: x3	30-300 mg/dL
	Urine Albumin	Numeric		mg/dL or mg/g	Lower limit: 0 Upper limit: x3	<300 mg/g
	Albumin/ Creatinine	Numeric		mg/g or mcg/mg or mg/mmol	Lower limit: 0 Upper limit: x3	<300 mg/g
CBC						
	WBC	Numeric		$x 10^3/\mu\text{L}$ or $x 10^3/\text{mm}^3$ or $x 10^9/\text{L}$	Lower limit: x 0.5 Upper limit: x3	$3.4-10 x 10^3/\mu\text{L}$
	Neutrophils	Numeric		$x 10^3/\mu\text{L}$ or $x 10^9/\text{L}$	Lower limit: 0 Upper limit: x3	$1.8-6.8 x 10^3/\mu\text{L}$ (3-5%)
	Lymphocyte	Numeric		$x 10^3/\mu\text{L}$ or $x 10^9/\text{L}$	Lower limit: 0 Upper limit: x3	$0.9-2.9 x 10^3/\mu\text{L}$ (16-45%)
	Monocytes	Numeric		$x 10^3/\mu\text{L}$ or $x 10^9/\text{L}$	Lower limit: 0 Upper limit: x3	$0.1-0.6 x 10^3/\mu\text{L}$ (3-10%)
	Eosinophils	Numeric		$x 10^3/\mu\text{L}$ or $x 10^9/\text{L}$	Lower limit: 0 Upper limit: x3	$0.0-0.4 x 10^3/\mu\text{L}$ (0-3%)
	Basophils	Numeric		$X 10^3/\mu\text{L}$ or $X 10^9/\text{L}$	Lower limit: 0 Upper limit: x3	$0.0-0.1 x 10^3/\mu\text{L}$ (0-2%)
	Hemoglobin	Numeric		g/dL or mmol/L	Lower limit: x 0.5 Upper limit: x 2	M13.6-17.5 g/dL F: 12.0-15.5 g/dL
	Hematocrit	Numeric		%	Lower limit: x 0.5 Upper limit: x 2	Male: 39-50% Female: 35-45%
	Platelets	Numeric		$x 10^3/\mu\text{L}$	Lower limit: x 0.3 Upper limit :x 3	$150-450 x 10^3/\mu\text{L}$
	MCV	Numeric		fL	Lower limit: x 0.5 Upper limit: x 1.3	80-100 fL
Other Chemistry						
	Vitamin D ₃ , 25-hydroxy [25(OH)D ₃]	Numeric		ng/mL or nmol/L	Lower limit: x 0.5 Upper limit: x 3	10-50 ng/mL 25-125 nmol/L
	Intact Parathyroid hormone [PTH]	Numeric		pg/mL or pmol/L or ng/L	Lower limit: x 0.5 Upper limit: x3	11-54 pg/mL 1.2-5.7 pmol/L

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Form section	Form label	Data Type	Allowable Values	Units	Soft Flag Values	Reference Range
	[TSH] Thyroid stimulating Hormone	Numeric		µU/mL or mU/L	Lower limit: x 0.5 Upper limit: x10	0.4-5 µU/mL
	[INR] International Normalized Ratio	Numeric		None	Lower limit: x 0.5 Upper limit: x4	0.8-1.2
	Total Testosterone	Numeric		ng/dL or ng/mL or nmol/L	Lower limit: x 0.3 Upper limit: x 5	>320 ng/dL Or 3-10 ng/mL
Other Serology and Viral Load						
	Toxoplasma IgG Antibody Result	Drop down list	Positive, Negative, Indeterminate	N/A	N/A	Negative
	Hepatitis C Antibody	Drop down list	Positive, Negative, Indeterminate	N/A	N/A	Negative
	Hepatitis C qualitative PCR	Drop down list	Positive, Negative, Indeterminate	N/A	N/A	Negative
	Hepatitis C quantitative PCR	Numeric	Allow for a < or > symbol and a value of undetectable	IU/mL Or Copies/mL	Value outside upper and lower limits	
	Hepatitis C qualitative VL test Upper Limits	Numeric		N/A	N/A	N/A
	Hepatitis C qualitative VL test Lower Limits	Numeric		N/A	N/A	N/A
	Hepatitis B Surface IgG Antibody	Drop down list	Positive, Negative, Indeterminate	N/A	N/A	Negative
	Hepatitis B Surface Antigen	Drop down list	Positive, Negative, Indeterminate	N/A	N/A	Negative
	Hepatitis B Core IgG Antibody	Drop down list	Positive, Negative, Indeterminate	N/A	N/A	Negative
	Hepatitis B DNA	Numeric	Allow for a < or > symbol and a value of undetectable	IU/mL Or Copies/mL	Value outside upper and lower limits	
	Hepatitis B DNA Test Upper Limits	Numeric		N/A	N/A	N/A
	Hepatitis B DNA Test Lower Limits	Numeric		N/A	N/A	N/A
STI Testing						
Gonorrhea	Source of specimen	Drop down list	Anorectal, cervical, ocular, pharyngeal, urethral, urine, vaginal, lymph node, ND	N/A	N/A	N/A
	Test type	Drop down list	Culture, gram stain, NAAT, DNA probe, EIA, DFA, ND	N/A	N/A	N/A
	Test result	Drop down list	Positive, negative, indeterminate, not reported	N/A	N/A	Negative
Chlamydia	Source of specimen	Drop down list	Anorectal, cervical, ocular, pharyngeal, urethral, urine, vaginal, lymph node, ND	N/A	N/A	N/A

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Form section	Form label	Data Type	Allowable Values	Units	Soft Flag Values	Reference Range
	Test type	Drop down list	Culture, NAAT, DNA probe, EIA, DFA, ND	N/A	N/A	N/A
	Test result	Drop down list	Positive, negative, indeterminate, ND	N/A	N/A	Negative
Syphilis	Source of specimen		Serum, CSF, lymph node, tissue, lesion, ND			
	Test type	Drop down list	RPR, VDRL, FTA-ABS, TP-PA or MHA-TP or TPHA, EIA, CIA, Dark field	N/A	N/A	N/A
	Test result	Drop down list	Positive, negative, indeterminate, ND	N/A	N/A	Negative
	Titer result	Numeric	1:X (Allow any value to be entered for X)	N/A	N/A	Non-reactive
Trichomonas	Source of specimen		Anorectal, cervical, urethral, vaginal, urine, ND			
	Type of test	Drop down list	Microscopy, wet mount, EIA, DNA probe, PCR, culture, immunochromatography	N/A	N/A	N/A
	Test result	Drop down list	Positive, negative, indeterminate, ND	N/A	N/A	Negative
TB Testing	PPD Placed	Drop down list	Yes, No/Not Documented			
	PPD Read	Drop down list	Yes, No/Not Documented			
	PPD Read Date	Date	Date Not Documented			
	PPD Result	Drop down	Negative; Positive; 0 mm; 1 mm; 2 mm; 3 mm; 4 mm; ≥5 mm	mm	N/A	Negative
	IGRA date	Date			N/A	
	IGRA Type	Drop down list	Quantiferon-TB-Gold, T-Spot			
	IGRA Result	Drop down	Positive, Negative, Borderline, Indeterminate, ND	N/A	N/A	Negative