

**NIDA HCU COLLABORATIVE SUBSTUDY
GENERAL ABSTRACTION**

**FORM NI02
VERSION 11 / 01 / 96c**

HERS or WIHS ID NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center;"> - - - </div>	HERS or WIHS VISIT #: 	DATE OF ABSTRACTION ____ / ____ / ____ M D Y
DATE OF NIDA INTERVIEW: ____ / ____ / ____ M D Y	DATE 6 MONTHS PRIOR TO INTERVIEW: ____ / ____ / ____ M D Y	ABSTRACTOR'S INITIALS:

SECTION A

A1. NAME OF PRIMARY OUTPATIENT CLINIC: _____
 ADDRESS: _____

SECTION B

- B1. HIV/AIDS primary outpatient care setting is a: (Circle only one option)
- Hospital-based Infectious Disease/AIDS specialty clinic1
 - Community-based infectious disease specialty clinic2
 - Infectious disease private medical office3
 - Hospital-based primary care clinic.....4
 - Community-based primary care clinic5
 - Primary care private medical office6
 - Health Maintenance Organization (HMO).....7
 - Correctional facility medical clinic8
 - Other9

(SPECIFY)

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On the following chart, document how many visits the patient had with each health care provider listed during the period under review, and how many missed appointments are documented.

Health Care Provider:	Enter the number of visits kept/ <i>conducted</i> . (Record <-1> if information is not available).	Enter documented number of visits missed. (Record <-1> if this information is not documented).
MD/PA/NP	B2. _ _	a. _ _
Specialty Consultation	B3. _ _	a. _ _
RN	B4. _ _	a. _ _
Nutritionist/Dietitian	B5. _ _	a. _ _
Social Worker	B6. _ _	a. _ _
Mental Health Provider	B7. _ _ *	a. _ _

*** PROMPT: IF B2 - B7 all equal <-1> END.**

B8. During the period under review, how many times is there documentation (in the primary care setting record) of a visit to an ER? (Note: The record might state that the patient reported history of ER visit or there may be a copy of ER notes included in the chart).

|_|_|
#TIMES

B9. Is there an indication in the chart that admission to the hospital was recommended at any time during the period under review?

YES 1
NO 2 **(B10)**

a. How many times is it documented in the outpatient record that the patient was admitted?

|_|_|
#TIMES

b. Is there an indication that hospital admission was refused at any time during the period under review?

YES 1
NO 2 **(B10)**

c. How many times is it documented in the patient's outpatient record that admission to the hospital was refused during the period under review?

|_|_|
#TIMES

B10. During the period under review, was a referral made for the following non-primary care services?
(Circle YES or NO for each)

	<u>YES</u>	<u>NO</u>
a. Medical subspecialist (e.g. ophthalmologist, oncologist).....	1	2
b. Mental health provider.....	1	2
c. Chemical dependency rehabilitation program	1	2
d. Dental provider	1	2
e. Case manager	1	2
f. HIV/AIDS community based organization or support group	1	2
g. ER	1	2
h. Nutritionist.....	1	2
i. Alternative/homeopathic provider	1	2
j. Other	1	2 (B11)

(SPECIFY)

B11. Is there a problem list in the outpatient chart (face sheet or first history/exam)?

YES	1	
NO	2	(B13)

B12. Is there mention on the problem list of past or present drug abuse, alcoholism, or other chemical dependency?

YES	1	
NO	2	(B13)

a. Which drugs are mentioned? (Circle YES or NO for each)

	<u>YES</u>	<u>NO</u>
i. Tobacco/Nicotine	1	2
ii. Marijuana.....	1	2
iii. Cocaine/Crack	1	2
iv. Amphetamines	1	2
v. PCP	1	2
vi. LSD.....	1	2
vii. Heroin	1	2
viii. Methadone	1	2
ix. Alcohol	1	2
x. IV Drug Use (general)	1	2
xi. Tranquilizers.....	1	2
xii. Other (specify).....	1	2 (B13)

(SPECIFY)

HERS or WIHS ID#:

B13. In the progress notes for visits during the period under review, is there mention of current drug abuse, alcoholism, or other chemical dependency?

