

INTRODUCTION TO FORM 3 – BASELINE MEDICAL HISTORY FORM

Except for CMV diagnoses, the data in Section E did not undergo any additional confirmation. It is important to recognize that the quality of these data is not as high as the quality of data on HIV-related complications that occurred as study outcomes (i.e., after randomization). Section F was used simply as a mechanism to trigger further medical record abstraction. If information conflicts with medical record abstraction data on Form 4, the Form 4 data are generally more reliable.

BASELINE MEDICAL HISTORY -- FORM 3 QxQ

SECTION A -- GENERAL INFORMATION

- A1.** Affix the subject ID label. If label is not available, write the subject ID number in the space provided. If this is a multiple page form, affix an ID label or write the ID number on the top of each page in the space provided.
- A2.** At the baseline visit, this question will always be completed in advance by the Medical Coordinating Center. Since this form is **only** used at the baseline visit, this number will always be "00".
- A3.** Enter the subject's first initial in the first space provided, middle initial in the second space provided and last initial in the third space provided. If the subject does not have a middle name, enter the first initial in the first space provided, a "--" in the second space provided, and the last initial in the third space provided. If the person has a hyphenated last name or 2 last names, enter the initial of the first last name in the appropriate box.
- A5.** Record the date that this form is completed.
- A6.** Enter the initials of the person completing the form. Enter the first initial in the first space provided, middle initial in the second space provided and last initial in the third space provided. If the person completing this form does not have a middle name, enter the first initial in the first space provided, a "--" in the second space provided, and the last initial in the third space provided. If the person has a hyphenated last name or 2 last names, enter the initial of the first last name in the appropriate box.

SECTION B -- TOTAL LIFETIME EXPOSURE TO ANTIRETROVIRAL AGENT

Use patient self-report and other available medical records as sources for this form.

- B1.** Estimate the total lifetime exposure to the antiviral agents listed. If two or more agents were given in combination, count them as one. For example, one month of AZT and ddI given in combination counts as one month exposure, not two months. The response should reflect the cumulative exposure time in the case of interrupted periods of antiviral treatment. For example, if the patient received AZT from 1991 to 1992 and from 1993 to 1994, but did not from 1992 to 1993, total exposure would be 2 years.

SECTION C -- RISK BEHAVIOR FOR HIV

- C1.** Be sure to check all risk behaviors that apply to the patient, not just the one most likely to have resulted in HIV infection. Categories will be collapsed during the data analysis.

SECTION D -- HERPES AND WASTING SYNDROME

- D1. Ascertain and record whether or not participant has had an outbreak of herpes simplex or symptoms related to either oral or anogenital herpes at anytime in the last 30 days.
- D2. Ask the patient what his or her usual body weight was before becoming ill. If the patient does not know, review medical chart and record prior weight.

Question D2 appears only on the 8/01/96 version of Form 03. It was added because question E 25. was dropped from this version. (see section E). Because of these changes the header for Section D was changed to include Wasting Syndrome.

SECTION E -- HIV RELATED COMPLICATIONS

This section is used to ascertain history of HIV related complications. Note that the list of complications includes AIDS-defining conditions that are not part of the primary endpoint of the trial. Use patient self-report and any other available medical records as sources for this section. There will be no additional formal medical record search required, except possibly for CMV history (E8), so please try to be as complete and accurate as possible. The instructions on the bottom of Section E lead to medical record confirmation of CMV history, but not of a reported negative history of CMV. If CMV history is uncertain, further probes follow in Section F.

E1. THROUGH E24.

Check the appropriate box for each HIV related complication. Do not leave any item unchecked.

Review the responses to E8 only after E1 through E24 have been completed.

If E8 = Yes, STOP. FORM COMPLETE. Obtain associated medical records (and signed record releases if needed). Complete Form 4 -- Baseline CMV History Medical Record Abstraction.

If E8 = No, STOP. FORM COMPLETE. Skip Form 4 and go to Form 5.

