



MANUAL FOR CHART EXTRACTION VACS 3

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MANUAL FOR CHART EXTRACTION VACS 3

VACS 3 Study:

VACS 3 [Veterans Aging Cohort Study – 3 sites: Cleveland, Manhattan, & Houston]
The objective of the study is to examine comorbid conditions of HIV positive patients and to eventually design and implement interventions to improve the outcomes of these patients. There are 881 patients enrolled in the study.

General Instructions:

- Become familiar with the manual and the form before reading any charts.
- 3 books that may help with this project: Medical Abbreviation Book, Drug Book, and a Medical Dictionary.
- The chart extraction is obtained from electronic charts. This allows the researcher to easily extract lab and pharmaceutical data when needed.
- The form is to be completed legibly using a pencil.
- List all dates as MM/DD/YY, e.g. February 6, 1998 would be noted as 02/06/98.
- If there is no record of the conditions listed (in the diagnoses section) you need go no further. (Submit all forms including those with minimal information.)
- Boxes require a check mark, date spaces require using the approved format MM/DD/YY, multiple choices require a circle, and blank spaces require words.
- Begin with the progress note file. This includes outpatient notes, consultations, and inpatient notes. Physicians, mental health professionals, nutritionists, pharmacists, social workers, and registered nurses write the progress notes.
- Be aware of ‘cut and paste’ progress notes (notes copied from previous progress notes) especially in the ‘history and physical’ section.
- Only enter diagnoses documented in patient’s chart. During your reading there will be symptoms and lab values that indicate an obvious diagnosis. The *diagnosis* must be documented in chart in order to be used on form. For example: The doctor must state the patient has ‘pneumonia’ or note that the sputum culture/CXR reflects ‘pneumonia’ otherwise ‘pneumonia’ would not be entered on form. Be aware of pertinent information/diagnoses written *subtly* in chart.
- Complete form accurately. There will be blank areas on form.
- Read every note. Do not assume. Do not guess. Only enter information that is documented in chart. Call coordinator with questions.
- Write notes (or page #'s) on right margin of form for reference purposes.
- Think of the form as a ‘work in progress’. The notes on right margin of form can help the researcher discern your decisions. It is important to realize that multiple areas on the form can be completed by the same progress note. Examples will be provided in manual.

General Instructions Continues

Refer to the lists as needed (located at end of manual).

The lists are to be used as references and does not include *all* possible drugs, labs, etc.

- ◆ List 1: Antiretrovirals Medications
- ◆ List 2: Common Pathogenic Agents of CAP (community acquired pneumonia),
‘Other Mycobacteriosis, & Atypicals
- ◆ List 3: Common Antidiabetics Medications
- ◆ List 4: Ideal Body Weights (calculating % ideal body weight)
- ◆ List 5: Calculating Amount of Alcoholic Drinks & Cigarettes Smoked
- ◆ List 6: LABS
- ◆ List 7: Miscellaneous
 - Common Terms
 - Psychiatry Multiaxial Discharge Diagnoses
 - Beck Depression Scale
 - Geriatric Depression Scale
 - Notes about Dates
 - Documenting Consistently

- ◆ List 8: Examples of chart extractions

Common terms to become familiar with:

- “ARV’s” – antiretroviral medication [includes HAART (highly active antiretroviral treatment), triple combination therapies, AIDS drug cocktail & HIV meds] **Please use “ARV’s” when referring to these drugs throughout the form.**
- “Due to meds”- referring to antiretroviral meds (ARV) unless otherwise specified.
- “Presumed Conditions” – use as a diagnosis unless revoked in a later note.
(Note condition is ‘presumed’ on right margin of form)
- “Of Chronic Disease” – HIV disease unless otherwise specified
- “First degree relative”: mother, father, sister, brother, daughter or son

Notes about Diagnoses

No Diagnosis

- ◆ There is no mention of a comorbid condition diagnosis. Make no check.

Diagnosis

- ◆ **Check boxes for diagnoses that were clinically established.**

- ◆ The diagnosis is listed in the progress notes as having been made and is not refuted or corrected elsewhere in chart. Please complete all items below these diagnoses (e.g. culture organisms) so we may determine how certain the diagnosis is and when it was **first** assigned. Where relevant we will want to determine whether or not it is a recurrent diagnosis. We are not interested in a diagnosis listed only as one of many possible in a *differential diagnosis (DD)*.

◆ Diagnoses & Symptoms:

Example #1

Patient admitted on 02/12/98 with pneumonia.

There is documentation of a peripheral neuropathy dx from a clinic visit 2 weeks ago in the progress note.

Enter 01/29/98 as the admission date for peripheral neuropathy.

Enter 02/12/98 as the admission date for pneumonia.

[The peripheral neuropathy problem was documented as starting “2 weeks ago” (01/29/98)]

Example #2

Patient admitted on 02/5/99 with complaints of numbness and tingling of feet times 2 weeks.

Enter 02/05/99 as the admission date for peripheral neuropathy.

The admission date, not the date symptoms began.

(There was no documentation of condition 2 weeks ago.)

*** The rule is different for psych patients. See page 48.

Notes about Dates – Very Important!

- ◆ Record **admission date** when diagnosis is **first** made.
- ◆ **The choices for entering dates are: (PNEUMONIA IS THE EXCEPTION p. 9)**

1. **Dx Date Unknown**: Use this space when the comorbid condition is diagnosed
 - *before* the enrollment date
 - or
 - as a ‘history of’ date (admission date of progress note stating ‘history of’ comorbid condition)

****It will be helpful to note on margin of form (next to ‘Dx Date Unknown’) either ‘diagnosed date’ (pre-enrollment) or ‘history of’—This info will help when determining dates for pre/post enrollment and pre/post First HIV Test.

2. **Dx (post-enroll only)**: Use this space when comorbid condition is diagnosed *after* the enrollment date.

3. **Exacerbation (post enroll) or Repeat (post-enroll)**: Use this space when comorbid condition is exacerbated or patient becomes more symptomatic after *either* initial ‘Dx Date unknown’ or Dx (post-enroll only).

****Must be a Post – Enroll date*****

- ◆ **The *Enrollment Date* (to the study) must be provided in order to accurately enter proper dates.**

- ◆ It is important to decipher between Pre-Enrollment (comorbid condition diagnosed before enrollment date) and Post-Enrollment (comorbid condition diagnosed after enrollment date). There will be instances when the reader will be unable to determine this information. Example: ‘Pneumonia’ – Ex. #2 p. 10.

- ◆ **When admission date and enrollment date are the same, enter as post-enroll.**

- ◆ **It is important to have the date (or year) of *First HIV Positive Test*. This information is not always provided (see below).**

- ◆ It is important to decipher between Pre-HIV (comorbid condition diagnosed before first HIV positive test) and Post-HIV (comorbid condition diagnosed after first HIV positive test). There will be instances when the reader will be unable to determine this information. Example: ‘Cirrhosis’ – page 15.

- ◆ **When admission date & HIV diagnosis date are the same, enter as post-HIV.**

PARTIAL DATE PROVIDED FOR FIRST HIV POSITIVE TEST

Use when a more exact date is needed for Pre/Post Enrollment

When only month & year is noted: Enter ‘15’ for the day. May 1990 = 05/15/90*

When only year is noted: Enter 06 for the month and 30 for the day. 1999 = 06/30/99*

When no date is noted for HIV diagnosis: Enter date of earliest progress note documenting “HIV” diagnosis. Do not note on *First HIV date space* – use margin.

Pre/Post HIV: Will accept partial progress note date.

Example: HIV date: 1990 Progress Note date: 5-1990: Use as post-HIV

Example: HIV date: 2-1989 Progress Note date: 3-1989 Use as post-HIV

The months are too close and the condition is most likely post-HIV infection

*Note on right margin of form (enter the **actual** date provided in the date box)

Notes about dates continued

◆ **Admission date:**

- Use the admission date for all diagnoses (not the date the symptoms started) unless stated otherwise. (Exception: psych disorders – see psych page 48)

◆ When only **Month/Year** is provided, enter 00 for day (05/00/90)
◆ When only the **Year** is provided, enter 00 for the month & day (00/00/88)

◆ When the term **Several** is used, use the number or time frame ‘3’.
Example: 11/10/99: “Pt. had a MI several months ago.” Enter 8/10/99 for the date.

◆ **Estimate the date** when possible for comorbid conditions **diagnosed** and psych symptoms / diagnosis
Examples:
7-05-99 note – C/O white patches times 2 months. Looks like thrush.
Record 07/05/99 (Dx date, not the date symptoms began)
11-10-00 note – Pt. states he was hospitalized with pneumonia 6 months ago.
Record 05/10/00. (Condition was *diagnosed* 6 months ago)
10-31-98 note – Patients states “ I have been depressed for 20 years.”
Record 10/31/78. (May estimate symptom date with psych conditions.
6-5-97 note – Pt. *diagnosed* with diabetes 5 years ago. Record 6-5-92.

◆ **Seasons:** Enter ‘15’ for the day
• “Winter”: December, January, February → **Record** January → 01/15/??
• “Spring”: March, April, May → **Record** April → 04/15/??
• “Summer”: June, July, August → **Record** July → 07/15/??
• “Fall”: September, October, November → **Record** October → 10/15/??

◆ **“Since teens”:** 15 years of age (calculate from birth year) Record year
Example: Note: Pt. diabetic since teens. (Born 1950) Record 00/00/65

◆ **“Since childhood”:** 18 years of age (calculate from birth year) Record year.
Example: Pt. with h/o asthma from childhood. (Born 1952) Record 00/00/70

◆ **“Since 1970’s”:** Record the middle of the decade. Record 1975 → 00/00/75
“Range of 1980-1988”. Use midpoint. Record 1984 → 00/00/84.

◆ **“History of ”** condition:
• Enter admission date of progress note under **‘Dx Date Unknown’**
Example: Date of note: 01/20/98: “Pt. with history of CHF.” Record 01/20/98 under **‘Dx Date Unknown’**
• Note ‘history of’ on right margin next to Dx Date Unknown

Notes about dates continued / Documenting Consistent Information

Discharge Summary:

- When the discharge summary is the only source of information, use admission date (if recorded) or earliest date recorded in discharge summary.

◆ When **additional information** is added **after diagnosis date** is obtained, do not change original date.

Example (same patient):

- FBS: 250 ? Diabetes 10/30/99 progress note
- ↑ BS due to ARV's 11/05/00 progress note
- Family h/o diabetes 12/10/01 progress note

Date: Record **10/30/99** (earliest date)

Enter all of the other information provided under 'diabetes'.

Be Consistent When Documenting Information (Mainly for "Teleform")

Examples:

Under 'Bacterial Pneumonia' # 1 – Organism

Gram's Stain Report: gram negative rods / If you choose to document 'GNR' on the form, then 'gram negative rods' must be documented as 'GNR' on all of the forms.

Under 'Other' # 38: When a condition is written in the **Describe** space, it must be written using the same format on all of the forms among the different patients.

Example:

Deep Vein Thrombosis or DVT: Use the **same** format when documenting repeated information on other forms.

Under 'Other Major Psych Disturbance' # 46: **Other conditions** will be written using same format if condition is repeated among different patients.

Example:

Homicidal Ideation **or** HI.

Anhedonia **or** Anhedonic.

Must choose one format and consistently use on all of the forms.

Notes about Medications

Enter drug name as recorded in the progress notes.

Drug Combinations:

Be aware of combination medications especially for adverse drug reactions.
The drug AZT can be used alone or in the combination drugs Combivir and Trizivir.