YES 1
NO 2 (C1)

a. Which drugs are mentioned? (Circle YES or NO for each)

		<u>YES</u>	<u>NO</u>
i.	Tobacco/Nicotine	1	2
ii.	Marijuana.....	1	2
iii.	Cocaine/Crack	1	2
iv.	Amphetamines	1	2
v.	PCP	1	2
vi.	LSD.....	1	2
vii.	Heroin	1	2
viii.	Methadone	1	2
ix.	Alcohol	1	2
x.	IV Drug Use (general)	1	2
xi.	Tranquilizers.....	1	2
xii.	Other (specify).....	1	2 (C1)

(SPECIFY)

SECTION C: ANTIRETROVIRAL MEDICATIONS

C1. Were antiretrovirals recommended/prescribed by the primary provider during the period of time under review?

YES 1
NO 2 (D1)

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PROMPT: WHEN LOOKING AT DRUG REGIMENS, BEGIN AT DATE OF NIDA INTERVIEW AND WORK BACKWARDS THROUGH THE CHART THROUGH THE TIMEFRAME UNDER REVIEW. UNDER COLUMN “a”, IF DOSE NOT LISTED, THEN CHOSE VARIES.

CURRENT ANTIRETROVIRAL REGIMEN

	Was [DRUG]...	a. DOSE	b. FREQUENCY 01= every 48 h (every other day–qod) 02= every 24 h (every day–qd) 03= every 12 h (twice/day–bid) 04= every 8 h (3 times /day–tid) 05= every 6 h (4 times/day–qid) 06= every 4 h (6 times/day) 07= other (specify) 08= not specified in chart	c. Are adverse effects documented?	d. DISPOSITION
C2. AZT (ZDV, zidovudine, Retrovir)	recommended/prescribed and started?1 recommended/prescribed and refused?2 not recommended?3 (C3)	100 mg 1 200 mg 2 Varies..... 3 Not spec ... 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> If 07, specify (IF C2=2 SKIP TO C3)	YES..... 1 NO 2	Patient discontinued..... 1 Physician discontinued 2 Patient still taking drug 3
C3. ddI (didanosine, Videx)	recommended/prescribed and started?1 recommended/prescribed and refused?2 not recommended?3 (C4)	125 mg 1 200 mg 2 167 mg 3 250 mg 4 Varies..... 5 Not spec ...6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> If 07, specify (IF C3=2 SKIP TO C4)	YES..... 1 NO 2	Patient discontinued..... 1 Physician discontinued 2 Patient still taking drug 3
C4. ddC (zalcitabine, HIVID)	recommended/prescribed and started?1 recommended/prescribed and refused?2 not recommended?3 (C5)	0.375 mg .. 1 0.75 mg 2 Varies..... 3 Not spec ... 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> If 07, specify (IF C4=2 SKIP TO C5)	YES..... 1 NO 2	Patient discontinued..... 1 Physician discontinued 2 Patient still taking drug 3
C5. 3TC (lamivudine, Epivir)	recommended/prescribed and started?1 recommended/prescribed and refused?2 not recommended?3 (C6)	150 mg 1 300 mg 2 Varies..... 3 Not spec ... 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> If 07, specify (IF C5=2 SKIP TO C6)	YES..... 1 NO 2	Patient discontinued..... 1 Physician discontinued 2 Patient still taking drug 3

HERS or WIHS ID#:

	Was [DRUG]...	a. DOSE	b. FREQUENCY 01= every 48 h (every other day–qod) 02= every 24 h (every day–qd) 03= every 12 h (twice/day–bid) 04= every 8 h (3 times /day–tid) 05= every 6 h (4 times/day–qid) 06= every 4 h (6 times/day) 07= other (specify) 08= not specified in chart	c. Are adverse effects documented?	d. DISPOSITION
C6. d4T (stavudine, Zerit)	recommended/prescribed and started?1 recommended/prescribed and refused?2 not recommended?3 (C7)	30 mg 1 40 mg 2 Varies..... 3 Not spec ... 4	_ _ _ _____ If 07, specify (IF C6=2 SKIP TO C7)	YES 1 NO 2	Patient discontinued..... 1 Physician discontinued..... 2 Patient still taking drug 3
C7. saquinavir (Invirase)	recommended/prescribed and started?1 recommended/prescribed and refused?2 not recommended?3 (C8)	600 mg 1 Varies..... 2 Not spec ... 3	_ _ _ _____ If 07, specify (IF C7=2 SKIP TO C8)	YES 1 NO 2	Patient discontinued..... 1 Physician discontinued..... 2 Patient still taking drug 3
C8. indinavir (Crixivan, MK-639)	recommended/prescribed and started?1 recommended/prescribed and refused?2 not recommended?3 (C9)	400 mg. 1 800 mg 2 Varies..... 3 Not spec ... 4	_ _ _ _____ If 07, specify (IF C8=2 SKIP TO C9)	YES 1 NO 2	Patient discontinued..... 1 Physician discontinued..... 2 Patient still taking drug 3
C9. ritonavir (Norvir, ABT-538)	recommended/prescribed and started?1 recommended/prescribed and refused?2 not recommended?3 (C10)	600 mg 1 Varies..... 2 Not spec ... 3	_ _ _ _____ If 07, specify (IF C9=2 SKIP TO C10)	YES 1 NO 2	Patient discontinued 1 Physician discontinued 2 Patient still taking drug 3
C10. nelfinavir (Viracept, AG-1343)	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended?..... 3 (C11)	750 mg 1 Varies..... 2 Not spec ... 3	_ _ _ _____ If 07, specify (IF C10=2 SKIP TO C11)	YES 1 NO 2	Patient discontinued..... 1 Physician discontinued..... 2 Patient still taking drug 3

HERS or WIHS ID#:

	Was [DRUG]...	a. DOSE	b. FREQUENCY 01= every 48 h (every other day–qd) 02= every 24 h (every day–qd) 03= every 12 h (twice/day–bid) 04= every 8 h (3 times /day–tid) 05= every 6 h (4 times/day–qid) 06= every 4 h (6 times/day) 07= other (specify) 08= not specified in chart	c. Are adverse effects documented?	d. DISPOSITION
C11. nevirapine (Viramune)	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended?..... 3 (C12)	200 mg..... 1 400 mg..... 2 Varies3 Not spec ... 4	<div style="text-align: center;"> _ _ _ </div> <hr/> If 07, specify (IF C11=2 SKIP TO C12)	YES 1 NO 2	Patient discontinued..... 1 Physician discontinued 2 Patient still taking drug 3
C12. delavirdine (Rescriptor)	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended?..... 3 (C13)	400 mg.....1 Varies2 Not spec3	<div style="text-align: center;"> _ _ _ </div> <hr/> If 07, specify (IF C12=2 SKIP TO C13)	YES 1 NO 2	Patient discontinued..... 1 Physician discontinued 2 Patient still taking drug 3
C13. Blinded study— drugs unknown	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended?..... 3 (C14)		<div style="text-align: center;"> _ _ _ </div> <hr/> If 07, specify (IF C13=2 SKIP TO C14)	YES 1 NO 2	Patient discontinued 1 Physician discontinued 2 Patient still taking drug 3
C14. Other Drug? YES..... 1 NO 2 (C15) <u> </u> (If YES, SPECIFY)	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended?..... 3 (C15)	<u> </u> (SPECIFY)	<div style="text-align: center;"> _ _ _ </div> <hr/> If 07, specify (IF C14=2 SKIP TO C15)	YES 1 NO 2	Patient discontinued 1 Physician discontinued 2 Patient still taking drug 3

HERS or WIHS ID#:

C15. Did the patient's antiretroviral drug regimen **change** during the period under review?

NOTE: Regimen change refers to either an **addition** or **cessation** of a drug; dose adjustments do not constitute a regimen change.

YES..... 1
 NO..... 2 (D1)

In the following chart, indicate which antiretrovirals were included in the regimen immediately prior to the one documented at C1-C14.