If E8 = Don't know, complete section F.

Question E25. 'Wasting syndrome due to HIV (>10% wt. loss from baseline)' was dropped from the 8/1/96 version of Form 03.

SECTION F -- CMV HISTORY

The purpose of this section is to probe further for a possible CMV history, possibly leading to a medical record search, if CMV history was uncertain in Section E.

F1. THROUGH F3.

Check the appropriate box for each question.

If F1=Yes		→	Obtain associated medical records (and signed releases if needed). Complete Form 4 – Baseline CMV Medical Record Abstraction. Otherwise, skip Form 4 and go to Form 5. Otherwise, skip Form 4 and go to Form 5.
OR			
If F2=Yes			
OR			
If F3=Yes			

**VIRAL ACTIVATION TRANSFUSION STUDY (VATS)
FORM 3 -- BASELINE MEDICAL HISTORY**

SECTION A -- GENERAL INFORMATION

A1. Subject ID: (ENTER ID NUMBER OR AFFIX LABEL AT THE RIGHT)

_ _ - _ _ - _ _

A2. Visit number:

_ 0 _ 0

A3. Subject initials:

_ . _ . _ .

A4. Form version:

_ 0 _ 7 / _ 1 _ 5 / _ 9 _ 5

A5. Today's date:

_ _ / _ _ / _ _

A6. Initials of person completing form:

_ . _ . _ .

SECTION B -- TOTAL LIFETIME EXPOSURE TO ANTIRETROVIRAL AGENT

B1. Total lifetime exposure to any of the following antiretroviral agents:

- Zidovudine (AZT, ZDV, Retrovir)
- Didanosine (ddI, Videx)
- Zalcitabine (ddC, HIVID)
- Stavudine (d4T, Zerit)
- Lamivudine (3TC)

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | 1. < 6 months |
| <input type="checkbox"/> | 2. 6 - 11 months |
| <input type="checkbox"/> | 3. 12 - 23 months |
| <input type="checkbox"/> | 4. ≥ 24 months |
| <input type="checkbox"/> | 5. Don't know |

SECTION C -- RISK BEHAVIOR FOR HIV

C1. Check all that apply:

- | | |
|---|--------------------------|
| a. Men who have sex with men | <input type="checkbox"/> |
| b. Injection drug use | <input type="checkbox"/> |
| c. Hemophilia or coagulation disorder | <input type="checkbox"/> |
| d. Heterosexual contact | <input type="checkbox"/> |
| e. Subject's mother with or at risk for HIV infection (perinatal) | <input type="checkbox"/> |
| f. Receipt of blood transfusion, blood components or tissue | <input type="checkbox"/> |
| g. Other or risk not reported or identified | <input type="checkbox"/> |

SECTION D -- HERPES

D1. Has the patient had a symptomatic herpes simplex outbreak in the past 30 days?

- | | |
|--------------------------|--------|
| <input type="checkbox"/> | 1. Yes |
| <input type="checkbox"/> | 2. No |

SECTION E -- HIV RELATED COMPLICATIONS

Has the patient ever been diagnosed with any of the following (based on self-report or other available medical records)?

