

## MACS Forms and Content

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">S4</a>	Medical History, Behavioral, and Health Services	Every visit	Self-Reported Medical Conditions (see also Outcome Form)	<ul style="list-style-type: none"> <li>• Cancer (see also Outcome Form)</li> <li>• Oral, sinus, bronchial, and lung infections</li> <li>• Depression</li> <li>• Erectile dysfunction</li> <li>• High Blood Pressure, high cholesterol, triglycerides, lipids</li> <li>• Diabetes / High blood sugar</li> <li>• Arthritis (see also Timed Walking and Hand Grip)</li> <li>• Cardiovascular diagnoses (see also Outcome Form)</li> <li>• Irregular Heart Rate, Hypertension</li> <li>• Blood vessel blockage / Blood clot</li> <li>• Kidney disease / Renal failure</li> <li>• Elevated Liver Enzymes</li> <li>• Fractures</li> <li>• Herpes</li> <li>• STDs / STIs (syphilis, gonorrhea, NGU of chlamydia, Genital warts)</li> </ul>
			Healthcare and Oral Health	<ul style="list-style-type: none"> <li>• Hospitalizations / Diagnoses</li> <li>• Health care visits / diagnoses for: <ul style="list-style-type: none"> <li>○ Eyes</li> <li>○ Ear, nose, throat, mouth, and sinuses</li> <li>○ Heart and blood vessels</li> <li>○ Lungs and bronchial tubes</li> <li>○ Stomach, esophagus, intestines, or liver disease</li> <li>○ Depression, anxiety or mental health problems</li> <li>○ Hormones or endocrine system</li> <li>○ Bones, Joints, Musculoskeletal</li> <li>○ Skin</li> <li>○ Genitourinary</li> <li>○ Other</li> </ul> </li> <li>• Mental health consultation</li> <li>• Neurological evaluation</li> <li>• Dental Visits <ul style="list-style-type: none"> <li>○ Brushing Teeth</li> </ul> </li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">S4</a>	Medical History, Behavioral, and Health Services	Every visit	Symptoms and Procedures (see also NP Form 10)	<ul style="list-style-type: none"> <li>• Anal Bleeding</li> <li>• Dizziness</li> <li>• Fatigue</li> <li>• Fever</li> <li>• Headaches</li> <li>• Skin Conditions</li> <li>• Enlarged Lymph Nodes</li> <li>• Diarrhea</li> <li>• Night Sweats</li> <li>• Nausea, Vomiting</li> <li>• Abdominal Pain, Bloating, Cramps</li> <li>• Ascites</li> <li>• Jaundice</li> <li>• Weight Loss (unintentional)</li> <li>• Muscle Pain or Weakness</li> <li>• Joint Pain</li> <li>• Vivid Nightmares or Dreams</li> <li>• Persistent Dry Mouth</li> <li>• Pain, Aching, Burning, Pins and Needles, and Numbness in Feet or Legs</li> <li>• Anal Pap Smear</li> <li>• High Resolution Anoscopy (HRA)</li> <li>• Biopsy</li> <li>• Angioplasty (similar procedures)</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">S4</a>	Medical History, Behavioral, and Health Services	Every visit	Medications (see also Drug Form 1, 2)	<ul style="list-style-type: none"> <li>• Participation in HIV Trial/Study</li> <li>• HIV Medications               <ul style="list-style-type: none"> <li>○ HIV Drug Resistance Tests</li> <li>○ Adherence</li> </ul> </li> <li>• Other Medications               <ul style="list-style-type: none"> <li>○ Testosterone</li> <li>○ Anabolic Steroids</li> <li>○ Glucocorticoids</li> <li>○ Inhaled Steroids</li> <li>○ Thyroid Hormones</li> <li>○ Antibiotics</li> <li>○ Tranquilizers</li> <li>○ Antidepressants</li> <li>○ Herpes medication</li> <li>○ Erectile Dysfunction Medication</li> <li>○ Aspirin</li> <li>○ Lipid lowering medications</li> <li>○ Antihypertensive</li> <li>○ Diabetes Medication</li> <li>○ Hepatitis Medication</li> <li>○ Other</li> </ul> </li> </ul>
