SPNS Program Cooperative Agreement Evaluation
Module 71: Medical Health Form
National Evaluation by The Measurement Group

○ 1st Medical Visit
○ Return Visit

ID Letters | **ID Numbers** | **Site** | **Sub-Provider** | **Date** (Month / Day / Year)

Staff Code

Client Gender
○ Male
○ Female

VIRAL LOAD
# of RNA copies
Method: ○ PCR (Roche) ○ bDNA (Chiron) ○ Other

CD4 PLUS LYMPHOCYTE COUNT
(enter most recent known count or code)
=CD4 cell count **=CD4 %**

CDC CLASSIFICATION BASED ON CD-4 COUNT ○ <75 ○ 75-200 ○ 201-500 ○ >500

HIV-RELATED SYMPTOMS
- ○ Weight loss of >10%
- ○ Night sweats
- ○ Diarrhea for >1 month
- ○ Shingles
- ○ Peripheral neuropathy
- ○ Mucosal candidiasis

MEDICAL CONDITIONS
- ○ TB (positive PPD)
- ○ Abnormal Pap
- ○ STD
- ○ Pregnant
- ○ Dementia

Other:

SINCE LAST VISIT:

# of emergency room visits	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10	○ >10
# of hospitalizations	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10	○ >10
# of visits to primary care provider	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10	○ >10
# of visits to specialists	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10	○ >10

OPPORTUNISTIC INFECTIONS (all that apply)

History	Current	
○	○	a. Candida of bronchi, lungs, trachea and/or esophagus
○	○	b. Cervical cancer
○	○	c. Coccidioidomycosis, disseminated, extrapulmonary
○	○	d. Cryptococcosis, extrapulmonary
○	○	e. Cryptosporidiosis, >1 month
○	○	f. CMV disease
○	○	g. CMV retinitis, or of eye
○	○	h. Encephalopathy, HIV-related
○	○	i. Herpes simplex, mouth ulcerations (>1 month), bronchitis, pneumonia, esophogitis
○	○	j. Histoplasmosis, disseminated, extrapulmonary
○	○	k. Isosporiasis, with diarrhea (>1 month)
○	○	l. Kaposi's sarcoma
○	○	m. Lymphoma, non-Hodgkins
○	○	n. Lymphoma, brain
○	○	o. MAC (including mycobacterium kansasii), disseminated or extrapulmonary
○	○	p. Mycobacterium tuberculosis
○	○	q. Mycobacterium, other
○	○	r. Pneumocystis carinii pneumonia
○	○	s. Pneumonia, bacterial (≥ 2 episodes in 12 months)
○	○	t. Progressive multifocal leukoencephalopathy
○	○	u. Salmonella septicemia, (non-typhoid) recurrent
○	○	v. Toxoplasmosis
○	○	w. Wasting syndrome

ICD-9 CODES
#1 . #2 . #3 . #4 . #5 . #6 . #7 .

KARNOFSKY RATING SCALE

Description

- **100** ○ Normal; no complaints; no evidence of disease.
- **90** ○ Able to carry on normal activity; minor signs or symptoms of disease.
- **80** ○ Normal activity with effort; some signs or symptoms of disease.
- **70** ○ Cares for self; unable to carry on normal activity or to do active work.
- **60** ○ Requires occasional assistance, but is able to care for most of own needs.
- **50** ○ Requires considerable assistance and frequent medical care.
- **40** ○ Disabled; requires special care and assistance.
- **30** ○ Severely disabled; hospitalization indicated although death not imminent.
- **20** ○ Very sick; hospitalization necessary; active, supportive treatment necessary.
- **10** ○ Moribund, fatal processes progressing rapidly.
- **0** ○ Dead.

LABORATORY

Hemoglobin	g/dl		SGOT	IU/L
Hematocrit	%		SGPT	IU/L
WBC	# per 1000 cumm		LDH	IU/L
PMN	%		Alk Phos	IU/L
Lymph	%		Albumin	g/dl
Platelets	# per microliter			

This form developed in collaboration between The Measurement Group and the projects of the SPNS Program Cooperative Agreement, 1996. Version of 10/03/96.

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