

**NIDA HCU COLLABORATIVE SUBSTUDY
DIARRHEA ABSTRACTION**

**FORM NI05
VERSION 11 / 01 / 96c**

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

SECTION A

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

This is an abstract of the outpatient primary care site record. Do not abstract the hospital record.

SECTION B

B1. Did the review of the medical record at the primary care site indicate that the patient complained of diarrhea or loose stools during the time under review?

YES1
 NO.....2 **(END)**

B2. First date this complaint was noted during the time under review:

___ / ___ / ___
 M D Y

B3. **QUESTION DELETED**

B4. Were any stool specimens ordered in this outpatient clinic during the period under review?

Yes1
 No.....2 **(B9)**

B5. How many stool specimens were ordered the **first** time stool specimens were ordered during the period under review? (Circle only one option)

- One specimen.....1
- Two specimens.....2
- Three specimens.....3
- Four or more specimens.....4
- Not specified/recorded5

B6. How many stool specimens were submitted the **first** time stool specimens were ordered during the period under review? (Circle only one option)

- One specimen.....1
- Two specimens.....2
- Three specimens.....3
- Four or more specimens.....4
- Cannot determine5

B7. Which of the following tests were requested for the stool specimens noted in B5 and B6? (Circle YES or NO for each subquestion)

		<u>YES</u>	<u>NO</u>	
a.	Culture and Sensitivity (C&S)	1	2	
b.	Ova and Parasites (O&P)	1	2	
c.	Acid Fast Bacilli (AFB)	1	2	
d.	Microsporidia.....	1	2	
e.	Clostridium difficile.....	1	2	
f.	Other	1	2	(g)

(SPECIFY)

g.	Not specified/recorded	1	2	
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B8. For the stool specimens ordered at this visit: (Circle YES or NO for each subquestion)

		<u>YES</u>	<u>NO</u>
a.	Results are available for at least one specimen.....	1	2
b.	At least one specimen had positive results	1	2
c.	All results are negative.....	1	2
d.	Results not available	1	2
e.	Inadequate/unsatisfactory specimens	1	2

B9. Was an endoscopy (including colonoscopy and sigmoidoscopy) ordered at any time during the period of review? (Circle only one option)

- Ordered and done1
- Recommended but refused.....2
- Not ordered3

B10. List all pathogens identified and corresponding treatments in the outpatient record during the period under review from specimen sources identified as stool, blood, or tissue that was obtained by endoscopy (including colonoscopy or sigmoidoscopy).

	a. PATHOGEN CODE	b. SPECIMEN SOURCE CODE	c. DATE SPECIMEN OBTAINED	d. TREATMENT CODE (Antimicrobial)	e. DATE STARTED	f. TREATMENT WAS: (CIRCLE ONLY ONE OF THE THREE OPTIONS)		
i	_____ IF 99 (OTHER), SPECIFY	_____ IF 99 (OTHER), SPECIFY	____/____/____ M D Y (Enter <-1> if date not available)	_____ IF 99, SPECIFY IF 29, skip to ii.	____/____/____ M D Y (Enter <-1> if date not available)	1. Terminated on: ____/____/____ M D Y (Enter <-1> if date not available)	2. On- going	3. Cannot determine
ii	_____ IF 99 (OTHER), SPECIFY	_____ IF 99 (OTHER), SPECIFY	____/____/____ M D Y (Enter <-1> if date not available)	_____ IF 99, SPECIFY IF 29, skip to iii.	____/____/____ M D Y (Enter <-1> if date not available)	1. Terminated on: ____/____/____ M D Y (Enter <-1> if date not available)	2. On- going	3. Cannot determine
iii	_____ IF 99 (OTHER), SPECIFY	_____ IF 99 (OTHER), SPECIFY	____/____/____ M D Y (Enter <-1> if date not available)	_____ IF 99, SPECIFY IF 29, skip to iv.	____/____/____ M D Y (Enter <-1> if date not available)	1. Terminated on: ____/____/____ M D Y (Enter <-1> if date not available)	2. On- going	3. Cannot determine
iv	_____ IF 99 (OTHER), SPECIFY	_____ IF 99 (OTHER), SPECIFY	____/____/____ M D Y (Enter <-1> if date not available)	_____ IF 99, SPECIFY IF 29, skip to B11 or next pathogen	____/____/____ M D Y (Enter <-1> if date not available)	1. Terminated on: ____/____/____ M D Y (Enter <-1> if date not available)	2. On- going	3. Cannot determine

<u>PATHOGEN CODES</u>	<u>SPECIMEN SOURCE CODES</u>	<u>ANTIMICROBIAL TREATMENT CODES</u>		
01 Cryptosporidium	01 Stool	01 Ciprofloxacin (Cipro)	08 Paromomycin (Humatin)	16 Foscarnet (Foscavir)
02 Isospora	02 Tissue	02 TMP/SMX (Bactrim, Septra, Co-trimoxazole)	09 Iodoquinol (Yodoxin)	17 Albendazole
03 Microsporidium	03 Blood	03 Metronidazole (Flagyl)	10 Diloxanide furoate (Furamide)	18 Clarithromycin (Biaxin)
04 CMV colitis	99 Other	04 Erythromycin (E-Mycin, E.E.S.)	11 Pyrimethamine (Daraprim)	19 Clofazamine (Lamprene)
05 MAC	(Specify on chart)	05 Chloramphenicol (Chloromycetin)	12 Rifampin (Rifadin)	20 Amikacin (Amikin)
06 Bacterial enteritis		06 Doxycycline (Vibramycin)	13 Ethambutol (Myambutol)	21 Rifabutin (Mycobutin)
07 Clostridium difficile		07 Vancomycin (Vancocin, Vancoled)	14 Azithromycin (Zithromax)	29 No treatment recorded/ordered
08 Giardia lamblia			15 Gancyclovir (Cytovene)	99 Other (Specify on chart)
98 No pathogen reported				
99 Other (Specify on chart)				

PROMPT: COMPLETE B11 ONLY IF NONE OF THE PATHOGENS LISTED IN B10 WERE TREATED WITHIN THIS OUTPATIENT CLINIC. IF THERE WAS TREATMENT FOR AT LEAST ONE OF THE PATHOGENS IDENTIFIED (at B10), THEN SKIP TO B12.

B11. If treatment was not initiated in this outpatient clinic for any pathogens, what was the reason? (Circle only one option)

- Patient refused treatment.....1
- Patient was lost before initiation of treatment2
- No treatment was recommended.....3
- Treatment initiated elsewhere4
- Cannot determine5

B12. Is there documentation that non-antimicrobial therapy for diarrhea (refer to question B13 for examples) was prescribed or that the patient was taking it during the period under review?

- Yes1
- No.....2 **(B14)**

B13. Non-antimicrobial therapies included: (Circle one answer category for each subquestion)

	<u>OFFERED/ TAKEN</u>	<u>OFFERED/ REFUSED</u>	<u>NOT OFFERED</u>
a. Fluid replacement (rehydration, IV or oral).....	1	2	3
b. Oral nutritional support (e.g. ensure, sustacal, boost)	1	2	3
c. Total Parenteral Nutrition (TPN).....	1	2	3
d. Potassium (KCl)	1	2	3
e. Lomotil (Diphenoxylate HCl)	1	2	3
f. Imodium (Loperamide).....	1	2	3
g. Kaopectate	1	2	3
h. Sandostatin (Octreotide).....	1	2	3
i. Tylenol with codeine (#3).....	1	2	3
j. Opiates.....	1	2	3
k. Other non-antimicrobials.....	1	2	3 (B14)

(SPECIFY)

