



# HIV Care Sampling Pilot Project Data Collection Form



## I. ABSTRACTION AND IDENTIFICATION INFORMATION

Date this form completed: **GG GG GGGG**  
Month Day Year

Initials of person completing form: **GGG**

Patient Number: **GGG-GGGG**

Patient Stateno: **GGGGGGGG**

First date in care this interval: **GG GG GGGG**  
Month Day Year

Last date in care this interval: **GG GG GGGG**  
Month Day Year

## II. DEMOGRAPHIC INFORMATION

Date of Birth **GG GG GGGG** (If No Date of Birth: Age \_\_\_\_\_ )  
Month Day Year

Sex: 1 G Male 2 G Female 9 G Unknown/Not documented

Women only: Was the patient pregnant at any time during the abstraction interval?

0 G No

1 G Yes

Race/Ethnicity: 1 G White, not Hispanic 4 G Asian/Pacific Islander  
2 G Black, not Hispanic 5 G American Indian/Alaska Native  
3 G Hispanic 9 G Unknown/Not documented

Country of Birth: 1 G United States  
7 G U.S. Dependencies/Possessions (including Puerto Rico)  
8 G Other (Specify: \_\_\_\_\_ )  
9 G Unknown/Not documented

What is the patient's current vital status?

1 G Alive

2 G Dead (Date of death: **GG GG GGGG**  
Month Day Year

9 G Unknown/Not documented

### III. RISK FACTORS

Indicate **all** of the patient's risk factors for HIV infection (*check all that apply*):

- a. 1G Man who has sex with men (MSM)
- b. 1G Injection drug user (IDU)
- c. 1G Received clotting factor for hemophilia/coagulation disorder
- d. 1G Heterosexual contact with someone at risk for HIV infection
- e. 1G Received transfusion of blood/blood components
- f. 1G Mother infected with HIV
- g. 1G Other (Specify: \_\_\_\_\_)
- h. 1G Unknown/Not documented

### IV. DISEASES INDICATIVE OF AIDS

Disease	Definitive	Presumptive	Initial Date (Month-Year)
Candidiasis, bronchi, trachea, or lungs	â	NA	GG/ GGGG
Candidiasis, esophageal	â	ã	GG/GGGG
Carcinoma, invasive cervical	â	NA	GG/GGGG
Coccidioidomycosis, disseminated or extrapulmonary	â	NA	GG/GGGG
Cryptococcosis, extrapulmonary	â	NA	GG/GGGG
Cryptosporidiosis, chronic intestinal (> 1 mo duration)	â	NA	GG/GGGG
Cytomegalovirus disease (other than in liver, spleen or nodes)	â	NA	GG/GGGG
Cytomegalovirus retinitis (with loss of vision)	â	ã	GG/GGGG
HIV encephalopathy	â	NA	GG/GGGG
Herpes simplex: chronic ulcers (> 1 mos duration) or bronchitis, pneumonitis, or esophagitis	â	NA	GG/GGGG
Histoplasmosis, disseminated or extrapulmonary	â	NA	GG/GGGG

Isosporiasis, chronic intestinal (> 1 mo. duration)	â	NA	GG/GGGG
Kaposi's sarcoma (KS)	â	ã	GG/GGGG
Lymphoma, Burkitt's (or equivalent term)	â	NA	GG/GGGG
Lymphoma, immunoblastic (or equivalent term; IBL)	â	NA	GG/GGGG
Lymphoma, primary in brain	â	NA	GG/GGGG
<i>Mycobacterium avium</i> complex or <i>M. kansaii</i> , disseminated or extrapulmonary	â	ã	GG/GGGG
<i>M. tuberculosis</i> , pulmonary	â	ã	GG/GGGG
<i>M. tuberculosis</i> , disseminated or extrapulmonary	â	ã	GG/GGGG
Mycobacterium, of other species or unidentified species, disseminated or extrapulmonary	â	ã	GG/GGGG
<i>Pneumocystis carinii</i> pneumonia	â	ã	GG/GGGG
Pneumonia, recurrent, in 12 mo. period	â	ã	GG/GGGG
Progressive multifocal leukoencephalopathy (PML)	â	NA	GG/GGGG
Salmonella septicemia, recurrent	â	NA	GG/GGGG
Toxoplasmosis of brain	â	ã	GG/GGGG
Wasting syndrome due to HIV	â	NA	GG/GGGG