Combivir: AZT (zidovudine) & 3TC (lamivudine)

Trizivir: AZT (zidovudine), 3TC (lamivudine), and ABC (abacavir sulfate)

Note: Refer to List 1 for Drug Combinations

Drug Interactions:

When a suspected adverse drug reaction is due to an interaction between 2 medications, enter each drug separately on form (Med Suspected if ADR).

When using the teleform:

Be consistent with medication documentation: “Teleform”

Use the generic form of the drug for the teleform.

If the drug Sustiva is noted for an **adverse drug reaction** (# 47) and recorded as Sustiva, change to the generic form of Efavirenz or EFV for the teleform. “Efavirenz” or “EFV” will be the format used throughout every teleform.

VACS 3 CHART REVIEW FORM: top of form

Initials – last 4 (top right corner of form): Enter patient’s initials and last 4 numbers of social security number.

‘Space’ Key: Directions on using the different types of spaces on form.

Date of Extraction: Date when data is collected from chart.

Start Time: Enter time when chart reading/form documentation begins.

End Time: Enter time when chart reading/form documentation ends.

Earliest Record Date: Dates are spanned in the medical record. Note that the records are **NOT ALWAYS IN CHRONOLOGICAL ORDER**. The first record should be the earliest date for which there is a substantial note (ignore dental appointments, optometry notes, & travel entries etc.)

Latest Record Date: The latest record should be the **last** chronologically recorded date chart. Please do not include “No-Show” for appointments unless the patient was actually spoken to on the phone or in person. Include dental appointments, optometry notes, etc.

Patient Name: Enter patient’s initials.

SSN: Enter patient’s entire social security number.

Site (circle one): Circle clinical site of chart being read.

Enrollment Date: Enter date when patient was enrolled in the research study. **The enrollment date must be provided** in order to properly complete date areas on form.

Date First HIV Positive Test: Date noted in chart for **first** positive HIV test. With conflicting dates, use earliest date recorded unless reader is convinced that one particular date is correct. (See bottom of page 4 for “Partial First HIV Positive Date”)

Data Available (circle all that apply): Circle all progress note sources found in chart. These include: Inpatient (include mental health admissions), ID (infectious disease) Clinic, Nutrition, Psychiatric Notes, and Special Medicine.

Pages: Start/End: Enter starting and ending page numbers of each patient’s computer chart.

VACS3 FORM:MEDICAL CONDITIONS (COMORBIDITY)

- **Diagnosis listed first followed by explanation of establishing definitive diagnosis.**

1. Bacterial Pneumonia (See List # 2: Pneumonia's – page 65)

Also may be designated as:

- aspiration pneumonia (exclude aspiration bronchitis)
- bronchopneumonia
- **CAP (community acquired pneumonia):** Assume 'bacterial' unless otherwise noted (We are not interested in viruses, fungi, or TB in this section – ONLY BACTERIAL). Note 'Presumed' on right margin when necessary. [ie "h/o CAP"-presume bacterial]
- consolidation
- **'History of' pneumonia –PRESUME bacterial & note on margin**
- infectious process
- infiltration
- pneumonic process
- pneumonia
- reticulonodular (CXR pattern usually with PCP)

- **This is the only condition where all 3 choices for entering dates can be used: #1 Dx Date Unknown, #2 Date (post-enroll) and #3 Date (first recurrence after post-enroll. [The other conditions will fall under the rules on page 4.]**

Dx Date Unknown: Using approved format MM/DD/YY, enter **admission date** documenting condition as '*history of*' or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter **admission date** documenting condition after the *enrollment date*. (**In addition to 'Dx Date Unknown**)

Date (first recurrence after post-enroll): Using approved format MM/DD/YY, enter admission date of **first recurrence** of pneumonia after *Date (post-enroll only)*.

Additional recurrences: List (date only) on right margin of form.

Organism:

- Record organism(s) of Gram's Stain or Cx when possible from 'Date (post-enroll only)
- If no information for 'Date (post-enroll only)' exists, may use for 'Date (first recurrence after post-enroll)' – note this on right margin of the form.
- No need to record few, many, etc. – Record the bacteria.

CXR: Check when used for diagnosing condition.

Sputum: Positive Gram's Stain report from sputum specimen [expectorated, suctioned, or BAL (bronchoalveolar lavage)].

Culture: Positive culture report from sputum specimen [expectorated, suctioned, or BAL (bronchoalveolar lavage)]. ** *Culture report preferred over Gram's Stain report*

1. Bacterial Pneumonia – cont. (See List # 2: Pneumonia’s)

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: Using the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the Date First HIV Positive Test. Leave blank if information is unavailable or timeframe is unable to be determined.

BACTERIAL PNEUMONIA EXAMPLE: # 1

Admission date: April 4, 2000 **Enrollment date:** 8-31-99

Date of note: April 5, 2000 **HIV diagnosed:** 1990

Physician note: “Admitted with cough times 3 days. Chest film positive for infiltration. Sputum Gram’s Stain is positive for few gram-positive cocci in pairs and chains. Culture is pending.”

- Check Bacterial Pneumonia
- Date (post-enroll only): 04/04/00 (admission date is after the enrollment date)
- Organism: GPC pairs and chains
(Only record culture results when available)
- Check CXR
- Check sputum because it is a Gram’s stain report (culture report not available)
- Circle Post-Enroll (admission date is after the enrollment date)
- Circle Post-HIV (admission date is after HIV diagnosis)

- Only record information that is documented.

- ‘Culture Pending’ could be written on the right margin of the form.

The researcher has access to lab information when available.

Bacterial Pneumonia Example #2

Admission Date: 02/11/00 **Enrollment Date:** 02/14/99

Progress note date: 02/11/00 **HIV diagnosis:** 05/98- change to 05/15/98 (see bottom of page 4)
“Patient with h/o bacterial pneumonia.”

- Check Bacterial Pneumonia
- Dx Date Unknown: 02/11/00 (date of admission note for ‘history of’)
(note ‘history of’ on right margin)
- Organism, CXR: Use for post-enroll only.
- **Circle one: Pre- Enroll/Post-Enroll:** Leave blank. Admission date is after the enrollment date **but** date of diagnosis is unknown (history of). Cannot determine timeframe.
- **For HIV only: Pre-HIV/Post-HIV:** Leave blank. Due to being ‘history of’, actual diagnosis date is unknown. Could be pre or post HIV. Unable to determine timeframe.

Note Unable to determine timeframe on right margin of form.

2. Cancer

We are interested in any and all cancers. Please be sure to note **all** cancer diagnoses.

*** Note details (ie ‘staging’ on right margin of form)

*** Not interested in pre-cancerous conditions

List of common cancers in this population:

- Anal Cancer (does not = Rectal Ca)
- Basal Cell Cancer
- Cervical Cancer (AIDS – related)
- Colon or Rectal Cancer
- Kaposi’s Sarcoma (AIDS-related)
- Leukemia
- Lymphoma [CNS (AIDS-related), Hodgkin’s & Non Hodgkin’s]
- Lung Cancer
- Melanoma
- Metastatic Cancer of Unknown Primary
- Prostate Cancer
- Testicular Cancer

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as ‘*history of*’ or before the *enrollment date*. (see page 4, # 1)

If the patient has multiple ‘*history of*’ cancer diagnoses, enter *earliest date* in this space.

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*. With multiple post-enrollment date diagnoses, enter the earliest date in this space.

Metastatic: Check box when cancer is known to be metastatic.

Tissue Bx: (biopsy): Check box when record of a tissue biopsy was obtained.

Type of Cancer:

- Check the appropriate cancer box. If not on list, check ‘other’ and enter information.
Note: *Rectal Cancer and Anal Cancer are 2 separate diagnoses.*

Date of Dx: The admission date (for each separate cancer diagnosis).

- The **first** cancer diagnosis will have the same Date (either h/o or post-enroll) as the Date of Dx.
- Any additional cancer diagnoses will have a different admission date under Date of Dx.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

2. Cancer – continued

CANCER EXAMPLE:

Admission date: July 6, 2000 **Enrollment Date:** June 2, 1999

HIV Diagnosis: Unknown

‘Date First HIV Positive Test’ - leave blank

Earliest note with HIV diagnosis was 10-2-1989.

Enter 10-2-89 on right margin next to First + HIV test and

Physician note: “Admitted with SOB and poor ABG’s. Lung biopsy performed today (July 8th) and results were positive for carcinoma.”

• Enter ‘1989’ under First HIV positive test and note “first progress note date with HIV diagnosis date” on right margin of form. (see bottom of page 4)

• Check Cancer

• Date (post-enroll only): 07/06/00 (admission date is after enrollment date)

• Check Tissue Bx

• Check Lung Cancer

• Date of Dx: 07/06/00 (use admission date)

• Circle Post-Enroll (admission date is after enrollment date)

• Circle Post-HIV Do not circle pre or post HIV (information is not available)

3. Candidiasis (Thrush)

- Fungal elements seen on microscopy of scrapings taken from the affected area or clinical evidence of thrush
- *leukoplakia* – white film on tongue – do not use.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Recurrence of thrush, advanced thrush, medication dosage increased due to worsening symptoms, etc.

Thrush: Check box when a diagnosis has been made clinically or via lab.

Esophageal: Specimen must be taken from esophagus or seen during test (i.e. EGD – esophagogastroduodenoscopy).

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

4. Cirrhosis (Liver Failure)

Also may be designated as:

- 'varices' or 'ascites' when associated with liver disease

* *Alcohol liver disease would be considered 'Chemical Hepatitis' not Cirrhosis*

* *Liver Insufficiency and Hepatomegaly: not enough information*

Do not use when it is the only information available.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as '*history of*' or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date progress note documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Ascites has advanced in the patient diagnosed with cirrhosis, mental condition worse due to cirrhosis, etc.

Etiology: **ADR** (adverse drug reaction), **Alcohol**, **Viral** (hepatitis, etc.), **Other**

• May circle more than one (from multiple progress notes).

Med Suspected if ADR: Circle ADR under Etiology. Enter medication(s). List additional meds on right margin of form. Due to 'drug interaction'-list meds separately.

Ascites: Check box when ascites is documented in progress note associated with the liver.

Varices: Check box when varices are documented in progress note associated with the liver.

Liver Bx: Check box if liver biopsy was obtained. Do not use for 'history of' liver bx. if this is the only information provided.

Date liver Bx: Using the approved format MM/DD/YY, enter the date of the liver bx.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

4. Cirrhosis (Liver Failure) – continued

CIRRHOSIS EXAMPLE:

Admission date: June 20, 2000

Enrollment date: June 20, 2000

HIV diagnosed: 1988-change to 06/30/88 (see bottom of page 4)

Physician note: “ Patient diagnosed with cirrhosis.”

August 31, 2001 note: “Liver failure likely due to daily ETOH abuse.”

- Check Cirrhosis # 4
- Enter 06/20/00 under Date (post-enroll only) (If admission date is same as enrollment date, always enter as post-enroll) (See ‘Notes about dates’ page 4)
- Etiology: Circle Alcohol
- Circle Post-Enroll (When admission date is same as enrollment date, always enter as post-enroll)
- Circle Post-HIV: Condition diagnosed after First HIV Positive Test

Enter Information for Alcohol Use/Abuse #56

- Check Alcohol Use/Abuse (#56)
- Check Current and Past (#56)

Enter Information for Alcohol Abuse or Dependence #44

- Check Alcohol Abuse or Dependence (#44)
- Check psych diagnosis if note written by a mental health professional. See ‘Psych Diagnosis may be diagnosed by.....’ page 48.
- Enter 06/20/00 under Dx Date Unknown (#44) – (the reader does not know when the ‘alcohol abuse’ started. - note ‘history of’ on right margin
- Circle Pre-Enroll – Since the admission/enroll dates are the same, it is obvious the abuse was before 06/20/00.
- Pre-HIV/Post-HIV – Leave blank. Since abuse is ‘history of’ from 06/20/00 progress note, we are unable to know the timeframe for when the abuse started.