	a. DOSE	b. FREQUENCY 01= every 48 h (every other day-qod) 02= every 24 h (every day-qd) 03= every 12 h (twice/day-bid) 04= every 8 h (3 times /day-tid) 05= every 6 h (4 times/day-qid) 06= every 4 h (6 times/day) 07= other (specify) 08= not specified in chart	c. COMMENT 01 = primary provider recommended but patient refused 02 = adverse side effects reported; patient continued drug 03 = adverse effects reported; patient stopped drug 04 = provider discontinued Rx (for reason other than adverse reaction) 05 = patient chose to stop drug (if reason, specify) 06 = No problems noted
C16. AZT (ZDV, zidovudine, Retrovir) YES..... 1 NO 2 (C17)	100 mg..... 1 200 mg..... 2 Varied..... 3 Not specified ... 4	_ _ _ _____ (IF 07, SPECIFY)	_ _ _ _____ (IF 05, SPECIFY)
C17. ddI (didanosine, Videx) YES..... 1 NO 2 (C18)	125 mg tab..... 1 200 mg tab..... 2 167 mg sol..... 3 250 mg sol..... 4 Varied..... 5 Not specified ... 6	_ _ _ _____ (IF 07, SPECIFY)	_ _ _ _____ (IF 05, SPECIFY)
C18. ddC (zalcitabine, HIVID) YES 1 NO 2 (C19)	0.375 mg..... 1 0.75 mg..... 2 Varied..... 3 Not specified ... 4	_ _ _ _____ (IF 07, SPECIFY)	_ _ _ _____ (IF 05, SPECIFY)

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	a. DOSE	b. FREQUENCY 01= every 48 h (every other day–qod) 02= every 24 h (every day–qd) 03= every 12 h (twice/day–bid) 04= every 8 h (3 times /day–tid) 05= every 6 h (4 times/day–qid) 06= every 4 h (6 times/day) 07= other (specify) 08= not specified in chart	c. COMMENT 01 = primary provider recommended but patient refused 02 = adverse side effects reported; patient continued drug 03 = adverse effects reported; patient stopped drug 04 = provider discontinued Rx (for reason other than adverse reaction) 05 = patient chose to stop drug (if reason, specify) 06 = No problems noted
C19. 3TC (lamivudine, Epivir) YES..... 1 NO 2 (C20)	150 mg..... 1 300 mg..... 2 Varied..... 3 Not specified ... 4	_ _ _ _____ (IF 07, SPECIFY)	_ _ _ _____ (IF 05, SPECIFY)
C20. d4T (stavudine, Zerit) YES 1 NO.....2 (C21)	30 mg..... 1 40 mg..... 2 Varied..... 3 Not specified ... 4	_ _ _ _____ (IF 07, SPECIFY)	_ _ _ _____ (IF 05, SPECIFY)
C21. saquinavir (Invirase) YES 1 NO.....2 (C22)	600 mg..... 1 Varied..... 2 Not specified ... 3	_ _ _ _____ (IF 07, SPECIFY)	_ _ _ _____ (IF 05, SPECIFY)
C22. indinavir (Crixivan, MK-639) YES..... 1 NO 2 (C23)	400 mg..... 1 800 mg..... 2 Varied..... 3 Not specified ... 4	_ _ _ _____ (IF 07, SPECIFY)	_ _ _ _____ (IF 05, SPECIFY)

HERS or WIHS ID#:

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	a. DOSE	b. FREQUENCY 01= every 48 h (every other day-qod) 02= every 24 h (every day-qd) 03= every 12 h (twice/day-bid) 04= every 8 h (3 times /day-tid) 05= every 6 h (4 times/day-qid) 06= every 4 h (6 times/day) 07= other (specify) 08= not specified in chart	c. COMMENT 01 = primary provider recommended but patient refused 02 = adverse side effects reported; patient continued drug 03 = adverse effects reported; patient stopped drug 04 = provider discontinued Rx (for reason other than adverse reaction) 05 = patient chose to stop drug (if reason, specify) 06 = no problems noted
C23. ritonavir (Norvir, ABT-538) YES..... 1 NO 2 (C24)	600 mg..... 1 Varied..... 2 Not specified ... 3	_ _ _ _____ (IF 07, SPECIFY)	_ _ _ _____ (IF 05, SPECIFY)
C24. nelfinavir (Viracept, AG-1343) YES 1 NO 2 (C25)	750 mg..... 1 Varied..... 2 Not specified ... 3	_ _ _ _____ (IF 07, SPECIFY)	_ _ _ _____ (IF 05, SPECIFY)
C25. nevirapine (Viramune) YES 1 NO 2 (C26)	200 mg 1 400 mg 2 Varied 3 Not spec 4	_ _ _ _____ (IF 07, SPECIFY)	_ _ _ _____ (IF 05, SPECIFY)
C26. delavirdine (Rescriptor) YES 1 NO 2 (C27)	400 mg 1 Varied 2 Not spec 3	_ _ _ _____ (IF 07, SPECIFY)	_ _ _ _____ (IF 05, SPECIFY)

