

**WIHS MEDICAL RECORD ABSTRACTION FORM  
WASTING SYNDROME**

**FORM M16  
FORM VERSION 12/01/96**

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 (END) |
| 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. \_\_\_\_\_