5. Coccidioidomycosis

A fungal infection - can cause devastating systemic infections (especially in the AIDS patient).

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as '*history of*' or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Antigen: Check when detection of antigen is documented.

Basis: Hist or Cytology/Cx: Circle one **or** both when diagnosis is made from histology (tissue) or cytology (cells) **and/or** culture.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

6. Congestive Heart Failure (CHF)

Also may be designated as:

- cardiomegaly (via CXR or progress note, use as CHF)
- cardiomyopathy
- global hypokinesis
- heart failure
- left heart failure
- pulmonary edema
- pulmonary vascular congestion
- right heart failure
- systolic or diastolic ventricular dysfunction

Diagnosed by ECHO (echocardiogram), heart catheterization (also known as angiogram), or clinically.

ECHO may be designated as:

- ECHO 2 D – echocardiogram 2 dimensional
- ECHO doppler
- TEE – transesophageal echocardiography
- TTE – transthoracic echocardiography

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: CHF reoccurs, medication is changed or increased to better maintain the CHF, CXR is worse, EF% is worse, etc.

EF% (ejection fraction): Enter EF% from ECHO if used as an aid for diagnosing.

Rt/Lt/Diast (right/left/diastolic heart failure): May circle more than one. For global heart failure, cardiomyopathy, and global hypokinesis: circle all.

Date of study: Using the approved format MM/DD/YY, enter date ECHO was completed. (Use date closest to the CHF diagnosis)

6. Congestive Heart Failure (CHF) – continued

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

CONGESTIVE HEART FAILURE EXAMPLE:

Admission date: February 14, 1990

Progress note date: February 20, 1990

Enrollment date: November 6, 1999

HIV Diagnosis: December 1990-change to 12/15/90 (see bottom of page 4)

Physician notes: “ Pt admitted with SOB. CXR showing pulmonary edema. ECHO done today and showing LVF (left ventricular failure) with an EF of 60%.”

- Check Congestive Heart Failure
- Dx Date Unknown: Enter 02/14/90 - Admission date is before the enrollment date.

Note *diagnosis date* on right margin

- EF%: 60
- Circle Lt
- Date of Study: 02/20/90
- Circle Pre-Enroll (Admission date is before enrollment date)
- Circle Pre-HIV (Admission date is before HIV dx date)

7. Coronary Artery Disease (CAD)

May also be designated as:

- arteriosclerotic heart disease (ASHD)
- atherosclerotic heart disease
- coronary artery bypass grafting (CABG) – open heart surgery
- coronary stenting
- heart attack
- ischemic heart disease
- myocardial infarction (MI)
- myocardial ischemia
- percutaneous transluminal coronary angioplasty (PTCA)
- positive diagnostic cardiac catheterization results
- positive diagnostic stress test results for CAD

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Patient experiences increased angina, worse cath or stress test results, CABG or repeat CABG etc.

Stress Test: (chemical or exercise) Check box when used for diagnosing or patient having a positive test history.

Cath (heart catheterization or angiogram): Check box when used for diagnosing or patient having a positive cath history.

CABG (coronary artery bypass grafting): Check box when patient had open heart surgery.

Angina: Check box when patient presents with angina (chest pain or cardiac pain)

Note: May check more than one box when applicable.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

7. Coronary Artery Disease (CAD) – continued

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

CORONARY ARTERY DISEASE EXAMPLE:

Admission date: January 13, 2000

Progress note date: January 16, 2000

Enrollment date: September 8, 1999

HIV diagnosis date: August, 1999-change to 08/15/99 (see bottom of page 4)

Physician note: “Pt. admitted for CABG last summer. Presents today with chest pain. Stress test positive from yesterday. Has not been taking antihypertensive/cardiac medication.

- Check Coronary Artery Disease
- Enter: 07/15/99 under Dx Date Unknown – [Patient had CABG last summer (see ‘Notes about dates’ – Seasons page 5). Last summer was Pre-Enrollment. We do not know when the coronary artery disease was diagnosed. Note ‘history of’ on margin.
- Enter 01/13/00 under Exacerbation (post-enroll) – (Patient had positive stress test and angina (repeat CAD & post-enroll))
- Check CABG
- Check Stress Test
- Check Angina
- Circle Pre-Enroll (First dx of CABG was before enroll date)
- Circle Pre-HIV (First dx of CABG was before HIV dx)

Enter information for Hypertension #16

- Check Hypertension #16
- Enter 01/13/00 under Dx Date Unknown (this is the first progress note mentioning the hypertension, treat as ‘history of’) Note ‘history of’ on margin.
- Unable to circle Pre/Post Enroll or Pre/Post HIV (unable to determine timeframe because we do not know when the hypertension was initially diagnosed. It could have been before or after the enrollment date/first positive HIV test.

Enter Unable to determine timeframe on right margin of form.

8. Cryptococcosis (Crypto)

A fungal infection - can cause devastating systemic infections in the AIDS patient.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as '*history of*' or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Meningitis: Check box when present.

Antigen: Check box when detection of antigen is present.
May use when a 'positive antigen' is the only information given.

Basis: Hist or Cytology/Cx: Circle one **or** both when diagnosis is made from histology (tissue) or cytology (cells) **and/or** culture. Assume the *basis* is cytology when results are given the same day.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

9. Cryptosporidiosis

Protozoal infection. It can cause prolonged and severe diarrhea.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Basis: Hist or Cytology/Cx: Circle one **or** both when diagnosis is made from histology (tissue) or cytology (cells) **and/or** culture.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use 'Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

10. Cytomegalovirus (CMV)

- Viral infection - member of the herpes virus family.
- We are primarily interested in CMV Retinitis.
- “Aids Retinopathy” – If CMV is presumed, use and note ‘presumed on right margin’. If no other information given, enter notes on right margin (such as “no evidence”) but do not use.
 - When the patient is positive for the antibody (CMV IgG+) without any other symptoms, do not use and leave ‘Antibody’ box blank on form.
 - When the patient is positive for the antibody (CMV IgG+) with symptoms of visual loss and or retinitis, check antibody box.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as ‘*history of*’ or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Retinitis: Enter if diagnosed from eye exam.

“Aids Retinopathy”: Note ‘no evidence’ on right margin – do not code on form

Antibody: (CMV IgG+) Use only with accompanying symptoms. Do not use if it is the only information given.

Hist or Cytology: Circle **all** when diagnosis is made from histology (tissue) or cytology (cells).

Vision Loss/Impair: Check box if patient is experiencing any form of visual loss or impairment.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

10. Cytomegalovirus (CMV) – continued

CYTOMEGALOVIRUS EXAMPLE:

Date of progress note: October 24, 1999

Enrollment date: July 1, 1999

HIV diagnosis date: 1990- Change to 06/30/90 (see bottom of page 4)

Physician note: “Admitted yesterday with + CMV IgG. A 43 yo with central vision loss, concerning for possible CMV infection verses mac/retinal pathology. To be seen in Eye Clinic today.”

- Check Cytomegalovirus (CMV)
- Date (post-enroll only): 10/23/99 (“admitted yesterday”)
- Check Antibody (due to accompanying symptom)
- Check Vision loss/Impair (because of central vision loss)
- Circle Basis: Hist or Cytology
- Circle Post-Enroll (admission date after enroll date)
- Circle Post-HIV (admission date after HIV diagnosis)
- Note ‘presumed’ on right margin of form (to be diagnosed in clinic)

11. Dementia (HIV encephalopathy, HAD, MCMD)

Also may be designated as:

- AIDS associated atrophy (use only when mentation is affected)
- Ataxia (motor): only use when associated with some form of dementia
- Cognitive Disorder (Be Careful. *Usually* defines dementia.)
- HAD (HIV associated dementia)
- HIV dementia (cognitive)
- HIV cerebritis (cognitive)
- HIV Encephalopathy (cognitive)
- HIV Psychosis (cognitive)
- MCMD (minor cognitive motor disorder) (cognitive & motor)
- Psychomotor retardation (motor): only use when associated with some form of dementia

It is HIV dementia if other concurrent conditions (most commonly alcoholic dementia, Alzheimer’s disease, Parkinson’s disease, multi-infarct dementia) **have been ruled out.** If other etiologies are known or suspected, PLEASE NOTE THIS under ‘Other Causes’.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as ‘*history of*’ or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

11. Dementia - continued

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Advanced mental decline secondary to cognitive dementia, gait or mobility worse secondary to motor dementia, etc.

Cognitive: The dementia affects patient's memory or ability to process information.

Motor: The dementia affects patient's mobility and gait.

Other Causes: Note other causes of dementia.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

DEMENTIA EXAMPLE:

Progress note admission date: January 14, 1998

Enrollment date: August 10, 1999

HIV diagnosis date: 1985-change to 06/30/85 (see bottom of page 4)

Physician note: "It is noted that the patient has been having problems with short term memory for 3 months now. It is bothering him. I feel this is HIV induced encephalopathy."

- Check Dementia
- Enter 10/22/97 under Dx Date Unknown (documented by physician as "noted having problems with memory for 3 months" and the admission date is before the enrollment date. (note 'diagnosis' on right margin)
- Check cognitive
- Check Pre-Enroll (the admit date is before the enroll date)
- Check Post-HIV (the admit date is after the HIV dx date)

12. Diabetes

There is no need to differentiate between insulin dependent diabetes (IDDM or Type I) and non-insulin dependent diabetes (NIDDM or Type 2).

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Diabetic medications are increased or changed for better sugar control, one or more toes become ischemic due to complications of diabetes, admitted with DKA (diabetic ketoacidosis), etc.

Use 'Exacerbation' after a progress note has been written stating the blood sugar is under control, within normal range, etc. It may take multiple patient visits and medication changes to initially control the diabetes.

Etiology: ADR/Family History/Obesity: When family history of diabetes is first noted in the progress note, underline. This will prevent having to find the information if patient is later diagnosed with diabetes.

- Circle 'family history' when family member is a first degree relative.
- May circle more than one etiology (from multiple progress notes).

Based on Meds Only: Check box when the only information provided is insulin or oral hypoglycemic medications listed in the pharmacy medication section or MD progress note.

Refer to List 3 for Common Oral Hypoglycemics (page 66)

Med Suspected if ADR: Enter medication(s). List additional meds on right margin of form. (Circle ADR.) When due to 'drug interaction'-list meds separately.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

13. Herpes Simplex Virus HSV Usually based on a clinical exam *Herpes Keratitis*: Use in this section. *Dermatitis Herpetiformis*: Do not use.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as '*history of*' or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Recurring herpes, increase of medication due to worsening symptoms...

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

14. Herpes zoster (shingles) HZV (herpes zoster virus) Usually based on clinical exam.

VZV TITRE AB +: (varicella zoster virus antibody positive): ***Do not use*** if this is the only information provided. The patient could have been exposed to chickenpox. **Want to see vesicles.**

**** Post herpetic neuralgia – use for herpes zoster**

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as '*history of*' or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Recurring herpes zoster, increase of medication due to worsening symptoms, etc.

Effected Sites/Distribution: Enter documented affected body sites.