HERS or WIHS ID#:

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	a. DOSE	b. FREQUENCY 01= every 48 h (every other day-qod) 02= every 24 h (every day-qd) 03= every 12 h (twice/day-bid) 04= every 8 h (3 times /day-tid) 05= every 6 h (4 times/day-qid) 06= every 4 h (6 times/day) 07= other (specify) 08= not specified in chart	c. COMMENT 01 = primary provider recommended but patient refused 02 = adverse side effects reported; patient continued drug 03 = adverse effects reported; patient stopped drug 04 = provider discontinued Rx (for reason other than adverse reaction) 05 = patient chose to stop drug (if reason, specify) 06 = No problems noted
C27. Blinded study— drugs unknown YES 1 NO 2 (C28)		_ _ _ _____ (IF 07, SPECIFY)	_ _ _ _____ (IF 05, SPECIFY)
C28. Other Drug? YES 1 NO 2 (C29) _____ (If YES, SPECIFY NAME)	_____ (SPECIFY)	_ _ _ _____ (IF 07, SPECIFY)	_ _ _ _____ (IF 05, SPECIFY)

C29. Other than the antiretroviral regimens documented at C1 - C14 and C16-C28, did the patient’s antiretroviral drug regimen **change** at any other time during the period under review?

NOTE: Regimen change refers to either an **addition** or **cessation** of a drug; dose adjustments do not constitute a regimen change.

YES 1 (PHOTOCOPY PAGES 8 - 11 TO DOCUMENT ALL ADDITIONAL REGIMENS)

NO 2 (D1)

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SECTION D: PROPHYLAXIS MEDICATIONS

D1. Were prophylaxis medications recommended/prescribed by the primary provider during the period of time under review?

YES 1
 NO 2 (E1)

CURRENT PROPHYLAXIS REGIMEN

	Was [DRUG]...	a. DOSE	b. FREQUENCY 01= every 48 h (every other day-qod) 02= every 24 h (every day-qd) 03= every 12 h (twice/day-bid) 04= every 8 h (3 times /day-tid) 05= every 6 h (4 times/day-qid) 06= every 4 h (6 times/day) 07= other (specify) 08= not specified in chart	c. Are adverse effects documented?	d. DISPOSITION
D2. Bactrim (Septra, TMP-SMX, trimethoprim-sulfamethoxazole, cotrimoxazole)	recommended/prescribed and started?1 recommended/prescribed and refused?2 not recommended?3 (D3)	DS tab (dbl str 160/800 mg) 1 Sgl strgth 80/400 mg..... 2 Other..... 3 Not spec..... 4	_ _ _ ----- If 07, specify (IF D2=2 SKIP TO D3)	YES 1 NO.....2	Patient discontinued.....1 Physician discontinued.....2 Patient still taking drug3
D3. Dapsone	recommended/prescribed and started?1 recommended/prescribed and refused?2 not recommended?3 (D4)	25 mg..... 1 50 mg..... 2 100 mg..... 3 Other..... 4 Not spec..... 5	_ _ _ ----- If 07, specify (IF D3=2 SKIP TO D4)	YES 1 NO.....2	Patient discontinued.....1 Physician discontinued.....2 Patient still taking drug3

HERS or WIHS ID#:

	Was [DRUG]...	a. DOSE	b. FREQUENCY 01= every 48 h (every other day-qod) 02= every 24 h (every day-qd) 03= every 12 h (twice/day-bid) 04= every 8 h (3 times /day-tid) 05= every 6 h (4 times/day-qid) 06= every 4 h (6 times/day) 07= other (specify) 08= not specified in chart	c. Are adverse effects documented?	d. DISPOSITION
D4. pentamidine (Nebupent inhalation, Pentam injection)	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended?..... 3 (D5)	150 mg..... 1 300 mg..... 2 Other..... 3 Not spec..... 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> If 07, specify (IF D4=2 SKIP TO D5)	YES1 NO.....2	Patient discontinued 1 Physician discontinued 2 Patient still taking drug 3
D5. atovaquone (Mepron)	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended?..... 3 (D6)	750 mg..... 1 5 ml..... 2 Other..... 3 Not spec..... 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> If 07, specify (IF D5=2 SKIP TO D6)	YES1 NO.....2	Patient discontinued 1 Physician discontinued 2 Patient still taking drug 3
D6. Ganciclovir (oral) (DHPG, cytovene)	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended?..... 3 (D7)	1000 mg..... 1 Other..... 2 Not spec..... 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> If 07, specify (IF D6=2 SKIP TO D7)	YES1 NO.....2	Patient discontinued 1 Physician discontinued 2 Patient still taking drug 3
D7. acyclovir (Zovirax)	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended?..... 3 (D8)	200 mg..... 1 400 mg..... 2 600 mg..... 3 800 mg..... 4 Other..... 5 Not spec..... 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> If 07, specify (IF D7=2 SKIP TO D8)	YES1 NO.....2	Patient discontinued 1 Physician discontinued 2 Patient still taking drug 3

HERS or WIHS ID#:

	Was [DRUG]...	a. DOSE	b. FREQUENCY 01= every 48 h (every other day-qod) 02= every 24 h (every day-qd) 03= every 12 h (twice/day-bid) 04= every 8 h (3 times /day-tid) 05= every 6 h (4 times/day-qid) 06= every 4 h (6 times/day) 07= other (specify) 08= not specified in chart	c. Are adverse effects documented?	d. DISPOSITION
D8. fluconazole (Diflucan)	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended?..... 3 (D9)	100 mg..... 1 200 mg..... 2 Other..... 3 Not spec..... 4	<div style="text-align: center;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <hr/> If 07, specify (IF D8=2 SKIP TO D9) </div>	YES.....1 NO.....2	Patient discontinued 1 Physician discontinued 2 Patient still taking drug 3
D9. itraconazole (Sporonax)	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended?..... 3 (D10)	100 mg..... 1 200 mg..... 2 Other..... 3 Not spec..... 4	<div style="text-align: center;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <hr/> If 07, specify (IF D9=2 SKIP TO D10) </div>	YES.....1 NO.....2	Patient discontinued 1 Physician discontinued 2 Patient still taking drug 3
D10. INH (isoniazid)	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended?..... 3 (D11)	150 mg..... 1 300 mg..... 2 Other..... 3 Not spec..... 4	<div style="text-align: center;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <hr/> If 07, specify (IF D10=2 SKIP TO D11) </div>	YES.....1 NO.....2	Patient discontinued 1 Physician discontinued 2 Patient still taking drug 3

HERS or WIHS ID#:

	Was [DRUG]...	a. DOSE	b. FREQUENCY 01= every 48 h (every other day-qod) 02= every 24 h (every day-qd) 03= every 12 h (twice/day-bid) 04= every 8 h (3 times /day-tid) 05= every 6 h (4 times/day-qid) 06= every 4 h (6 times/day) 07= other (specify) 08= not specified in chart	c. Are adverse effects documented?	d. DISPOSITION
D11. rifabutin (Mycobutin)	recommended/prescribed and started?..... 1 recommended/prescribed and refused?.... 2 not recommended? 3 (D12)	150 mg 1 300 mg 2 Other 3 Not spec 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> If 07, specify (IF D11=2 SKIP TO D12)	YES 1 NO 2	Patient discontinued..... 1 Physician discontinued..... 2 Patient still taking drug 3
D12. clarithromycin (Biaxin)	recommended/prescribed and started?..... 1 recommended/prescribed and refused?.... 2 not recommended? 3 (D13)	500 mg 1 1000 mg 2 Other 3 Not spec 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> If 07, specify (IF D12=2 SKIP TO D13)	YES 1 NO 2	Patient discontinued..... 1 Physician discontinued..... 2 Patient still taking drug 3
D13. azithromycin (Zithromax)	recommended/prescribed and started?..... 1 recommended/prescribed and refused?.... 2 not recommended? 3 (D14)	500 mg 1 600 mg 2 1000 mg 3 1200 mg 4 Other 5 Not spec 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/> If 07, specify (IF D13=2 SKIP TO D14)	YES 1 NO 2	Patient discontinued..... 1 Physician discontinued..... 2 Patient still taking drug 3