		<u>Yes</u>	<u>No</u>	<u>Don't know</u>
E1.	Bacteremia or endocarditis	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E2.	Candidiasis of bronchi, trachea or lungs.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E3.	Candidiasis, esophageal.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E4.	Cervical cancer, invasive only.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E5.	Coccidioidomycosis, disseminated or extrapulmonary	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E6.	Cryptococcosis, extrapulmonary.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E7.	Cryptosporidiosis, chronic intestinal (>1 mo's duration)	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E8.	Cytomegalovirus disease.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E9.	Encephalopathy, HIV-related	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E10.	Herpes simplex: chronic ulcer(s) (>1 mo's duration) or bronchitis, pneumonitis, or esophagitis.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E11.	Histoplasmosis, disseminated or extrapulmonary.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E12.	Isosporiasis, chronic intestinal (>1 mo's duration)	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E13.	Kaposi's sarcoma (lung,lymphedema).....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E14.	Kaposi's sarcoma (skin, oral cavity, GI, other).....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E15.	Lymphoma, Non-Hodgkins	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E16.	Lymphoma, primary, of brain	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E17.	Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E18.	Mycobacterium tuberculosis, any site (pulmonary or extrapulmonary)	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E19.	Mycobacterium, other species or unidentified species, disseminated or extrapulmonary.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E20.	Pneumocystis carinii pneumonia	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E21.	Pneumonia (recurrent within one year).....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E22.	Progressive multifocal leukoencephalopathy (PML).....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E23.	Salmonella septicemia (recurrent)	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E24.	Toxoplasmosis of the brain.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E25.	Wasting syndrome due to HIV (>10% wt. loss from baseline).....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K

NOTE:
IF E8 = YES, STOP. FORM COMPLETE. OBTAIN ASSOCIATED MEDICAL RECORDS (AND SIGNED RECORD RELEASES IF NEEDED). COMPLETE FORM 4 -- BASELINE CMV HISTORY MEDICAL RECORD ABSTRACTION.
IF E8 = NO, STOP. FORM COMPLETE. SKIP FORM 4 AND GO TO FORM 5.
IF E8 = DON'T KNOW, COMPLETE SECTION F.

SECTION F -- CMV HISTORY

- F1. Has the patient ever had CMV disease requiring treatment? 1. Yes →
 2. No
 3. Don't know
- F2. Has the patient ever taken ganciclovir or foscarnet? 1. Yes →
 2. No
 3. Don't know
- F3. Has the patient ever been seen for any of the following?
 1. Yes →
 2. No →
 3. Don't know →
- severe eye disease
 - encephalitis or brain disturbance
 - upper endoscopy or colonoscopy (describe to patient if needed)

PROMPT:
IF F1=YES OR F2=YES OR F3=YES, OBTAIN ASSOCIATED MEDICAL RECORDS (AND SIGNED RECORD RELEASES IF NEEDED). COMPLETE FORM 4 -- BASELINE CMV HISTORY MEDICAL RECORD ABSTRACTION. OTHERWISE, GO TO FORM 5.

END OF FORM

**VIRAL ACTIVATION TRANSFUSION STUDY (VATS)
FORM 3 -- BASELINE MEDICAL HISTORY**

SECTION A -- GENERAL INFORMATION

- A1. Subject ID: (ENTER ID NUMBER OR AFFIX LABEL AT THE RIGHT) _ _ _ - _ _ _ - _ _
- A2. Visit number: _ 0 _ 0
- A3. Subject initials: _ . _ . _ .
- A4. Form version: _ 0 _ 8 / _ 0 _ 1 / _ 9 _ 6
- A5. Today's date: _ _ / _ _ / _ _
- A6. Initials of person completing form: _ . _ . _ .

SECTION B -- TOTAL LIFETIME EXPOSURE TO ANTIRETROVIRAL AGENT

- B1. Total lifetime exposure to any of the following antiretroviral agents:
- Zidovudine (AZT, ZDV, Retrovir)
 - Didanosine (ddI, Videx)
 - Zalcitabine (ddC, HIVID)
 - Stavudine (d4T, Zerit)
 - Lamivudine (3TC)
- | | | |
|--------------------------|----|----------------|
| <input type="checkbox"/> | 1. | < 6 months |
| <input type="checkbox"/> | 2. | 6 - 11 months |
| <input type="checkbox"/> | 3. | 12 - 23 months |
| <input type="checkbox"/> | 4. | ≥ 24 months |
| <input type="checkbox"/> | 5. | Don't know |