14. Herpes Zoster (shingles) – continued

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

15. Histoplasmosis

Fungi that can cause devastating systemic infections that are massive and widespread in the AIDS patient.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Antigen: Check box when present.

Basis: Hist or Cytology/Cx: Circle one **or** both when diagnosis is made from histology (tissue) or cytology (cells) **and/or** culture.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

16. Hypertension

Blood pressure readings in which the systolic pressure is > 140 or the diastolic pressure is > 80 or both.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as '*history of*' or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Medication dose increased or changed to improve blood pressure control, documented increased blood pressure while on medication, etc.

Note: Use 'exacerbation' when patient has an increased blood pressure reading after a 'normal' blood pressure reading (per progress notes).

Use 'Exacerbation' after a progress note has been written stating the blood pressure is under control, within normal range, etc. It may take multiple patient visits and medication changes to initially control the hypertension.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

17. Isosporiasis

A protozoal infection.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Biopsy: Check box if diagnosis made from a tissue biopsy.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

18. Void

19. Myocardial Infarction (MI)

May also be designated as:

- heart attack

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Repeat (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first repeat of condition either **after** Dx Date Unknown or Date (post-enroll only).

Enzymes: Check box when cardiac enzymes (CPK, CPK-MB) are elevated and/or a positive troponin level.

*** ('Normal Values' may vary with different institutions)

CPK: 21-232 IU/L

CPK-MB: 0-5 %

Troponin: (TnI or TnT): 0-0.4 ng/ml

May be noted as 'positive' or 'negative'.

ECG: (electrocardiogram) Check box if MI diagnosed by ECG.

Other: Enter 'other' information used for diagnosing.

For example: Echocardiogram showing wall motion abnormality indicating a myocardial infarction.

Recurrent?: Please check box with any recurrent MI's.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

20. Osteopenia

A condition of the bone in which decreased calcification, decreased density, or reduced mass occurs. **No fractures.** Positive low bone mass. Bones “appear brittle.”

Enter **Presumed** on right margin of form when:

- patient is diagnosed (osteoporosis) without a bone fracture
- x-ray positive for osteoporosis (without a fracture)
- patient on medication for osteopenia/osteoporosis i.e. Fosomax

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *‘history of’* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Medication is changed or increased due to advanced osteopenia, patient’s mobility or ambulation is affected by advanced osteopenia, etc.

Method of Dx: Enter methods use to help form diagnosis (vertebral x-ray, dual photon x-ray).

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

21. Osteoporosis (spine or hip fracture)

A disease in which the bone(s) is extremely porous, is subject to **fracture** (from falls), and heals slowly. Vertebral fracture or hip fracture diagnosed by history or x-ray.

Note: Use only falls causing fractures **not** consistent with injury.

Example: A patient falling down a flight of stairs and fracturing a hip would not be used. A patient walking across the room and falling causing a vertebral or hip fracture would be used. This is a judgment call. Contact the coordinator with questions.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Repeat (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first repeat of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Medication is changed or increased due to advanced osteoporosis, patients mobility or ambulation is affected by advanced osteoporosis, etc.

Site of Fx (fracture): Enter site where fracture occurred.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

22. Other Mycobacteriosis (MAI, MAC etc.)

Mycobacterium avium-intracellular

Mycobacterium avium complex

Mycobacterium fortuitum

Mycobacterium kansasii

- ‘Atypical’ forms of tuberculosis.
- Standard tuberculosis (Mycobacterium tuberculosis): Enter under Tuberculosis, # 36 on the form.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as ‘*history of*’ or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Culture: Check box when positive culture obtained.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

23. Pancreatitis

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Etiology: ADR (adverse drug reaction/Alcohol/Other): May circle more than one (from multiple progress notes).

Method of diagnosis: Enter methods used for diagnosing the condition. Labs and CT scans are most common.

Meds Suspected if ADR: Enter medication(s). List additional meds on right margin of form. When due to 'drug interaction'-list meds separately.

List Other: Enter 'Other' etiology.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

24. Peripheral Vascular Disease (PVD)

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Patient exhibits signs of increased ischemia to hands and feet due to PVD, extremities become cyanotic with known PVD, patient complaining of increased pain with walking due to PVD, etc.

Method of Diagnosis: Clinical diagnosis of PVD, ultrasound or angiogram deemed consistent with PVD.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

25. Peripheral Neuropathy

Be aware when patient complains of “burning and/or tingling” of extremities. These symptoms *are most likely* indicative of neuropathy.

We are not interested in numbness of extremities caused by surgery or neurological disorders.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *‘history of’* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Patient exhibits increased symptoms of numbness and tingling of extremities, increased difficulty in ambulating due to neuropathy, medication is increased or changed for better control of symptoms, etc.

Etiology: ADR (adverse drug reaction) /Diabetes/HIV/Other: May circle more than one (from multiple progress notes).

List Other: Enter ‘Other’ etiology

Med Suspected if ADR: Enter medication(s). List additional meds on right margin of form. When due to ‘drug interaction’-list meds separately.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

26. *Pneumocystis carinii* Pneumonia (PCP)

A fungal infection located in the lungs.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Basis: Hist or cytology: Circle **all** when the diagnosis is made from histology (tissue) and/or cytology (cells).

Bronch: Check box when bronchoscopy was performed.

Note: *When a bronch was performed and positive for PCP, 'Hist or cytology' would automatically be circled.*

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

27. Progressive Multifocal Leukoencephalopathy (PML)

Neurological infection caused by a virus.

- *CT or MRI of the brain suspecting PML can be used for a diagnosis.*

Note 'Presumed' on right margin of form

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as '*history of*' or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Basis: Hist or cytology: Circle **all** when diagnosis is made from histology (tissue) and/or cytology (cells).

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

28. Pulmonary Disease (COPD/Bronchitis(chronic)/Emphysema/Asthma)

(chronic obstructive pulmonary disease)

- Only interested in chronic bronchitis.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Changes in sputum production, episode of bronchitis using antibiotics, changes or increase in medications to better control pulmonary symptoms, increase in asthmatic attacks, etc.

***Do not use 'Exacerbation of Pulmonary Disease' for pneumonia's.
Use for chronic bronchitis, asthma, etc.***

Childhood Asthma: Check when patient has a history of asthma from childhood.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

29. Renal Dialysis (on HD or PD)

(Patient is on hemodialysis or peritoneal dialysis)

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only), i.e. The frequency and/or length of dialysis treatment is increased, etc.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

30. Salmonellosis – bacterial infection

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Culture: Check box when positive culture obtained

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

31. Sepsis (Bacterial)

- We are only interested in truly septic patients. Check if ‘h/o endocarditis’ (see below).
- We are only interested in **Bacterial Sepsis** for this space. List additional bacterial septic episodes on right margin of the form (date only). **Do not use Viral Sepsis.**
- **Fungal Sepsis:** Enter under ‘Other’ # 38. **Mycobacterium Sepsis** – Enter under # 22.
- **Note:** Staph Aureus is a common contaminant of blood samples. Do not use this as a diagnosis of sepsis unless the medical team clearly considers it real and not just a contaminant. **MRSA:** Do not use unless the patient is clearly thought to have been septic.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as ‘*history of*’ or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Repeat (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first repeat of condition either **after** Dx Date Unknown or Date (post-enroll only).

Pos/Total Bld Cx’s: Enter the number of positive blood cultures over the total number of blood cultures drawn (i.e. 2/4). **Record partial information.** Example: 1/? cultures.

Organism: Post-enroll. Blood culture results. Gram’s Stain result acceptable when culture is pending.

Endocarditis Suspected: Check sepsis when “h/o endocarditis” is documented in chart. Only check echo, etc. if noted. (Note ‘presumed’ on right margin)

ECHO Done: Check box when echocardiogram is performed.

ECHO Positive?: Circle yes or no for a positive or negative echo (for endocarditis). ECHO may be designated as:

- ECHO 2 D – echocardiogram 2 dimensional
- ECHO doppler
- TEE – transesophageal echocardiography
- TTE – transthoracic echocardiography

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

32. Sleep Apnea

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

33. Stroke (Neurologic loss > 24 hours)

May also be designated as:

- cerebrovascular accident (CVA)
- head bleed
- intracerebral hemorrhage (or bleed)
- intraventricular hemorrhage (or bleed)
- subarachnoid hemorrhage (or bleed)

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Repeat (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first repeat of condition either **after** Dx Date Unknown or Date (post-enroll only).

CT Pos: Check box when the CAT (computerized axial tomography) scan of the brain is positive.

MRI Pos: Check box when the MRI (magnetic resonance imaging) test of the brain is positive.

33. Stroke (Neurologic loss > 24 hours) – continued

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

34. Toxoplasmosis

- Disease caused by a species of protozoa. In AIDS patients, the brain is often infected.
- ***Toxoplasmosis positive antibody: Do not use if this is the only information provided.*** Patient may have been exposed but not infected. Look for other signs and symptoms (e.g. a ring enhanced lesion on the CT or MRI scan).
- If the brain is infected, the patient may show signs and symptoms similar to those seen with brain tumors or injuries. Call coordinator with questions.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

In Brain?: Check box when diagnosed in brain.

Basis: Hist or Cytology: Circle all when diagnosis is made from histology (tissue) and/or cytology (cells).

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

35. Transient Ischemic Attack (TIA) (< 24 hours)

Neurologic loss < 24 hours

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Repeat (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first repeat of condition either **after** Dx Date Unknown or Date (post-enroll only).

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

36. Tuberculosis (TB)

Also designated as:

- mycobacterium tuberculosis

- (+) **PPD (positive purified protein): Do not use. Diagnosis by culture or CXR.**
- Do not use *'history of'* positive PPD
- Use *'history of'* TB.
- **Class II TB:** Use when anti-TB medication(s) are used for one year (not 6 months).

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Culture: Check box when sputum culture report is positive [expectorated, suctioned, or BAL (bronchoalveolar lavage)].

36. Tuberculosis – continued

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

37. Wasting (HIV Wasting)

- We are not interested in temporal wasting or hypothenar atrophy.
- May also be designated as “cachectic” or “emaciated”.
- May check *both*: > 10 % of body..... & Presumptive wasting in.... when applicable.

> 10% of body weight or > 20 pounds lost: Check box if either symptom is found in the progress notes or nutrition notes.

Presumptive “wasting” in chart: Check box if progress or nutrition notes state that patient “appears wasted”, “wasting patient”, “cachectic male”, etc.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *‘history of’* or before the *enrollment date*. (See page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Repeat (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first repeat condition either **after** Dx Date Unknown or Date (post-enroll only).

Other Causes: Note other causes of weight loss such as a concurrent illness or condition other than HIV infection (e.g. cancer, TB, cryptosporidiosis, or other specific enteritis). Please note other etiologies.

Over # Months: The amount of time (in months) the weight was lost.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

37. Wasting (cachectic) – continued

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

38. Other:

Use this area for ‘other’ comorbid conditions not listed. (i.e. Sarcoidosis)
List additional ‘Other’ & pertinent information at the end of form.

We are not interested in: gonorrhea, lesions, mycoplasma pneumonia, reactive airway disease, sexual dysfunction (unless ADR), syphilis, urinary tract infections, and vaginal infections.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as ‘*history of*’ or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Describe: Enter ‘Other’ condition.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

COMORBID PSYCHIATRIC CONDITIONS

- Enter diagnosis when listed as present in the chart by any MD, psychologist, social worker or patient (e.g. Pt. states: “I have been depressed for 15 years.”)
- Enter (when documented) actual ‘psych diagnosis’ if listed as present by a psychiatrist, psychologist, or social worker interview.
- May use the date when the “symptom” started as stated by patient such as: “Anxiety for 10 years” or “I have suffered schizophrenia since teens”.