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	Was [DRUG]...	a. DOSE	b. FREQUENCY 01= every 48 h (every other day-qod) 02= every 24 h (every day-qd) 03= every 12 h (twice/day-bid) 04= every 8 h (3 times /day-tid) 05= every 6 h (4 times/day-qid) 06= every 4 h (6 times/day) 07= other (specify) 08= not specified in chart	c. Are adverse effects documented?	d. DISPOSITION
D14. pyrimethamine (Daraprim)	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended? 3 (D15)	25 mg..... 1 50 mg..... 2 75 mg..... 3 100 mg..... 4 Other..... 5 Not spec..... 6	<div style="text-align: center;"> _ _ _ </div> <hr/> If 07, specify (IF D14=2 SKIP TO D15)	YES 1 NO 2	Patient discontinued.....1 Physician discontinued.....2 Patient still taking drug3
D15. Blinded study— drugs unknown	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended? 3 (D16)		<div style="text-align: center;"> _ _ _ </div> <hr/> If 07, specify (IF D15=2 SKIP TO D16)	YES 1 NO 2	Patient discontinued1 Physician discontinued.....2 Patient still taking drug3
D16. Other drug? YES..... 1 NO 2 (E1) _____ (If YES, SPECIFY NAME)	recommended/prescribed and started? 1 recommended/prescribed and refused? ... 2 not recommended? 3 (E1)	_____ (SPECIFY)	<div style="text-align: center;"> _ _ _ </div> <hr/> If 07, specify (IF D16=2 SKIP TO E1)	YES 1 NO 2	Patient discontinued1 Physician discontinued.....2 Patient still taking drug3

HERS or WIHS ID#:

SECTION E: PAIN MEDICATIONS

E1. During the period of time under review, is there an indication that the patient was diagnosed with pain or complained of any of the following types of pain? (Circle YES or NO for each)

	<u>YES</u>	<u>NO</u>
a. peripheral neuropathy.....	1	2
b. herpetic or post herpetic neuralgia	1	2
c. headache	1	2
d. musculo/skeletal	1	2
e. abdominal pain	1	2
f. menstrual cramps.....	1	2
g. other.....	1	2 (E2)

(SPECIFY)

IF ALL a-g = "2" (NO), SKIP TO F1

E2. Is there any indication that the patient was self-medicating for this pain during the period under review?

YES.....	1
NO.....	2

E3. Were medications or therapy recommended or prescribed for this pain during the period under review?

YES.....	1
NO.....	2 (F1)

E4. Specify the medications that the patient utilized or that the provider prescribed/recommended for this pain during the period under review? (To categorize specific medications refer to medication lists in NIO2 QxQ Attachment)

	<u>YES/ SELF- MEDICATED</u>	<u>YES/ PHYSICIAN RECOMMENDED</u>	<u>NO</u>
a. Acetaminophen or Aspirin (Tylenol, Panadol)	1	2	3
b. Non-Controlled Narcotics (list in Category A)	1	2	3
c. NSAIDS (list in Category B).....	1	2	3
d. Controlled Narcotics (list in Category C).....	1	2	3
e. Headache / Migraine (list in Category D)	1	2	3
f. Muscle Relaxant (list in Category E)	1	2	3
g. Peripheral Neuropathy (list in Category F)	1	2	3 (h)
i. Was this oral or topical?			
ORAL.....	1		
TOPICAL.....	2		
h. Massage/relaxation/physical therapy	1	2	3
i. Other drugs or therapies	1	2	3 (E5)

(SPECIFY)

HERS or WIHS ID#:

E5. Were narcotics (controlled and non-controlled) prescribed for this pain during the period under review?
(NOTE: IF MORE SPACE IS NEEDED FOR OTHER DRUGS, PLEASE PHOTOCOPY THIS PAGE)