			Medical Coverage Related	<ul style="list-style-type: none"> <li>• Health Insurance Type</li> <li>• Dental Insurance</li> <li>• Seeking Medical Care when Needed</li> <li>• Received Outpatient Medical Care at:               <ul style="list-style-type: none"> <li>○ HMO</li> <li>○ Doctor's Office or Specialty Clinic</li> <li>○ Any other Clinic</li> <li>○ Emergency Room</li> <li>○ Other</li> </ul> </li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">S4</a>	Medical History, Behavioral, and Health Services	Every visit (If no MWII)	Demographics	<ul style="list-style-type: none"> <li>• Income</li> <li>• Financial Difficulties</li> <li>• Employment (see also S2, NP Form 10, Form 20)</li> </ul>
			Smoking & Alcohol	<ul style="list-style-type: none"> <li>• Cigarette Smoking</li> <li>• Alcohol Intake</li> </ul>
			Sexual Risk Behavior	<ul style="list-style-type: none"> <li>• PREP / PEP Usage</li> <li>• Partner Sexual Behavior (male, female) <ul style="list-style-type: none"> <li>○ HIV Status</li> <li>○ Shared Drug / Alcohol Usage</li> <li>○ Condom Usage</li> </ul> </li> <li>• Type / Frequency of Activity <ul style="list-style-type: none"> <li>○ Oral/Vaginal/Anal Sex</li> <li>○ Deep Wet Kissing</li> </ul> </li> </ul>
			Recreational Drug Usage	<ul style="list-style-type: none"> <li>• Recreational Drug Type Usage (see also MWII NP Form 8, 9, 10) <ul style="list-style-type: none"> <li>○ Marijuana</li> <li>○ Poppers, nitrite inhalants</li> <li>○ Crack Cocaine</li> <li>○ Other Cocaine</li> <li>○ Speed, Meth, Ice</li> <li>○ Heroin</li> <li>○ Speedball (Heroin + Cocaine)</li> <li>○ Ecstasy, XTC, X, or MDMA</li> <li>○ Sexual Performance Enhancing Drugs</li> <li>○ Other</li> </ul> </li> <li>• Recreational Drug Usage Practice <ul style="list-style-type: none"> <li>○ Injection</li> <li>○ Needle Exchange Program</li> </ul> </li> <li>• Drug Treatment Programs</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">S2</a>	Demographics	Every Visit	Demographics	<ul style="list-style-type: none"> <li>• Date of Birth</li> <li>• Employment Status (see also S4, NP Form 10, Form 20)</li> </ul>
<a href="#">S3</a>	Psychosocial Survey	Every Visit	Psychosocial Survey – CES-D	<ul style="list-style-type: none"> <li>• Self-worth</li> <li>• Sleep Quality</li> <li>• Social Support</li> <li>• Depressive Symptoms</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
MWII	MWII	Every Visit from Visit 58	Smoking	<ul style="list-style-type: none"> <li>• Cigarette use</li> <li>• E-cigarette use</li> <li>• Use of smoking cessation medications (stop-smoking)</li> <li>• Length of time living with other smokers</li> </ul>
MWII	MWII	Every Visit from Visit 58 (If no S4 Behavior)	Sexual Activity	<ul style="list-style-type: none"> <li>• Number of men and women for sexual intercourse</li> <li>• Number of men and women for sexual activity, no intercourse</li> <li>• Number of men and women sexual partners met since last visit</li> <li>• Description of sexual partners</li> <li>• Description of sexual activity with partners</li> <li>• Number of times performing sexual activities</li> <li>• HIV status of partners</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