‘Psych Diagnosis’ may be diagnosed by:

- All AXIS diagnosis
- Alcohol and drug programs
- Individual counseling
- Mental health social worker
- MHC – Mental Health Center
- Psychiatrist
- Psychologist

39. Depression

May be designated as Major Depression.

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *‘history of’* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

on antidepressants: Enter when patient is on antidepressant medication. Medication must be related to the depression in progress note.

- Antidepressants listed on the medication list alone: do not use as a diagnosis.

Psych dx: See ‘psych diagnosed by’ list (page 48).

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

Depression Screen - # 39 continued (Post-Enroll dates only)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting depression screen after the *enrollment date*.

Type of Screen: Prime-MD, Oryx, General. Circle or write in the type of screen used.

Circle One: Positive/Negative: Circle when depression screen results are pos. or neg.

Repeat Screen (post-enroll): Using approved format MM/DD/YY, enter post-enrollment date of repeat screen.

Circle One: Positive/Negative (for repeat screen): Circle when repeat depression screen results are positive or negative.

40. Suicidal Ideation:

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as '*history of*' or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*

Actual Attempt?: Enter when patient attempted suicide; include 'history of' attempts.

Repeat Attempt (post-enroll): Using approved format MM/DD/YY, enter post-enrollment date repeat suicide attempt.

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

41. Schizophrenia

Please note *schizoaffective* under ‘other’ major psych disturbances (# 46)

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as ‘*history of*’ or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Psych dx: See ‘psych diagnosed by’ list (page 48).

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

42. PTSD (post-traumatic stress disorder)

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Psych dx: See 'psych diagnosed by' list (page 48).

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

PTSD Screen (Post-Enroll dates only)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting PTSD Screen after the *enrollment date*. (see page 4, # 1)

Type of Screen: Oryx, General... Circle or write in type of screen used.

Circle One: Positive/Negative: Circle when PTSD screen is positive or negative

Repeat Screen (post-enroll): Using approved format MM/DD/YY, enter post-enrollment date for repeat PTSD screen.

Circle one: Positive/Negative (for repeat screen): Circle when repeat screen is positive or negative.

43. Anxiety Disorder

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

Psych dx: See 'psych diagnosed by' list (page 48).

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

44. Alcohol Abuse or Dependence

May also be designated as:

- Alcoholic (may use; psych must confirm for 'psych dx')
- Alcoholism (may use; psych must confirm for 'psych dx')
- 'Heavy Drinker' (may use, psych must confirm for 'psych dx')

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Patient begins drinking again after a period of sobriety, the amount of alcohol is significantly increased, etc.

Psych dx: See 'psych diagnosed by' list (page 48).

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

45. Illicit Drug Abuse or Dependence

Dx Date Unknown: Using approved format MM/DD/YY, enter admission date documenting condition as *'history of'* or before the *enrollment date*. (see page 4, # 1)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*.

Exacerbation (post-enroll): Using approved format MM/DD/YY, enter admission date documenting first exacerbation of condition either **after** Dx Date Unknown or Date (post-enroll only).

For Example: Patient begins using illicit drugs again after a period of remission, the amount of drugs used is significantly increased, etc.

45. Illicit Drug Abuse or Dependence –continued

Psych dx: See ‘psych diagnosed by’ list (page 48).

Circle one: Pre-Enroll/Post-Enroll: Using the Dx Date Unknown date, circle either *pre* or *post* the enrollment date. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

For HIV only: Pre-HIV/Post-HIV: According to the Dx Date Unknown date, circle either *pre* or *post* the Date First HIV Positive Test. If Dx Date Unknown does not exist, use Date (post-enroll only) date and circle either *pre* or *post* the enrollment date. Leave blank if information is unavailable or timeframe is unable to be determined.

46. Other Major Psych Disturbance:

- Please give enough information to determine the diagnosis and date assigned.
- We are not interested in any form of hallucinations unless there is a diagnosis given for the cause of the hallucination (e.g. schizophrenia).

Only use Post-Enroll dates for this section.

Examples of ‘other major psych disturbances’:

Homicidal Ideation (HI)

Personality disorder

Bi-Polar

Dysthymia (mood disorder similar to mild depression)

Date (post-enroll only): Using approved format MM/DD/YY, enter admission date documenting condition after the *enrollment date*. (see page 4, # 1)

Condition: Enter ‘other’ psych diagnosis.

Note: If the condition has a ‘psych diagnosis’, note on right margin of form.

Note: There is space for five ‘Other’ psych conditions.

For more space – use right margin of form.

47. Adverse Drug Reaction (ADR) [Post-Enroll dates only]

Please check box if any adverse effect of a prescribed and/or over the counter medication is suspected or noted in the chart – even if it is thought to only be a contributory and not the main cause of the event.

- May use information for ADR if found in the pharmacist's written note (not the medication list). Indicate 'from pharmacist's note' on right margin of form.
- With same symptoms i.e. (diarrhea) but different meds/dates, use the 'Other' space.
- Do not include 'changing drugs secondary to ↑ effects/metabolism of another drug.'
- Do not include the ADR's already noted on form (e.g. under cirrhosis, diabetes, etc.)
- Use side effects caused by patient taking an increased dose of med (except narcotics). Do not include 'drug overdoses'.
- ADR: *drug interaction*: List each drug separately & note 'interaction' on margin.

Note: When stopping all ARV'S (antiretrovirals) due to ADR, remember to check 'Intentional Treatment Interruption' of ARV's # 52.

Note: Use the same wording when possible with different patient symptoms for adverse drug reactions. Do not change the wording/meaning from the progress note.

For example:

Patient A: "Patient c/o nausea since DDI started"

Patient B: "Patient stopped taking Videx due to being sick in the stomach."

Record "nausea" under symptom for each event under ADR, and record the drug as Videx (if this is the format you chose for this drug. The format 'Videx' must be used throughout all the forms.

- Use "ARV's" (antiretrovirals) when noting HIV medications or HAART unless the note specifically states a particular medication (i.e. AZT)
- Use "ARV's"(antiretrovirals) when progress notes lists multiple HAART drugs as the cause of symptoms. Do not list all of the drugs, use **ARV's** .

- When able, use "Intolerance" for symptom when the patient can no longer take a drug and the progress note has no additional information.

For example:

#1 "Pt. unable to tolerate Zantac."

#2 "Pt. stopped taking AZT because it was making him sick.

Enter "Intolerance" for the above two examples. If a particular symptom was given, the symptom would be noted, not 'intolerance'.

Only Use Adverse Drug Reaction with Post-Enroll Dates!!!!!!

Abacavir: Note if the reaction occurred within 60 days of starting the drug.

Anemia: Circle macrolytic, microlytic, or normolytic (may circle more than one)

Chemical Hepatitis: Ongoing inflammation process & seen with ↑ LFT's (liver fx tests)

Diarrhea:

Drug Rash:

Fat Redistribution: Also designated as: (Enter term used in progress note)

- buffalo hump
- lipodystrophy
- lipoatrophy
- central obesity
- protease paunch

We are not interested in temporal wasting or hypothenar atrophy

Hyperlipidemia: (elevated lipids/triglycerides)

Kidney Stones: Note if Indinavir (Crixivan) is mentioned in note.

Lactic Acidosis: Note if patient is considered symptomatic or asymptomatic and *list highest Lactate level.*

Nausea and Vomiting: Use if patient exhibits one or both symptoms

Renal Insufficiency: HIV Nephropathy, renal failure, increased creatinine noted by MD

Rhabdomyolysis: *Always check if pt is on ARV's*

• Diagnostic Labs:

- decreased phosphorus
- hematuria
- urine myoglobin
- **CPK must be ↑**

• When patient is diagnosed with rhabdomyolysis and is not on ARV's, enter information under 'Other' conditions #38.

Other: • List all other symptoms/medications/dates not listed above.

For Example: Tardive Dyskinesia, Sexual Dysfunction, & Intolerance.

• There is space for 7 'Other' ADR's. Additional space on right margin of form.

Medication suspected: be consistent with format throughout form

Date: enter progress note date (does not have to be from admission date)

HIV MYOPATHY: Serious ADR

• Skeletal muscle disorders causing weakness have been identified in HIV patients.

HIV myopathy – the muscle damage may be caused by direct invasion of muscle cells by HIV itself, a cell-mediated immunologic mechanism, or some combination of both..

Zidovudine (AZT) myopathy – AZT is widely used in the treatment of HIV infection and is associated with a myopathy that clinically resembles HIV myopathy.

***** If patient is on AZT and a connection is made in the progress note (with myopathy), use as an ADR. If not, note information on right margin of # 47 - ADR.**

Symptoms – myalgias, muscle tenderness, proximal muscle weakness

• Note if patient is (or has been) on the drug AZT & use as an ADR

If patient is not on AZT, note information on right margin of form.

• Remember that the drug Combivir is a combination drug consisting of AZT and 3TC (lamivudine)

• **Do not use TREATMENT FAILURE – VIRAL BREAKTHROUGH as an ADR.**

• **Use for ADR when patient takes an increased dose of drug. Do not use for overdose.**

Allergies: We are not interested in 'history of' allergies. Record allergies as they occur.

48. Race

Check patient's race. May check more than one when applicable.

Note: Patient may be White & Hispanic or Black & Hispanic

Black/African American, White, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaska Native: Check all that apply.

Ethnicity: Check if patient is Hispanic/Latino (can also be Black, White, etc.).

49. Risk Behavior (may check more than one)

- Men who have sex with men (homosexuality)
- Heterosexual exposure (multiple partners or partners known to be HIV positive)*
- Intravenous drug use
- Blood Transfusion

* **Note:** "Multiple sex partners" – Assume heterosexual unless otherwise stated

* **Note:** 'Bisexual' – Check heterosexual & men having sex with men

50. Body Mass Index: (usually found in 'nutrition' note)

- Enter information (height & weight) closest to enrollment date

Date: Using approved format MM/DD/YY, enter date closest to the enrollment date

Height: (inches)

Wt: (pounds-round up)

Ideal Weight: See List 4 – Page 66

% Ideal: (% of ideal body weight) Round to the nearest hundredth

Calculation: Patient's Weight divided by Ideal Weight

BMI: (body mass index) Use a website.

Calculation: Weight (Kg) / Height (meters) squared

51. Family History of Heart Disease

MI (myocardial infarction), CABG (coronary artery bypass grafting), or Sudden Death in a **first-degree relative** (mother, father, sister, brother, daughter, or son).

- Female Relative: must occur before 65 years of age
- Male Relative: must occur before 55 years of age

52. Intentional Treatment Interruption of ARV's - Post-Enroll

Please note any mention of an intentional ARV (antiretroviral) treatment interruption.

- patient or provider initiated the interruption
- motivated by side effects, nonadherence, or lack of treatment response etc. (list all that apply)
- Do not use for "patient refusing treatment or medication".
- enter date interruption was started and stopped (use 1st episode with date(s) noted)
- **ALL ARV's** must be stopped to be considered an interruption.
- **Partial ARV** interruption would be entered under 'Adherence' # 54.

Patient Requested: Check box when patient decided to stop taking ARV treatment.

Provider Requested: Check box when provider decided to have patient stop the ARV (antiretroviral) treatment. (Use when meds stopped due to 'failure to respond to tx.')

Note: Okay to check both Patient & Provider requested when applicable.