1<sup>st</sup> CD4 count < 200 or percent < 14:

Count: **GGGG** cells/ $\mu$ l

Percent: **GG**%

Date: **GG** **GGGG**  
Month Year

## V. TREATMENT AND PROPHYLAXIS

Check the corresponding box if any of the following was prescribed in the abstraction interval:

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Dapsone                   | <input type="checkbox"/> Azithromycin (Zithromax) | <input type="checkbox"/> Rifampin    |
| <input type="checkbox"/> Pentamidine (AP/IV)       | <input type="checkbox"/> Clarithromycin           | <input type="checkbox"/> Fluconazole |
| <input type="checkbox"/> TMP/SMZ (Bactrim, Septra) | <input type="checkbox"/> Dapsone/Pyrimethamine    |                                      |
| <input type="checkbox"/> Rifabutin                 | <input type="checkbox"/> Isoniazid (INH)          |                                      |

Did the patient receive a pneumococcal vaccine (Pneumovax) **before** or **during** the review period?

- 0  No      1  Yes  
2  Medically contraindicated    9  Unknown/Not documented
- 

Did the patient receive a tuberculin skin test (TST) (Mantoux, purified protein derivative [PPD], or tuberculosis [TB] skin test) **before** or **during** the review period?

- 0  No      1  Yes      9  Unknown/Not documented
- 

Did the patient receive an influenza vaccine (Fluvax) **during** the review period?

- 0  No      1  Yes  
2  Medically contraindicated    9  Unknown/Not documented
- 

Did the patient receive a toxoplasma antibody titer **before** or **during** the review period?

- 0  No      1  Yes      9  Unknown/Not documented
- 

(Women Only)

Did the patient receive a Pap smear **during** the review period?

- 0  No      1  Yes  
9  Unknown/Not documented

## VI. ANTIRETROVIRAL MEDICATIONS

Regimen Number

Antiretroviral Medications	1	2	3	4	5	6	7	8
a. <b>Agenerase</b> (amprenavir, AMP, 141W94, VX478)	01	01	01	01	01	01	01	01
b. <b>Combivir</b>	02	02	02	02	02	02	02	02
c. <b>Crixivan</b> (indinavir, IDV)	03	03	03	03	03	03	03	03
d. <b>Epivir</b> (3TC, lamivudine)	04	04	04	04	04	04	04	04
e. <b>Fortovase</b> (Invirase, saquinavir, SQV)	05	05	05	05	05	05	05	05
f. <b>HIVID</b> (ddC, dideoxycytidine, zalcitabine)	06	06	06	06	06	06	06	06
g. <b>Hydrea</b> (hydroxyurea, HU)	07	07	07	07	07	07	07	07
h. <b>Norvir</b> (ritonavir)	08	08	08	08	08	08	08	08
i. <b>Preveon</b> (adefovir, ADV, BisPom PMEA)	09	09	09	09	09	09	09	09
j. <b>Rescriptor</b> (delavirdine, DLV)	10	10	10	10	10	10	10	10
k. <b>Retrovir</b> (AZT, ZDV, zidovudine)	11	11	11	11	11	11	11	11
l. <b>Sustiva</b> (efavirenz, EFZ, DMP-266)	12	12	12	12	12	12	12	12
m. <b>Videx</b> (ddl, didanosine, dideoxyinosine)	13	13	13	13	13	13	13	13
n. <b>Viracept</b> (nelfinavir, NFV)	14	14	14	14	14	14	14	14
o. <b>Viramune</b> (nevirapine, NVP)	15	15	15	15	15	15	15	15
p. <b>Zerit</b> (d4T, stavudine)	16	16	16	16	16	16	16	16
q. <b>Ziagen</b> (abacavir, ABC, 1592U89)	17	17	17	17	17	17	17	17
Other (Specify each below):	18	18	18	18	18	18	18	18
r. _____								
s. _____								
t. _____								
u. None documented	19	19	19	19	19	19	19	19