SECTION C -- RISK BEHAVIOR FOR HIV

- C1. Check all that apply:
- | | | |
|----|--|--------------------------|
| a. | Men who have sex with men | <input type="checkbox"/> |
| b. | Injection drug use | <input type="checkbox"/> |
| c. | Hemophilia or coagulation disorder | <input type="checkbox"/> |
| d. | Heterosexual contact | <input type="checkbox"/> |
| e. | Subject's mother with or at risk for HIV infection (perinatal) | <input type="checkbox"/> |
| f. | Receipt of blood transfusion, blood components or tissue | <input type="checkbox"/> |
| g. | Other or risk not reported or identified | <input type="checkbox"/> |

SECTION D -- HERPES AND WASTING SYNDROME

- D1. Has the patient had a symptomatic herpes simplex outbreak in the past 30 days?
- | | | |
|--------------------------|----|-----|
| <input type="checkbox"/> | 1. | Yes |
| <input type="checkbox"/> | 2. | No |
- D2. **ASK PATIENT:** _ _ _ a. Lb.
 Kg
- What was your usual body weight before becoming ill?
 (If patient does not know, review medical chart and record prior weight.)

SECTION E -- HIV RELATED COMPLICATIONS

Has the patient ever been diagnosed with any of the following (based on self-report or other available medical records)?

		<u>Yes</u>	<u>No</u>	<u>Don't know</u>
E1.	Bacteremia or endocarditis	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E2.	Candidiasis of bronchi, trachea or lungs.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E3.	Candidiasis, esophageal.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E4.	Cervical cancer, invasive only.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E5.	Coccidioidomycosis, disseminated or extrapulmonary	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E6.	Cryptococcosis, extrapulmonary.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E7.	Cryptosporidiosis, chronic intestinal (>1 mo's duration)	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E8.	Cytomegalovirus disease.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E9.	Encephalopathy, HIV-related	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E10.	Herpes simplex: chronic ulcer(s) (>1 mo's duration) or bronchitis, pneumonitis, or esophagitis.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E11.	Histoplasmosis, disseminated or extrapulmonary.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E12.	Isosporiasis, chronic intestinal (>1 mo's duration)	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E13.	Kaposi's sarcoma (lung,lymphedema).....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E14.	Kaposi's sarcoma (skin, oral cavity, GI, other).....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E15.	Lymphoma, Non-Hodgkins	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E16.	Lymphoma, primary, of brain	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E17.	Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E18.	Mycobacterium tuberculosis, any site (pulmonary or extrapulmonary)	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E19.	Mycobacterium, other species or unidentified species, disseminated or extrapulmonary.....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E20.	Pneumocystis carinii pneumonia	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E21.	Pneumonia (recurrent within one year).....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E22.	Progressive multifocal leukoencephalopathy (PML).....	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E23.	Salmonella septicemia (recurrent)	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K
E24.	Toxoplasmosis of the brain	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. D/K

NOTE:
IF E8 = YES, STOP. FORM COMPLETE. OBTAIN ASSOCIATED MEDICAL RECORDS (AND SIGNED RECORD RELEASES IF NEEDED). COMPLETE FORM 4 -- BASELINE CMV HISTORY MEDICAL RECORD ABSTRACTION.
IF E8 = NO, STOP. FORM COMPLETE. SKIP FORM 4 AND GO TO FORM 5.
IF E8 = DON'T KNOW, COMPLETE SECTION F.

SECTION F -- CMV HISTORY

- F1. Has the patient ever had CMV disease requiring treatment? 1. Yes →
 2. No
 3. Don't know
- F2. Has the patient ever taken ganciclovir or foscarnet? 1. Yes →
 2. No
 3. Don't know
- F3. Has the patient ever been seen for any of the following?
• severe eye disease 1. Yes →
 2. No →
• encephalitis or brain disturbance 3. Don't know →
• upper endoscopy or colonoscopy (describe to patient if needed)

PROMPT:
IF F1=YES OR F2=YES OR F3=YES, OBTAIN ASSOCIATED MEDICAL RECORDS (AND SIGNED RECORD RELEASES IF NEEDED). COMPLETE FORM 4 -- BASELINE CMV HISTORY MEDICAL RECORD ABSTRACTION. OTHERWISE, GO TO FORM 5.

