

**WIHS MEDICAL RECORD ABSTRACTION FORM
WASTING SYNDROME**

**FORM M16
FORM VERSION 04/15/96**

RECORD NUMBER:

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WIHS ID NUMBER:

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SEQUENCE

FORM # _____ OF _____

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:

____/____/____
M D Y

ABSTRACTOR'S INITIALS:

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A1. Date of abstraction

____/____/____
M D Y

SECTION B: ADMISSION HISTORY AND PHYSICAL

YES

NO

- | | | | |
|-----|---|---|---------|
| B1. | History of weight loss? | 1 | 2 (END) |
| | B1a. >10% of baseline documented?..... | 1 | 2 |
| B2. | History of dieting concurrent with weight loss? | 1 | 2 |
| B3. | History of concurrent diagnosed depression? | 1 | 2 |

SECTION C: OTHER

YES

NO

- | | | | |
|-----|--|---|---------|
| C1. | Diagnosis associated with weight loss? | 1 | 2 (END) |
|-----|--|---|---------|

Specify diagnosis: C1a. _____
C1b. _____
C1c. _____