### VII. INSURANCE STATUS

At the beginning of the abstraction interval, which of the following best describes the insurance status of the patient:

- 1 **G** Medicaid
  - 2 **G** State-funded assistance programs
  - 3 **G** Private insurance (including HMOs)
  - 4 **G** Medicare
  - 5 **G** CHAMPUS
  - 6 **G** Veteran's administration
  - 7 **G** Other (Specify: \_\_\_\_\_)
  - 8 **G** Medicaid Pending
  - 9 **G** No health insurance documented in medical records
- 

Did the patient receive assistance through the AIDS Drug Assistance Program during the interval?

- 0 **G** No
- 1 **G** Yes
- 9 **G** Unknown

### VIII. LABORATORY DATA

Record the date of the patient's **earliest** positive HIV-EIA done at any time in the past:

(month/year) \_\_\_\_ / \_\_\_\_      **G** Date Unknown/Not documented

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How was the patient's **earliest** positive HIV-EIA test documented?

- 1 **G** Laboratory report
  - 2 **G** Physician report
  - 3 **G** Patient self-report
  - 8 **G** Other (Specify: \_\_\_\_\_)
  - 9 **G** Unknown/Not documented
- 

What type was the patient's **earliest** confirmatory HIV test?

- 1 **G** Western Blot
  - 2 **G** Immunofluorescence assay (IFA)
  - 9 **G** Not specified
- 

Was phenotypic or genotypic resistance testing performed during the interval?

- 0 **G** No
- 1 **G** Yes

Record all CD4 counts performed during the review period:

<u>CD4+ Count</u>	<u>CD4+ Percent (Only if no count available)</u>	<u>Date of Test (month/day/year)</u>
a. _____	_____	___/___/___
b. _____	_____	___/___/___
c. _____	_____	___/___/___
d. _____	_____	___/___/___
e. _____	_____	___/___/___
f. _____	_____	___/___/___
g. _____	_____	___/___/___
h. _____	_____	___/___/___
i. _____	_____	___/___/___
j. _____	_____	___/___/___

Record the patient's viral load results during the review period:

<u>Viral Load(s)</u>	<u>Date of Test</u>	<u>Type of Test</u>			
		<u>(Copies/ml)</u>	<u>(month/day/year)</u>	<u>PCR</u>	<u>bDNA</u>
a. _____	___/___/___	1G	2G	3G	9G
b. _____	___/___/___	1G	2G	3G	9G
c. _____	___/___/___	1G	2G	3G	9G
d. _____	___/___/___	1G	2G	3G	9G
e. _____	___/___/___	1G	2G	3G	9G
f. _____	___/___/___	1G	2G	3G	9G
g. _____	___/___/___	1G	2G	3G	9G
h. _____	___/___/___	1G	2G	3G	9G
i. _____	___/___/___	1G	2G	3G	9G
j. _____	___/___/___	1G	2G	3G	9G

## IX. HEALTH CARE DATA

If inpatient visits are documented in the medical record:

Total number of hospitalizations: **GG** (99 = Unk)

Total number of hospital days: **GGG** (999 = Unk)

For ER and outpatient visits documented in the medical records:

Total number of outpatient visits: **GGG** (999 = Unk)

Total number of ER visits: **GG** (99 = Unk)

## X. SUBSTANCE ABUSE/MENTAL HEALTH COMORBID CONDITIONS

Substance use in interval (*check **all** that apply*):

- 1G Injection drug
- 1G Non-injection drug
- 1G Drug use unspecified (injection or not)
- 1G Alcohol

Pre-existing disabilities (before or during interval, *check **all** that apply*):

- 1G Hearing loss/deafness
- 1G Visual impairment/blindness
- 1G Para- or quadra-palegia or other motion-impairing disability (MS, CP)
- 1G Mental illness (bipolar disorder, schizophrenia)

During interval comorbidity psycho/social challenges (*check **all** that apply*):

- 1G Homelessness
- 1G Incarceration
- 1G Major Depression
- 1G Other or unspecified psychiatric services