YES 1
 NO 2 (F1)

	a. DRUG (Specify on line)	b. FIRST DOSE PRESCRIBED (Specify on line)	c. FREQUENCY (of FIRST) 01 = every 48 h (every other day) 02 = every 24 h (every day) 03 = every 12 h (twice/day) 04 = every 8 h (3 times /day) 05 = every 6 h (4 times/day) 06 = every 4 h (6 times/day) 07 = Other (specify) 08 = Not specified in chart	d. MAXIMUM DOSE PRESCRIBED (Specify on line)	e. FREQUENCY (of MAX.) 01 = every 48 h (every other day) 02 = every 24 h (every day) 03 = every 12 h (twice/day) 04 = every 8 h (3 times /day) 05 = every 6 h (4 times/day) 06 = every 4 h (6 times/day) 07 = Other (specify) 08 = Not specified in chart
i.	_____ (SPECIFY)	_____ (SPECIFY)	_____ IF 07, SPECIFY	_____ (If maximum dose is the same as first dose, enter <-1> and skip to ii)	_____ IF 07, SPECIFY
ii.	_____ (SPECIFY)	_____ (SPECIFY)	_____ IF 07, SPECIFY	_____ (If maximum dose is the same as first dose, enter <-1> and skip to iii)	_____ IF 07, SPECIFY
iii.	_____ (SPECIFY)	_____ (SPECIFY)	_____ IF 07, SPECIFY	_____ (If maximum dose is the same as first dose, enter <-1> and skip to iv)	_____ IF 07, SPECIFY
iv.	_____ (SPECIFY)	_____ (SPECIFY)	_____ IF 07, SPECIFY	_____ (If maximum dose is the same as first dose, enter <-1> and skip to v)	_____ IF 07, SPECIFY
v.	_____ (SPECIFY)	_____ (SPECIFY)	_____ IF 07, SPECIFY	_____ (If maximum dose is the same as first dose, enter <-1> and skip to F1)	_____ IF 07, SPECIFY

SECTION F: WASTING SYNDROME

F1. On the following chart record the patient’s weight as indicated during the period under review, and specify the date each respective weight was documented in the outpatient record.

			i. Date
a. First Weight Recorded:	_____ . ____	POUNDS.... 1	___ ___ / ___ ___ / ___ ___
	_____ . ____	KILOS..... 2	
b. Last Weight Recorded:	_____ . ____	POUNDS.... 1	___ ___ / ___ ___ / ___ ___
	_____ . ____	KILOS..... 2	
c. Highest Weight Recorded:	_____ . ____	POUNDS.... 1	___ ___ / ___ ___ / ___ ___
	_____ . ____	KILOS..... 2	
d. Lowest Weight Recorded:	_____ . ____	POUNDS.... 1	___ ___ / ___ ___ / ___ ___
	_____ . ____	KILOS..... 2	

F2. During the period under review, is there documentation that the patient was given a diagnosis of Wasting Syndrome?

- YES..... 1
 NO..... 2

F3. Does the medical record state that any of the following medications and/or therapies were offered (recommended or prescribed) during the period under review? (Circle one answer for each subquestion)

	<u>YES</u> (and taken by patient)	<u>NO</u> (not recommended or prescribed)	<u>OFFERED</u> <u>BUT</u> <u>PATIENT</u> <u>REFUSED</u>
a. Nutritional supplements (e.g. ensure, sustacal, boost).....	1	2	3
b. Megace (megestrol).....	1	2	3
c. Total parenteral nutrition (TPN).....	1	2	3
d. Marinol (dronabinol).....	1	2	3
e. G-CSF (filgrastim Neupogen).....	1	2	3
f. Erythropoietin (epoetin alpha, epoetin, Procrit).....	1	2	3
g. Steroids (nandrolone, deca-durabolin, testosterone).....	1	2	3
h. Recombinant Human Growth Hormone (R-HGH).....	1	2	3
i. Other.....	1	2	3

(SPECIFY) _____

F4. Does the medical record state that the patient had a subcutaneous indwelling catheter (Hickman, Mediport, PICC, Groshong) in place at some time during the period under review?

- YES..... 1 (END)
 NO..... 2

F5. Does the outpatient medical record state during the period under review that a recommendation was made to the patient to have a subcutaneous indwelling catheter placed?

- YES..... 1
 NO..... 2 (END)

F6. Does the medical record indicate the patient refused placement of a subcutaneous indwelling catheter?

- YES..... 1
 NO..... 2