MWII	MWII	Every Visit from Visit 58 (If no S4 Behavior)	Alcohol / Street Drugs (see also S4 Behavior, NP Form 8, 9 ,10)	<ul style="list-style-type: none"> <li>• Drink / use drugs how often since last visit</li> <li>• Typical number of drinks</li> <li>• More than 6 drinks how often</li> <li>• Alcohol treatment program</li> <li>• Reasons for using pot</li> <li>• Taking or using heroin / speedball since last visit</li> <li>• How did you use or take heroin / speedball?</li> <li>• Sexual performance enhancing drugs, not prescribed</li> <li>• How often taking sexual performance enhancing drugs</li> <li>• Other kinds of street or club drugs</li> <li>• Used other street drugs how often since last visit</li> <li>• Injecting drugs currently</li> <li>• Needle exchange program participation</li> <li>• Needle exchange program what portion of time</li> <li>• Drug treatment programs</li> </ul>
MWII	MWII	Every Visit from Visit 58 (If no S4 Behavior)	Other Forms	<ul style="list-style-type: none"> <li>• S2</li> <li>• S3</li> <li>• QOL (Full or Abbreviated)</li> <li>• PEP and PREP usage survey</li> <li>• Men's Attitude Survey (Every 2 Years)</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">Antiviral Medication Adherence form</a>	Antiviral Medication Adherence form	Every Visit from Visit 30	Adherence	<ul style="list-style-type: none"> <li>• Drug Name</li> <li>• Times Medication was Taken</li> <li>• Last Time Medication was Skipped</li> <li>• Reasons for Any Missed Medication</li> <li>• How Closely Medication Schedule Followed</li> <li>• Special Instructions on Medication / How Often Followed</li> <li>• Conflicting Special Instructions</li> <li>• Medication Reminders</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">Drug Form 1</a>	Drug Form 1: Antiretroviral Drugs	Every Visit from Visit 30	Medications	<ul style="list-style-type: none"> <li>• Medication <ul style="list-style-type: none"> <li>○ Research or Non-Research</li> </ul> </li> <li>• Usage Time</li> <li>• By Mouth or Injection</li> <li>• Prescribed times Taken per Period</li> <li>• Number of doses each time</li> <li>• Actual times taken per period</li> <li>• Adherence <ul style="list-style-type: none"> <li>○ Reasons for no longer taking drug</li> </ul> </li> </ul>
<a href="#">Drug Form 2</a>	Drug Form 2: Non- Antiretroviral Drugs	Visit 13 – Visit 50	Medications	<ul style="list-style-type: none"> <li>• Medication <ul style="list-style-type: none"> <li>○ Research or Non-Research</li> </ul> </li> <li>• Usage Time</li> <li>• Actual times taken per period</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">Frailty</a>	Timed Walking and Hand Grip Assessments: Form 43	Every visit	Physical Limitations	<ul style="list-style-type: none"> <li>• Walking Assistive Device Usage</li> <li>• Missing Limbs</li> <li>• Prosthesis Usage</li> <li>• Paralysis</li> <li>• Hand and Wrist Conditions <ul style="list-style-type: none"> <li>○ Arthritis</li> <li>○ Tendonitis</li> <li>○ Carpal Tunnel Syndrome</li> </ul> </li> <li>• Hand and Arm Surgery</li> </ul>
			Tests	<ul style="list-style-type: none"> <li>• Walk Test</li> <li>• Grip Strength Test</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">IADL</a>	Instrumental Activities of Daily Living (IADL), Full and Short forms	Every Visit after Visit 55 – <i>Full form at Baseline</i> ; Short Form Thereafter	IADL Questionnaire	<ul style="list-style-type: none"> <li>• Ability Now (Every Visit) and <i>Best Ever (Baseline)</i></li> <li>• When difficulties began</li> <li>• What difficulties are due to</li> </ul>



FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">IPAQ</a>	International Physical Activity Questionnaire	Visit 53 – 54	Physical Activity	<ul style="list-style-type: none"> <li>• Vigorous activity amount</li> <li>• Moderate activity amount</li> <li>• Walking amount</li> <li>• Sitting amount</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
QOL= <a href="#">Quality of Life Survey</a>	Quality of Life Survey (Full and Abbreviated)	Every Visit Full – Even Visits <u>Abbreviated – Odd Visits from Visit 55</u>	Quality of Life Survey – SF-36	<ul style="list-style-type: none"> <li>• Overall Health</li> <li>• Health Compared to last year</li> <li>• Bodily Pain</li> <li>• Pain Interfering with Normal work</li> <li>• General Feelings in the past 4 weeks</li> <li>• <u>Vigorous and moderate activity</u></li> <li>• Lifting</li> <li>• Climbing stairs</li> <li>• <u>Walking</u></li> <li>• Bending, kneeling, or stooping</li> <li>• <u>Bathing or dressing self</u></li> <li>• <u>Cut down time spent on work for physical / emotional health</u></li> <li>• Accomplished less due to emotional / physical health</li> <li>• Limited in kind of work or activity due to physical health</li> <li>• <u>Difficulty performing work or activity due to physical health</u></li> <li>• Emotional / physical health Interfering with social activity</li> <li>• Didn't do work as carefully because of emotional health</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">WRAT Form</a>	Wide Range Achievement Test	Baseline	Tests	<ul style="list-style-type: none"> <li>• Letter Reading</li> <li>• Word Reading</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">NP Form 7</a>	Neuropsych Form 7	Baseline	General Information	<ul style="list-style-type: none"> <li>• Education (see also NP Form 8)</li> <li>• Handedness</li> <li>• Writing Style</li> <li>• Learning Disorder History</li> <li>• Native Language</li> <li>• Race</li> <li>• Physical Limitations</li> <li>• Shipley-Hartford</li> </ul>
<a href="#">NP Form 8</a>	Neuropsych Form 8	Every 2 Years, Yearly for Participants 65+	General Information	<ul style="list-style-type: none"> <li>• Age</li> <li>• Education (see also NP Form 7)</li> <li>• Head Injury</li> <li>• Alcohol Use (see also MWII, S4 Behavior, NP Form 9, 10)</li> <li>• Non-prescription Drug Use (see also MWII, S4 Behavior, NP Form 9, 10)</li> <li>• Self-reported Memory</li> </ul>
<a href="#">NP Form 8</a>	Neuropsych Form 8	Every 2 Years, Yearly for Participants 65+	Tests	<ul style="list-style-type: none"> <li>• Rey Auditory Verbal Learning Test</li> <li>• Rey-Osterreith Complex Figure (See also NP Form 9)</li> <li>• Stroop Task</li> <li>• Grooved Pegboard Test</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">NP Form 9</a>	Neuropsych Form 9	Visit 1 – 15	Behavior and Tests	<ul style="list-style-type: none"> <li>• Alcohol use (see also MWII, S4 Behavior, NP Form 8, 10)</li> <li>• Drug use (see also MWII, S4 Behavior, NP Form 8, 10)</li> <li>• Shipley-Hartford</li> <li>• WAIS-R Block Design</li> <li>• Rey Complex Figure (See also NP Form 8)</li> <li>• RAVLT</li> <li>• Beck</li> <li>• State / Trait</li> <li>• WAIS-R</li> <li>• Boston Naming Test</li> <li>• Weschler Memory Tests</li> <li>• Hamilton Depression</li> <li>• Hamilton Anxiety</li> <li>• MMPI-168</li> </ul>