END OF FORM

EXPOSE ----- B1.TOTAL LIFETIME EXPOSURE TO ARV MEDS

type: numeric (float)
label: EXPOSE

range: [1,5] units: 1
unique values: 5 coded missing: 1 / 527

tabulation:	Freq.	Numeric	Label
	183	1	1:Less than 6 months
	46	2	2:6-11 months
	70	3	3:12-23 months
	203	4	4:Greater than or equal to 24 months
	24	5	5:Don't know

MENWMEN ----- C1a.MEN WHO HAVE SEX WITH MEN

type: numeric (float)
label: MENWMEN

range: [1,2] units: 1
unique values: 2 coded missing: 1 / 527

tabulation:	Freq.	Numeric	Label
	308	1	1:Checked
	218	2	2:Not checked

IV_DRUG ----- C1b.INJECTION DRUG USE

type: numeric (float)
label: IV_DRUG

range: [1,2] units: 1
unique values: 2 coded missing: 1 / 527

tabulation:	Freq.	Numeric	Label
	142	1	1:Checked
	384	2	2:Not checked

HEMOPHIL ----- C1c.HEMOPHILIA OR COAGULATION DISORDER

type: numeric (float)
label: HEMOPHIL

range: [2,2] units: 1
unique values: 1 coded missing: 1 / 527

tabulation:	Freq.	Numeric	Label
	526	2	2:Not checked

HETERSEX ----- C1d.HETEROSEXUAL CONTACT

type: numeric (float)
 label: HETERSEX
 range: [1,2] units: 1
 unique values: 2 coded missing: 1 / 527
 tabulation: Freq. Numeric Label
 167 1 1:Checked
 359 2 2:Not checked

MOM_RISK ----- C1e.MOTHER WITH (AT RISK OF) HIV

type: numeric (float)
 label: MOM_RISK
 range: [2,2] units: 1
 unique values: 1 coded missing: 1 / 527
 tabulation: Freq. Numeric Label
 526 2 2:Not checked

RECV_BLD ----- C1f.RECEIPT OF BLOOD TRANSFUSION/TISSUE

type: numeric (float)
 label: RECV_BLD
 range: [2,2] units: 1
 unique values: 1 coded missing: 1 / 527
 tabulation: Freq. Numeric Label
 526 2 2:Not checked

OTH_RISK ----- C1g.OTHER RISK NOT REPORTED/IDENTIFIED

type: numeric (float)
 label: OTH_RISK
 range: [1,2] units: 1
 unique values: 2 coded missing: 1 / 527
 tabulation: Freq. Numeric Label
 25 1 1:Checked
 501 2 2:Not checked

HERPES ----- D1.HERPES OUTBREAK PAST 30 DAYS

type: numeric (float)
 label: HERPES

range: [1,2] units: 1
 unique values: 2 coded missing: 0 / 527

tabulation:	Freq.	Numeric	Label
	70	1	1:Yes
	457	2	2:No

WEIGHT ----- D2.BODY WEIGHT BEFORE ILLNESS

type: numeric (float)

range: [48.1,206] units: .1
 unique values: 62 coded missing: 303 / 527

mean: 157.6
 std. dev: 31.2132

percentiles:	10%	25%	50%	75%	90%
	123	141	160	180	197

WEIGHT:

- The 5th and 95th %tiles were used to truncate extreme values for WEIGHT. Based on N=2552 non-missing observations from pooled baseline and quarterly visit data (FM06DATA and FM24DATA), the 5th and 95th %tiles are 106 and 206 pounds, respectively. All values < 106 (or < 48 kg if WT_UNITS=2) were set to 106 pounds (or 48 kg if WT_UNITS=2) and all values > 206 (or > 93.4 kg if WT_UNITS=2) were set to 206 pounds (or 93.4 kg if WT_UNITS=2)