Nonadherence: Usually 'Patient Requested'. Reasons may include:

- felt sick (flu, upset stomach)
- depressed because of.....
- forgot
- due to alcohol or drugs
- ran out of medication
- due to mental illness
- didn't want to
- *please write reason on right margin of form*

Note: Remember to complete **'Adherence to MEDICATIONS' # 54** if nonadherence is checked in this category.

No current ADR or drug interaction, but want to avoid ADR or drug interaction:

Usually due to physician. The patient may be sick and the provider decides to place a hold on ARV treatment until patient is more stable. For example: "ARV's off 10 days due to pneumonia." Check 'provider request' & 'No current ADR or drug.....'

Current ADR or drug interaction: Usually due to physician. If the *patient* feels that he/she is having a drug reaction and stops taking ARV medication, then the physician must be notified, otherwise it would be entered under 'nonadherence'.

Failure to respond to treatment: Check box if ARV's are discontinued due to failure to respond to treatment. Do not check box if ARV treatment was changed due to failure to respond (without a break in treatment).

Patient doing well. Sustained high CD4 count: Provider requested. Structured treatment interruption. CD4 count usually > 350.

Clinical Trial: Provider requested. Patient participating in a clinical medication trial, a study, STD (structure tx interruption).....

Start Date: Using approved format MM/DD/YY, enter first date when the ARV's were stopped. * Okay to only use 'Start Date' when 'Stop Date' is not provided.

Stop Date: Using approved format MM/DD/YY, enter first date when ARV's were re-started. * Okay to only use 'Stop Date' when 'Start Date' is not provided.

Recurrent ? : Check box when one of the 'Intentional Treatment Interruption' categories is repeated by patient, provider, or both. *For Example:* Nonadherence, Current ADR or drug interaction,.....

"Patient off ARV's for 8 months."

Check Provider Requested (unless otherwise specified)

"Patient taking partial doses of ARV's.

Do not use this section unless patient not taking **ALL** ARV's.
Document under # 54 Adherence to Medication.

INTENTIONAL TREATMENT INTERRUPTION EXAMPLE #1 (same patient):

Progress note 1: June 25, 2000

Physician Note: "HIV regimen stopped the last 5 days due to interaction with other medications. Will resume today."

Progress note 2: September 20, 2000 - "Pt. stopped taking ARV's due to illness 3 days ago, will start ARV's today."

Progress note 3: August 3, 2001 - "Will stop HIV regimen until patient is more medically stable."

- Check Intentional Treatment Interruption (Progress note 1)
- Check Provider requested (Progress note 1)
- Check Current ADR or drug interaction (Progress note 1)
- Start date: 06/20/00 (Progress note 1--this is the **first** date the meds were stopped)
- Stop Date: 06/25/00 (Progress note 1-- this is the **first** date the meds were re-started)
- Check Patient requested (Progress note 2)
- Check Nonadherence (Progress note 2) Enter 'due to illness' in margin
- Complete #54 – Adherence to Meds
- Check No current ADR or drug interaction, but want to avoid ADR or drug interaction.(Progress note 3) (Provider requested already checked)

INTENTIONAL TREATMENT INTERRUPTION EXAMPLE # 2

Progress Note: July 3, 1998

Physician note: "Patient taking ARV's for 5 years with scheduled breaks due to viral resistance."

- Check Intentional Treatment Interruption
- Check Provider Requested
- Check Failure to respond to treatment
- Check Recurrence (due to 'scheduled breaks')
(cannot enter start and stop dates because information was not provided)

53. Nonadherence to VISITS OR HOSPITALIZATIONS:

> 2 Missed Appointments: Check box when mentioned in progress notes (either in multiple notes or one note stating that patient has missed over 2 appointments). Do not include “No-show” without additional information.

Left Hospital Against Medical Advice (AMA): Check box when patient left AMA or unauthorized absence (UA). The absence may be from the hospital, psych ward, or any type of rehabilitation program.

No Problem/Occasional Problems/Frequent Problem (Circle One):

Categorize the degree of the problem. It may help to make notes on right margin of form to help the reader choose after reading the chart.

54. Adherence to MEDICATIONS [only check if ARV’s (antiretrovirals) adherence is specifically mentioned]:

- Check this box when the patient misses partial or all of his/her ARV medication.
- May use information from RN’s notes in addition to progress notes.

Note: Check Intentional Treatment interruption (#52) if the patient decides to stop taking all ARV’s due to nonadherence.

No Problem/Occasional Problems/Frequent Problems (Circle One):

Categorize the degree of problem. It may help to make notes on right margin of form to help reader choose after reading the chart.

55. Illicit Drug Use

Note: On right margin of form list any drug or work programs the patient has attended (no dates needed). Note if patient has attended programs more than once by writing *multiple* next to program name. Record one list for Drugs and Alcohol when both substances are being used.

Drug Used: Circle all drugs used in the past & present.

List Other: Enter drugs not listed on form.

Current and past: Check box if patient has a history of using and is currently using.

Past Only: Check if patient has stopped using the agent for at least 12 months.

Documented as no use: Check box if documented as patient never using drugs.

No Data: Check box if no information is found.

Stopped/Curtailed Intake Due to Problems: Patient curtailed or stopped using drugs due to a physical, mental, or social problem.

For example: diagnosed with cirrhosis, hitting rock bottom and wanting to quit, or spouse left household due to the drug use.

Tried to stop or curtail but wasn't able to: Check box if patient has attempted to curtail or stop use through rehabilitation, drug programs, or 'will power' and failed.

Describe problem: If "Stopped/Curtailed Intake Due to Problems" was checked above, please enter the 'problem'.

Note when applicable:

If the patient has stopped using drugs for 12 months prior to last chronological date in chart:

- Check 'Past Only'
- Erase 'Tried to stop/curtail but wasn't able to'

56. Alcohol Use/Abuse

Note: On right margin of form, list any alcohol or work programs the patient has attended (no dates needed). Note if patient is attending the programs more than once by writing *multiple* next to the program name. Record one list for Drug(s) and Alcohol.

Current and past: Check box if patient has a history of using and is currently using.

Past Only: Check if patient has stopped using agent for at least 12 months.

Documented as no use: Check box if documented as patient never using alcohol.

No Data: Check box if no information is found.

Stopped/Curtailed Intake Due to Problems: Patient stopped using alcohol due to a physical, mental, or social problem. For example: diagnosed with cirrhosis, hitting rock bottom and wanting to quit, or spouse left household due to the alcohol use.

Tried to stop or curtail but wasn't able to: Check box if patient has attempted to stop through rehabilitation, alcohol programs, or 'will power' and failed.

Describe problem: If "Stopped/Curtailed Intake Due to Problems" was checked above, please enter the 'problem'.

years of drinking: Enter number. With discrepancies, use highest number noted.

Current Drinking: # of Drinks per week & day: Enter number drinks patient is using currently. With discrepancies, use the highest number listed. Refer to List 5: 'Calculating Number of Alcoholic Drinks' page 67.

At height of drinking: Max # Drinks per week and day: Enter number of drinks patient has used at the peak of drinking. With discrepancies, use highest number noted. Refer to List 5: 'Calculating Number of Alcoholic Drinks', page 67.

CALCULATING NUMBER OF ALCOHOLIC DRINKS:

- A shot of hard liquor (1.5 oz) = 1 drink
- A single mixed drink = 1 drink
- A pint of hard liquor = 11 drinks
- A fifth of hard liquor = 18 drinks
- A 12 ounce beer = 1 drink
- A pitcher of beer = 4 drinks
- A glass of wine (5oz) = 1 drink
- A wine cooler (12oz) = 1.5 drinks
- A pint of wine = 3 drinks
- A fifth of wine (25 oz) = 5 drinks
- A bottle of wine (40 oz) = 8 drinks

SOCIAL /OCCASIONAL DRINKER: Check alcohol & current / past box.
Leave the 'amount' blank due to not enough information.

Note when applicable:

When the patient has *stopped using alcohol for 12 months:*

- Check 'Past Only'
- Erase 'Tried to stop/curtail but wasn't able to.'
- 'Current Drinking' space would be blank (use 'Height of Drinking')

57. Smokes Cigarettes:

Note: On right margin of form list any 'stop smoking programs' or drugs used (Nicoderm patch, gum) by patient (no dates needed). Note if patient has used the technique more than once by writing 'multiple' next to program name or drug.

Current and past: Check box if patient has a history of using and is currently using.

Past Only: Check if patient has stopped using the agent for at least 12 months.

Documented as no use: Check box if documented as patient never smoking.

No Data: Check box if no information is found.

Stopped/Curtailed Intake Due to Problems: Pt stopped using cigarettes due to a physical, mental, or social problem. For example: diagnosed with lung cancer, hitting rock bottom and wanting to quit, or spouse left household due to smoking.

Tried to stop or curtail but wasn't able to: Check box if patient has attempted to stop through smoking cessation programs, nicotine patch, or 'will power' and failed.

Describe problem: If "Stopped/Curtailed Intake Due to Problems" was checked above, please enter the 'problem'.

Current smoking # packs/day: Enter pack number patient is currently smoking. With discrepancies, use the highest 'number of packs' noted.

At height of smoking # packs/day: Enter number of packs smoked during the 'peak' of smoking. With discrepancies, use the highest 'number of packs' noted.

- May combine the highest amount smoked with the longest amount of time even when documented in multiple progress notes with different dates.

CALCULATE AMOUNT OF CIGARETTES SMOKED:

- "Smokes 3 cigarettes/day. Divide 3 by 20 (20 cigarettes per pack) for answer
- 80 pack year = 2 PPD x 40 years (must have 'years' to calculate)

years of smoking: Enter number. With discrepancies, use highest number noted.

Pack/years: Enter number of pack/years instead of # packs/day or # years of smoking. With discrepancies, use highest number of 'Pack/years' noted.

** Fill in both '# years of smoking' & 'Pack/years' when available (there may be discrepancies).

Note when applicable:

If patient has ***stopped smoking*** for 12 months prior to last chronological date in chart:

- Check 'Past Only'
- Erase 'Tried to stop/curtail but wasn't able to'
- 'Current smoking' space would be empty (use 'height of smoking')

The following lists are to be used as a reference. They do not include all of the drugs, labs, or information that may be needed.

LIST 1: ANTIRETROVIRALS MEDICATIONS

HAART (highly active antiretroviral therapy)

- Also referred as: “triple combination therapies” or “AIDS drug cocktails”
- This type of therapy refers to the combination of drugs: NRTI’s, NNRTI’s, Nucleotide-Analog and PI’s.

Nucleoside Analogue Reverse Transcriptase Inhibitors (NRTI)

(Reduces the growth of HIV.)

- abacavir sulfate (ABC).....Ziagen
- didanosine (DDI,dideoxyinosine).....Videx
- lamivudine (3TC).....Epivir
- stavudine (d4T).....Zerit
- zalcitabine (ddC,dideoxycytidine).....Hivid
- zidovudine (AZT,azidothymidine).....Retrovir
- zidovudine/lamivudine.(AZT/3TC).....Combivir **Combination Drug**
- zidovudine/lamivudine/abacavir (AZT/3TC/ABC).....Trizivir **Combination Drug**

Nonnucleoside Reverse Transcriptase Inhibitors (NNRTI):

Keeps HIV from making DNA copies of itself.

- delavirdine mesylate (DLV).....Rescriptor
- efavirenz (EFV).....Sustiva
- nevirapine (NVP).....Viramune

Protease Inhibitors (PI): (Prevents HIV from being properly assembled.)