<a href="#">NP Form 10</a>	Neuropsych Form 10	If Abnormal NP Battery	Behaviors and Demographics	<ul style="list-style-type: none"> <li>• Alcohol Use (see also S4)</li> <li>• Non-Prescription Drug Use (see also S4)</li> <li>• Employment status (see also: S4, S2, Form 20)</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">NP Form 10</a>	Neuropsych Form 10	If Abnormal NP Battery	Self-Report Symptoms (see also S4)	<ul style="list-style-type: none"> <li>• Lifetime Neurological Disease</li> <li>• Lifetime Systemic Disease</li> <li>• Concentration Trouble</li> <li>• Reading / TV Trouble</li> <li>• Memory (see also Form 20)</li> <li>• Speech</li> <li>• Mood</li> <li>• Gait / Walking</li> <li>• Coordination</li> <li>• Involuntary Movement</li> <li>• Syncope / Seizures</li> <li>• Paresthesias / Dysesthesias</li> <li>• Loss of Sensation</li> <li>• Muscle Weakness</li> <li>• Myalgias</li> <li>• Visual Changes</li> <li>• Headache</li> <li>• Physician Visit</li> </ul>
<a href="#">NP Form 10</a>	Neuropsych Form 10	If Abnormal NP Battery	Neurological Examination and Other Information	<ul style="list-style-type: none"> <li>• Response to Commands</li> <li>• Mental Status</li> <li>• Clinical Symptoms</li> <li>• Antiviral Therapy</li> <li>• Physical Examination <ul style="list-style-type: none"> <li>○ General</li> <li>○ Motor</li> <li>○ Sensation</li> </ul> </li> <li>• Summary</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">NP Form 18</a>	Neuropsych Form 18	Every 2 Years, Yearly for Participants 65+	Tests	<ul style="list-style-type: none"> <li>• Trail-Making Task</li> <li>• Symbol Digit Task</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">Physical Exam and Lipodystrophy</a>	Physical Exam and Lipodystrophy Questionnaire	Every visit; Lipodystrophy at Visit 31+	Physical Exam	<ul style="list-style-type: none"> <li>• Height, Weight, Blood Pressure</li> <li>• Skin, Hair, Nails</li> <li>• Oropharyngeal</li> <li>• Eyes</li> <li>• Lymph Nodes</li> <li>• Abdomen</li> <li>• Anal / Rectal Exam</li> <li>• Genitalia</li> <li>• Standing Balance</li> <li>• Chair Stands</li> <li>• Alert and Oriented</li> <li>• Perception of Vibration</li> <li>• Deep Tendon Reflexes</li> <li>• Posture, Back, and Spine</li> <li>• Extremities</li> </ul>
<a href="#">Physical Exam and Lipodystrophy</a>	Physical Exam and Lipodystrophy Questionnaire	Every visit; Lipodystrophy at Visit 31+	Lipodystrophy Questionnaire	<ul style="list-style-type: none"> <li>• Body Fat Increase</li> <li>• Areas of Body Fat Increase</li> <li>• Actions Influencing Fat Distribution</li> <li>• Clothing Size Change</li> <li>• Girth Measurement</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">Family History of Hip Fracture</a>	Family History of Hip Fracture	Visit 54 and 55	Family Hip Fracture	<ul style="list-style-type: none"> <li>• Mother/Father Hip Fracture</li> <li>• Participant age at parent's hip fracture</li> <li>• Parent's age at hip fracture</li> <li>• Parent's date of birth</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">Form 20</a>	Form 20: Patients with AIDS Telephone Interview	Visit 16-44	Interview	<ul style="list-style-type: none"> <li>• Illness / Symptom description and date</li> <li>• Overnight stay in hospital (see also S4)</li> <li>• Usual medical care facility (see also S4)</li> <li>• Self-reported memory problems (see also NP Form 10)</li> <li>• Health insurance type (see also S4)</li> <li>• AIDS or HIV medication</li> <li>• Employment status (see also S4, S2, NP Form 10)</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">Men's Attitude Survey</a>	Men's Attitude Survey	Every 2 Years: Visit 31, 35, 39, 43, 47, 51, 55, 59, and 65	Relationships	<ul style="list-style-type: none"> <li>• Primary Sex Partner</li> <li>• Rules for Sex with Others</li> <li>• Condom Use Responsibility</li> </ul>
<a href="#">Men's Attitude Survey</a>	Men's Attitude Survey	Every 2 Years: Visit 31, 35, 39, 43, 47, 51, 55, 59, and 65	Personal Attitudes	<ul style="list-style-type: none"> <li>• Difficulty Controlling Sexual Behavior</li> <li>• Difficulty Controlling Sexual Desires</li> <li>• Beliefs about Transmission of Hepatitis C</li> <li>• HIV Treatment and Transmission Beliefs</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
Lab Results	Lab Results	Every Visit	CBC	<ul style="list-style-type: none"> <li>• White Blood Cells</li> <li>• Red Blood Cells</li> <li>• Hemoglobin</li> <li>• Hematocrit</li> <li>• Mean corpuscular volume</li> <li>• Mean corpuscular hemoglobin</li> <li>• Mean corpuscular Hb conc.</li> <li>• Platelets</li> </ul>
Lab Results	Lab Results	Every Visit	DIFF	<ul style="list-style-type: none"> <li>• Polys</li> <li>• Bands</li> <li>• Lymphocytes</li> <li>• Monocytes</li> <li>• Eosinophils</li> <li>• Basophils</li> <li>• Atypical lympho</li> <li>• Metamyelocytes</li> <li>• Nucleated red blood cells</li> <li>• Anti-CMV titer</li> <li>• Rubella antibody titer</li> <li>• Mumps skin test</li> <li>• Candida skin test</li> <li>• Tricophyton skin test</li> <li>• Rapid Plasma Reagin (Optional)</li> <li>• FTA Absorption (Optional)</li> <li>• Immunoglobulin A, G, M</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
Lab Results	Lab Results	Every Visit	HBV	<ul style="list-style-type: none"> <li>• Hep B Surface Antigen</li> <li>• Anti-HBsAg</li> <li>• Anti-HBcAg</li> <li>• Anti-Hepatitis B Core IGM</li> <li>• HBeAg</li> <li>• Anti-HBeAg</li> <li>• Anti-HAV</li> <li>• Anti-HAV IGM</li> <li>• HBV DNA (copies/ml, IU/ml)</li> <li>• HBVDN Conversion Factor</li> </ul>
Lab Results	Lab Results	Every Visit	FLOW	<ul style="list-style-type: none"> <li>• CD3/CD4 Q I CD4+ Monocytes</li> <li>• CD3/CD4 Q II CD4+ T Lympho</li> <li>• CD3/CD4 Q IV CD4- T Lympho</li> <li>• CD3/CD8 Q I CD8+ NK Cells</li> <li>• CD3/CD8 Q II CD8+ T Lympho</li> <li>• CD3/CD8 Q IV T Lympho</li> <li>• CD45/CD14 Q II CD14+ Monocytes contam.</li> <li>• CD45/CD14 Q IV Lympho</li> <li>• # and % of CD4 positive cells</li> <li>• # and % of CD8 positive cells</li> <li>• # and % of CD3 positive cells</li> <li>• % CD8 bright from CD38DR tube</li> <li>• 1<sup>st</sup> - 4<sup>th</sup> quadrant for CD38(+/-)DR(+/-)</li> <li>• Median RFI for CD38 on CD8+ cells</li> <li>• Median RFI for HLADR on CD8+ cells</li> <li>• Median# CD38 mol/CD8+ cell (Quantibrite)</li> <li>• Median# CD38 mol/CD8+ cell (Hultin)</li> <li>• Standardized viral load</li> </ul>



FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
Lab Results	Lab Results	Every Visit	LIPIDS	<ul style="list-style-type: none"> <li>• Total Cholesterol</li> <li>• High Density Lipoprotein</li> <li>• Triglycerides</li> <li>• Low Density Lipoprotein (fasting / non-fasting)</li> <li>• Glucose (transformed)</li> <li>• Insulin</li> <li>• Lipoprotein A</li> <li>• Apolipoprotein A, B</li> <li>• Hemoglobin A1C</li> </ul>
Lab Results	Lab Results	Every Visit	BLOOD LIVER	<ul style="list-style-type: none"> <li>• Total Protein</li> <li>• Direct Bilirubin</li> <li>• Total Bilirubin</li> <li>• Albumin</li> <li>• Gamma-GT (GGT)</li> <li>• Alt (GPT)</li> <li>• Ast (GOT)</li> <li>• Alkaline phosphatase</li> <li>• Lactate dehydrogenase</li> <li>• Prothombin time</li> <li>• Partial thromboplastin time</li> <li>• Ratio of PT to gold ST</li> </ul>