- amprenavir (AMP).....Agenerase
- indinavir sulfate (IDV).....Crixivan
- lopinavir/ritonavir.....Kaletra **Combination Drug**
- nelfinavir mesylate (NFV).....Viracept
- ritonavir (RTV).....Norvir
- saquinavir (SQV).....Fortovase
- saquinavir mesylate.....Invirase

Nucleotide - Analog

- tenofovir disoproxil fumarate..... Viread

List 2: Pneumonia's
Common Pathogenic Agents of CAP (community acquired pneumonia), 'Other' Mycobacteriosis, Atypicals

Assume 'Bacterial Pneumonia' unless otherwise stated. (h/o CAP : enter as a bacterial pneumonia)

Common Pathogenic Agents of CAP in Immunocompetent Adults

Bacteria

1. Chlamydia pneumoniae
2. Chlamydia psittaci
3. Coxiella burnetii
4. Haemophilus influenzae (second most common cause of CAP)
5. Klebsiella pneumoniae
6. Legionella pneumophila
7. Mycoplasma pneumoniae
8. Neisseria cattarrhalis
9. Neisseria meningitides
10. Nocardia asteroides
11. Staphylococcus aureus
12. Streptococcus pneumoniae (most common cause of CAP)

Viruses (Do not use)

1. Adenovirus
2. Cytomegalovirus
3. Herpes zoster
4. Influenza A and B
5. Parainfluenza
6. Respiratory syncytial virus

Fungi (Do not use)

1. Coccidioides immitis
2. Histoplasma capsulatum

Other Mycobacteriosis (Atypical TB)

1. Mycobacterium avium-intracellular (MAI)
2. Mycobacterium avium complex (MAC)
3. Mycobacterium fortuitum
4. Mycobacterium Kansasii

Atypicals (DO NOT USE)

1. Mycoplasma
- 2 All Viral Pneumonia's

LIST 3: ORAL ANTIDIABETICS

- acarbose.....Precose
- chlorpropamide.....Diabinese
- glimepiride.....Amaryl
- glipizide.....Glucotrol or Minidiab
- glyburide.....Micronase or DiaBeta
- metformin hydrochloride.....Glucophage
- miglitol.....Glyset
- repaglinide.....Prandin
- rosiglitazone maleateAvandia
- troglitazone.....Rezulin

LIST 4 : IDEAL WEIGHT

% Ideal Body Weight:

Patient’s weight divided by ‘Ideal Weight’ (round to nearest hundredth)

Men’s Ideal Weight Chart

65 inches = 136 pounds

*** Add 6 pounds for each additional inch**

Inches	Ideal Weight
65	136
66	142
67	148
68	154
69	160
70	166
71	172
72	178
73	184
74	190
75	196
76	202
77	208
78	214
79	220
80	226

Women’s Ideal Weight Chart

60 inches = 100 pounds

*** Add 5 pounds for each additional inch**

LIST 5:

CALCULATING ALCOHOLIC DRINKS

CALCULATING AMT. OF CIGARETTES SMOKED

- A shot of hard liquor (1.5 oz) = 1 drink
- A single mixed drink = 1 drink
- A pint of hard liquor = 11 drinks
- A fifth of hard liquor = 18 drinks

- A 12 ounce beer = 1 drink
- A pitcher of beer = 4 drinks

- A glass of wine (5 oz.) = 1 drink
- A wine cooler (12 oz) = 1.5 drinks
- A pint of wine = 3 drinks
- A fifth of wine (25 oz) = 5 drinks
- A bottle of wine (40 oz) = 8 drinks

SOCIAL /OCCASIONAL DRINKER: Check Alcohol, Current & Past. Leave amount blank.

CALCULATE AMOUNT OF CIGARETTES SMOKED:

- “Smokes 3 cigarettes/day. Divide 3 by 20 (20 cigs per pack) Enter .15 cigs/day
- 80 pack year =’s 2 PPD x 40 years (must have ‘years’ to calculate)

LIST 6: LABS

Amylase:.....0-60 U/L

Cr (creatinine).....0.7-1.5

CMV IgG + (cytomegalovirus positive antibody) Do not use unless pt. has symptoms.
(Could be an exposure)

Glucose (fasting).....60-120

HgA1c (glycosylated-hemoglobin).....usually over 6 for a diabetic.

HCT: (hematocrit).....40-51%

HGB: (hemoglobin).....13.6-17.4 g/dL

MCV (mean corpuscular volume).....80-90 cmu

Toxoplasmosis positive antibody: Do not use unless patient has symptoms. (? exposure)

VZV titre Ab + (varicella zoster): Do not use unless pt. has symptoms.
(? could only be an exposure) Need to see vesicles!!!

Enzymes: (normal values may vary with different institutions)

CPK: 21-232 IU/L

CPK-MB: 0- 5%

Troponin (TnI or TnT): 0-0.4 ng/ml. May be noted as ‘positive’ or ‘negative’.

Hepatitis B Virus (HBV)

- **HBsAg** (hepatitis B surface antigen)→→ **Use if positive**
- **HBeAg** (hepatitis Be antigen)→→ **Use if positive**
- History of **Chronic Hepatitis B**→→**Use.**

DO NOT USE:

- **HBcAg** (HB core).....hepatitis B core antigen
- **HBcAb** (anti-HBc).....hepatitis B core antibody
- **HBeAb**.....hepatitis Be antibody
- **Anti-HBs**.....hepatitis B surface antibody
- **HBAb**.....hepatitis B antibody
- “History of hepatitis B” (no other information)

Hepatitis C Virus (HCV)

Quantitative: Tests for amount of virus (viral load). The results are given as an actual number for the viral load. i.e. the number of virus particles per ml of blood. Each institution will have different ranges for positive/negative results.

- **Hep C RNA Quantitative** (numerical value)
- **PCR Quantitative** (numerical value)

Qualitative: Detects the presence of Hep C virus. Results are (+) or (-)

- **Hepatitis C PCR Qualitative** - (positive or negative) use when (+)
- **HCVAb** – hepatitis C virus antibody (positive or negative) use when (+)
- **Anti HCV** – hepatitis C virus antibody (positive or negative) use when (+)

Liver Function Tests:

** ‘Normal’ values will differ per institution.

- Alkaline Phosphatase
- ALT equals SGPT
- AST equals SGOT.
- Direct & Total Bilirubin
- GGT (gamma-glutamyltransferase)
- Transaminases: An older term for the ALT & AST aminotransferases

LIST 7: MISCELLANEOUS

Common terms to become familiar with:

- Use “**ARV’s**” (antiretrovirals) when noting HIV medications or HAART unless the note specifically states a particular medication.
- “**Due to meds**” - referring to antiretroviral medication (ARV) unless otherwise specified.
- “**Presumed Conditions**” – use as a diagnosis unless revoked in a later note.
(Note condition is ‘presumed’ on right margin of form)
- “**Of Chronic Disease**” – HIV disease unless otherwise specified
- “**First degree relative**”: mother, father, sister, brother, daughter, or son

Psychiatry: Multiaxial Discharge Diagnosis:

Axis I: Clinical Disorders

Axis II: Personality Disorders

Axis III: Medical Conditions

Axis IV: Psychosocial and environmental problems

Axis V: Global assessment of functioning

Beck Depression Scale

0-9.....minimal

10-16.....mild

17-29.....moderate

30-63.....severe

Score \geq 17 is positive for depression

Geriatric Depression Scale

Score \geq 10 is positive for depression

Notes about Dates – Very Important!

- ◆ Record **admission date** when diagnosis is **first** made.
- ◆ **The choices for entering dates are: (PNEUMONIA IS THE EXCEPTION p. 9)**

4. **Dx Date Unknown**: Use this space when the comorbid condition is diagnosed
 - *before* the enrollment date
 - or
 - as a ‘history of’ date (admission date of progress note stating ‘history of’ comorbid condition)

***It will be helpful to note on margin of form (next to ‘Dx Date Unknown’) either ‘diagnosed date’ (pre-enrollment) or ‘history of’—This info will help when determining dates for pre/post enrollment and pre/post First HIV Test.

5. **Dx (post-enroll only)**: Use this space when comorbid condition is diagnosed *after* the enrollment date.

6. **Exacerbation (post enroll) or Repeat (post-enroll)**: Use this space when comorbid condition is exacerbated or patient becomes more symptomatic after *either* initial ‘Dx Date unknown’ or Dx (post-enroll only).

Must be a Post – Enroll date**

- ◆ **The *Enrollment Date* (to the study) must be provided in order to accurately enter proper dates.**
- ◆ It is important to decipher between Pre-Enrollment (comorbid condition diagnosed before enrollment date) and Post-Enrollment (comorbid condition diagnosed after enrollment date). There will be instances when the reader will be unable to determine this information. Example: ‘Pneumonia’ – Ex. #2 p. 10.
- ◆ **When admission date and enrollment date are the same, enter as post-enroll.**
- ◆ **It is important to have the date (or year) of *First HIV Positive Test*. This information is not always provided (see below).**
- ◆ It is important to decipher between Pre-HIV (comorbid condition diagnosed before first HIV positive test) and Post-HIV (comorbid condition diagnosed after first HIV positive test). There will be instances when the reader will be unable to determine this information. Example: ‘Cirrhosis’ – page 15.

- ◆ **When admission date & HIV diagnosis date are the same, enter as post-HIV.**

PARTIAL DATE PROVIDED FOR FIRST HIV POSITIVE TEST

Use when a more exact date is needed for Pre/Post Enrollment

When only month & year is noted: Enter ‘15’ for the day. May 1990 = 05/15/90*

When only year is noted: Enter 06 for the month and 30 for the day. 1999 = 06/30/99*

When no date is noted for HIV diagnosis: Enter date of earliest progress note documenting “HIV” diagnosis. Do not note on *First HIV date space* – use margin.

Pre/Post HIV: Will accept partial progress note date.

Example: HIV date: 1990 Progress Note date: 5-1990: Use as post-HIV

Example: HIV date: 2-1989 Progress Note date: 3-1989 Use as post-HIV

The months are too close and the condition is most likely post-HIV infection

*Note on right margin of form (enter the **actual** date provided in the date box)

Notes about dates continued

◆ **Admission date:**

- Use the admission date for all diagnoses (not the date that the symptoms started) unless stated otherwise. (Exception: psych disorders – see psych page 48)

◆ When only **Month/Year** is provided, enter 00 for day
Example: Diabetes since May 1990. Record 05/00/90

◆ When only the **Year** is provided, enter 00 for the month and day
Example: Patient HIV since 1988. Record 00/00/88

◆ **Estimate the date** when possible for comorbid conditions **diagnosed** and psych symptoms / diagnosis
Examples:
 7-05-99 note – C/O white patches times 2 months. Looks like thrush.
Record 07/05/99 (Dx date, not the date symptoms began)
 11-10-00 note – Pt. states he was hospitalized with pneumonia 6 months ago.
Record 05/10/00. (Condition was *diagnosed* 6 months ago)
 10-31-98 note – Patients states “ I have been depressed for 20 years.”
Record 10/13/78. (May estimate symptom date with psych conditions.
 6-5-97 note – Pt. *diagnosed* with diabetes 5 years ago. Record 6-5-92.

◆ **Seasons:** Enter ‘15’ for the day

- “Winter”: December, January, February → **Record** January → 01/15/??
- “Spring”: March, April, May → **Record** April → 04/15/??
- “Summer”: June, July, August → **Record** July → 07/15/??
- “Fall”: September, October, November → **Record** October → 10/15/??