Lab Results	Lab Results	Every Visit	HDV	<ul style="list-style-type: none"> <li>• Antibody to Hep D</li> </ul>
Lab Results	Lab Results	Every Visit	HCV	<ul style="list-style-type: none"> <li>• Antibody to Hep C</li> <li>• Qualitative HCV RNA</li> <li>• Quantitative HCV RNA</li> </ul>
Lab Results	Lab Results	Every Visit	KIDNEY	<ul style="list-style-type: none"> <li>• Blood Urea Nitrogen</li> <li>• Creatinine-Blood</li> </ul>
Lab Results	Lab Results	Every Visit	URINE	<ul style="list-style-type: none"> <li>• Urine Creatinine</li> <li>• Urine Protein</li> <li>• Urine Protein/Creatinine</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
<a href="#">Outcome Form</a>	Outcome Form	When Outcome Occurs	AIDS Status	<ul style="list-style-type: none"> <li>• Definite, Presumptive, Probable</li> <li>• Date CD4 First less than 200 cells/ul</li> <li>• MACS Laboratory Determination</li> <li>• Diseases Indicative of Cellular Immunodeficiency and AIDS</li> </ul>
<a href="#">Outcome Form</a>	Outcome Form	When Outcome Occurs	Other non-AIDS Conditions	<ul style="list-style-type: none"> <li>• Neurological Diseases / Conditions</li> <li>• Cardiovascular Conditions</li> <li>• Other Diagnoses / Conditions</li> </ul>
<a href="#">Outcome Form</a>	Outcome Form	When Outcome Occurs	Death Information	<ul style="list-style-type: none"> <li>• Date and Location of Death</li> <li>• Residence at Time of Death</li> <li>• Causes of death</li> <li>• Information Source</li> <li>• Autopsy performed</li> <li>• Autopsy tissue collected by MACS</li> <li>• Medical Record Review for Encephalopathy Signs</li> <li>• Participant indications to encephalopathy</li> </ul>
<a href="#">Outcome Form</a>	Outcome Form	When Outcome Occurs	Cancer Diagnosis	<ul style="list-style-type: none"> <li>• Primary cancer site</li> <li>• Primary cancer type</li> <li>• Date of diagnosis</li> <li>• Methods of diagnosis</li> <li>• Progression of cancer</li> <li>• Availability of tissue specimens</li> </ul>

FORM	NAME/DESCRIPTION	FREQUENCY of ADMIN	CATEGORY	CONTENTS
Outcome / Death Outcome Adjudication Reporting Form	Death Outcome Adjudication Reporting Form	When Death Occurs	Death Information	<ul style="list-style-type: none"> <li>• Date and Location of Death</li> <li>• Residence at Time of Death</li> <li>• Information Source</li> <li>• Autopsy performed</li> <li>• Autopsy tissue collected by MACS</li> <li>• Medical Record Review for Encephalopathy Signs</li> <li>• Participant indications to encephalopathy</li> <li>• Causes of death</li> </ul>
Death Outcome Adjudication Reporting Form	Death Outcome Adjudication Reporting Form	When Death Occurs or When Death Record are Adjudicated	Adjudication	<ul style="list-style-type: none"> <li>• Underlying Cause: Disease or Injury that initiated events</li> <li>• Contributory causes of death</li> <li>• Immediate cause of death: Final Disease or condition</li> <li>• Date of Adjudication</li> <li>• Sources of death information</li> </ul>
Death Outcome Adjudication Reporting Form	Death Outcome Adjudication Reporting Form	When Death Occurs	If Cancer diagnosis	<ul style="list-style-type: none"> <li>• Primary cancer site / type</li> <li>• Date of diagnosis</li> <li>• Methods of diagnosis</li> <li>• Progression of cancer</li> </ul>