◆ **“Since teens”:** 15 years of age (calculate from birth year) Record year
Example: Note: Pt. diabetic since teens. (Born 1950) Record 00/00/65

◆ **“Since childhood”:** 18 years of age (calculate from birth year) Record year.
Example: Pt. with h/o asthma from childhood. (Born 1952) Record 00/00/70

◆ **“Since 1970’s”:** Record the middle of the decade. Record 1975→00/00/75.
“Range 1980-1988.” Use midpoint. Record 1984→00/00/84.

◆ **“History of ”** condition:

- Enter admission date of progress note under **‘Dx Date Unknown’**
Example: Date of note: 01/20/98: “Pt. with history of CHF.” Record 01/20/98 under **‘Dx Date Unknown’**
- Note ‘history of’ on right margin next to Dx Date Unknown

Notes about dates continued / Documenting Consistent Information

Discharge Summary:

- When the discharge summary is the only source of information, use admission date (if recorded) or earliest date recorded in discharge summary.

◆ When **additional information** is added **after diagnosis date** is obtained, do not change original date.

Example (same patient):

- FBS: 250 ? Diabetes 10/30/99 progress note
- ↑ BS due to ARV's 11/05/00 progress note
- Family h/o diabetes 12/10/01 progress note

Date: Record **10/30/99** (earliest date)

Enter all of the other information provided under 'diabetes'.

Be Consistent When Documenting Information

Examples:

Under 'Bacterial Pneumonia' # 1 – Organism

Gram's Stain Report: gram negative rods / If you choose to document 'GNR' on the form, then 'gram negative rods' must be documented as 'GNR' on all of the forms.

Under 'Other' # 38: When a condition is written in the **Describe** space, it must be written using the same format on all of the forms among the different patients.

Example:

Deep Vein Thrombosis or DVT: Use the **same** format when documenting repeated information on other forms.

Under 'Other Major Psych Disturbance' # 46: **Other conditions** will be written using same format if condition is repeated among different patients.

Example:

Homicidal Ideation **or** HI.

Anhedonia **or** Anhedonic.

Must choose one format and consistently use on all of the forms.

LIST 8: EXAMPLES OF CHART EXTRACTIONS

Example # 1: Ted Davis

SSN # 123456789 Cleveland

Discharge Summary: September 5, 1999

Enrollment Date: December 1, 2000

First HIV Positive Test: 1990

Diagnoses:

Axis I: Cocaine dependency, alcohol dependency.

Axis II: Rule out personality disorder, not otherwise specified

Axis III: Pneumonia

DVT

Thrush

S/P MI

HIV +

Axis IV: No stable income, no residence.

Summary:

History of Present Illness: This is a 36 year old black, non service connected male veteran readmitted due to SOB, and alcohol detox. He is c/o being SOB times 3 days. CXR positive for infiltrate. Culture pending. Started on antibiotics. He was enrolled in the VARC program (drug & alcohol program) 12 months ago (was clean for 3 months) and again 6 months ago due to alcohol and cocaine addiction..

He is AA&O x 3. He does report three suicide attempts in the past: 1981, 1988, and 1996, all related to his depression. He reports that these attempts resulted in three psychiatric hospitalizations. Currently Mr. Davis is managing his depression with paroxetine and it appears to be working. He reports drinking since the age of 16, up to 2 pints of whiskey per day. Mr. Davis has been smoking for 20 years and does not wish to quit at this time.

- HIV positive since 1990.

- LABS: Normal chemistries. Pt. Anemic - MCV ↑ (most likely due to HAART)

TOP OF FORM

-Initials & last 4 numbers of social security (top right corner of form): TD 6789

-Date of Extraction: Today's Date

-Patient Name: TD

-SSN: 123-45-6789

-Site: Circle Cleveland

-Date First HIV Positive Test: 1990.

If needed, change to 06/30/90 (see bottom of page 4)

-Data Available: Circle Inpatient, Psychiatric Notes (Axis diagnoses)

FORM:

Example # 1 Chart Extraction continued

1. Check # 55 Illicit Drug Use
 Circle Cocaine
 Check Current and Past
 Check Tried to stop or curtail but wasn't able to (due to VARC)
 Note VARC on right margin of form, enter 'multiple' next to VARC.

2. Check #56 Alcohol Use/Abuse
 Check Current and Past
 Check Tried to stop or curtail but wasn't able to (due to VARC)
years of drinking: 20 (36 years minus 16 years of age)
At height of drinking: # drinks per day: 22
 (Pint of hard liquor = 11 drinks; Refer to calculating drinks- page 62)

3. Check # 44 Alcohol Abuse or Dependence (Axis Diagnosis)
 Check psych diagnosis (axis diagnosis notes are psych notes)
 Enter 09/05/98 under Dx Date Unknown (12 months ago VARC- last note for 'history of' abuse & note 'history of' on margin)
 Circle Pre Enroll ('History of' abuse diagnosed before enrollment date)
Unable to determine if before or after HIV diagnosis (start of alcohol abuse date unavailable)

4. Check # 45 Illicit Drug Abuse or Dependence (AXIS diagnosis)
 Check psych dx (Axis diagnosis is a psych diagnosis)
 Enter 09/05/98 under Dx Date Unknown (12 months ago VARC – last note for 'history of' abuse & note 'history of' on right margin)
 Circle Pre-Enroll ('History of' abuse diagnosed before enrollment date)
Unable to determine if before or after HIV diagnosis (start of drug abuse date unavailable).

5. Check # 1 Bacterial Pneumonia
 Enter 09/05/99 under Dx Date Unknown (diagnosis date pre-enrollment)
 Note 'diagnosed' on margin of form
 Circle Pre-Enroll (pneumonia diagnosed before the enrollment date)
 Circle Post-HIV (pneumonia diagnosed after First Positive HIV test)
Cannot use CXR information because it is pre-enroll. Only use information with post-enroll date unless this is the only information under 'pneumonia'

6. Check # 3 Candidiasis (Thrush)
 Enter 09/05/99 under Dx Date Unknown and note 'history of' on margin
 Check Thrush
 Circle Pre-Enrollment (history of thrush in pre-enrollment note)
Unable to determine if before or after HIV diagnosis (start of thrush date unknown)

Example # 1 Chart Extraction continued

7. Check # 19 Myocardial Infarction
Enter 09/05/99 under Dx Date Unknown and note 'history of' on margin
Circle Pre-Enrollment ('history of' MI date is before enrollment date)
Unable to determine if before or after HIV dx. (MI diagnosis date is unavailable)
8. Check # 48 Race
Check Black/African American
9. Check # 39 Depression
 - Enter 00/00/81 under Dx Date Unknown and note 'history of' on margin (earliest date for 'history of' depression; actual date when depression began is unknown)
 - Check 'on antidepressants' (Paroxetine or Paxil- medication is associated with depression).
 - Check 'psych dx' (Pt. had 3 'psychiatric admissions'. He is not on the 'Axis' diagnosis list because he is currently not depressed.
 - Circle Pre-Enroll (history of depression in 1981 was before enrollment date)
 - ***Unable to determine if before or after HIV diagnosis*** (First dx date of depression unavailable)
10. Check # 40 Suicidal Ideation
Enter 00/00/81 under Dx Date Unknown (date of 1st suicide attempt pre-enroll date)
Check Actual Attempt?
Circle Pre-Enroll (first suicide attempt before enrollment date)
Circle Pre-HIV (first suicide attempt before First HIV positive test)
11. Check # 57 Smokes Cigarettes
Check Current and Past
At height of smoking packs/day: no information
years of smoking: 20
12. Check # 47 Adverse Drug Reactions
Check Anemia (Progress note must state anemia, ↑MCV alone would not count.
Circle Macro
Enter ARV's (ARV's is the format chosen for HIV drugs) under medication
Enter 09/05/99 under date (use date of progress note for this section)
13. Check # 38 Other
Enter DVT under Describe
Enter 09/05/99 under Dx Date Unknown
Note 'history of' on right margin
Circle Pre-Enroll ('history of' is before the enrollment date)
(Unable to determine if before or after HIV diagnosis (diagnosis of DVT unknown)

Example #1 Chart Extraction continued
Example # 2

Note: If additional information is found under an earlier date, you must change the dates on the form accordingly. From the example above, the myocardial infarction was listed under Dx Date Unknown. Further in the chart you may read: “Patient had first MI February, 1988. In this case you would return to # 19 Myocardial Infarction and re-enter information as noted below:

Enter 02/00/88 under Dx Date Unknown and write diagnosed on right margin (date of MI is before enrollment date)

Circle Pre-Enroll (unchanged)

Circle Pre-HIV (since actual MI diagnosis date is noted, we know it is before the first positive HIV test)

Example # 2: Mr. Smith

Title: Medicine Inpatient Progress Notes

Progress Note Date: May 01, 1999

Enrollment Date: Feb 01,1999

35 year old Caucasian male HIV positive since last winter. History of Kaposi sarcoma of the left thigh (positive Bx during December of 1996). Was off of ARV's for the past 3 weeks due to poor adherence. He currently is complaining of nausea and vomiting with his current regimen of Videx, Sustiva, and Norvir. He will re-start regimen today and add Compazine. Labs noted.

LABS: Low H/H most likely due to HAART

VZV AB+

CMV IgG +

BS 202

Will investigate elevated glucose with more blood work.

FORM:

1. Date First HIV Positive Test: 01/15/99 (see ‘Notes about Dates’ – ‘Seasons’ p. 5)

2. Check White under # 48 Race

3. Check #2 Cancer

Enter 12/00/96 under Dx Date Unknown and note this is the diagnosis date on the right margin (1996 is before the enrollment date)

Check Kaposi's Sarcoma

Enter 12/00/96 under Date of Dx

Circle Pre-Enroll (KS diagnosed before enrollment date)

Circle Pre-HIV (KS diagnosed before first positive HIV test)

Example # 2 Chart Extraction continued

4. Check # 47 Adverse Drug Reaction
Check nausea and vomiting
Enter ARV's under Medication [Use ARV's when progress notes list multiple HAART drugs as the cause of symptoms. Do not list all of the drugs (page 55).]
Enter 05/01/99 under Date (use the progress note date in this section)
5. Check # 52 Intentional Treatment Interruption of ARV's
Check Patient Requested (due to nonadherence)
Check Nonadherence (due to side effects. The patient stopped on his own.
Start Date: Enter 04/10/99 ("3 weeks ago")
Stop Date: Enter 05/01/99 ("Will restart regimen today")
6. Check # 54 Adherence to MEDICATIONS
Circle Occasional Problems (if this the first event post-enroll, may change to frequent after reading more of chart.)
7. Check # 47 Adverse Drug Reaction
Check Anemia
Enter ARV's under Medication (Using the format ARV's for all HIV drugs)
Enter 05/01/99 under Date (use the progress note date in this section)
Cannot check macro, micro, or normo due to lack of information.
8. CMV IgG + - *Will not use information due to lack of accompanying symptoms.
See Cytomegalovirus – page 23*
9. Check Diabetes # 12 (physician noted elevated BS)
Enter 05/01/99 under Date (post-enroll only) (first occurrence, not 'history of')
BS 202 – must be fasting-information not available-do not use
Circle Post-Enroll (First mention of increased sugar after the enrollment date
Circle Post-HIV (First mention of increased sugar after 1st HIV positive test
If blood sugar is elevated this one time only and 'diabetes' is refuted in future progress notes, erase above information – do not use

Note: + VZV (varicella zoster virus) - no other symptoms (i.e. vesicles). This may only indicate an exposure. Do not use.