WT_UNITS ----- D2a.BODY WEIGHT UNITS

type: numeric (float)
 label: WT_UNITS

range: [1,2] units: 1
 unique values: 2 coded missing: 303 / 527

tabulation:	Freq.	Numeric	Label
	213	1	1:Pounds
	11	2	2:Kilograms

COCCIDIO ----- E5.COCCIDIOIDOMYCOSIS DISSEM OR EXTRAP

type: numeric (float)
 label: COCCIDIO

 range: [1,2] units: 1
 unique values: 2 coded missing: 0 / 527

 tabulation: Freq. Numeric Label
 2 1 1:Yes
 525 2 2:No

CRYPTOCO ----- E6.CRYPTOCOCCOSIS EXTRAPULMONARY

type: numeric (float)
 label: CRYPTOCO

 range: [1,3] units: 1
 unique values: 3 coded missing: 0 / 527

 tabulation: Freq. Numeric Label
 35 1 1:Yes
 490 2 2:No
 2 3 3:Don't Know

CRYPTOSP ----- E7.CRYPTOSPORIDIOSIS CHRONIC INTESTINAL

type: numeric (float)
 label: CRYPTOSP

 range: [1,3] units: 1
 unique values: 3 coded missing: 0 / 527

 tabulation: Freq. Numeric Label
 25 1 1:Yes
 501 2 2:No
 1 3 3:Don't Know

CMV_DIS ----- E8.CYTOMEGALOVIRUS DISEASE

type: numeric (float)
 label: CMV_DIS

 range: [1,3] units: 1
 unique values: 3 coded missing: 0 / 527

 tabulation: Freq. Numeric Label
 117 1 1:Yes
 400 2 2:No
 10 3 3:Don't Know

ENCEPHAL ----- E9.ENCEPHALOPATHY HIV RELATED

type: numeric (float)
label: ENCEPHAL

range: [1,3] units: 1
unique values: 3 coded missing: 0 / 527

tabulation:	Freq.	Numeric	Label
	36	1	1:Yes
	489	2	2:No
	2	3	3:Don't Know

HSIMPLEX ----- E10.HERPES SIMPLEX

type: numeric (float)
label: HSIMPLEX

range: [1,3] units: 1
unique values: 3 coded missing: 0 / 527

tabulation:	Freq.	Numeric	Label
	90	1	1:Yes
	432	2	2:No
	5	3	3:Don't Know

HISTOPL ----- E11.HISTOPLASMOSIS DISSEM OR EXTRAP

type: numeric (float)
label: HISTOPL

range: [1,3] units: 1
unique values: 3 coded missing: 0 / 527

tabulation:	Freq.	Numeric	Label
	10	1	1:Yes
	512	2	2:No
	5	3	3:Don't Know

ISOSPOR ----- E12.ISOSPORIASIS CHRONIC INTESTINAL

type: numeric (float)
label: ISOSPOR

range: [1,3] units: 1
unique values: 3 coded missing: 0 / 527

tabulation:	Freq.	Numeric	Label
	5	1	1:Yes
	519	2	2:No
	3	3	3:Don't Know

MYCOAVIU ----- E17.MAC OR M. KANSASII DISSEM OR EXTRAP
 type: numeric (float)
 label: MYCOAVIU

range: [1,3] units: 1
 unique values: 3 coded missing: 0 / 527

tabulation:	Freq.	Numeric	Label
	105	1	1:Yes
	415	2	2:No
	7	3	3:Don't Know

MYCOTUBR ----- E18.MYCOBACTERIUM TUBERCULOSIS
 type: numeric (float)
 label: MYCOTUBR

range: [1,3] units: 1
 unique values: 3 coded missing: 0 / 527

tabulation:	Freq.	Numeric	Label
	28	1	1:Yes
	494	2	2:No
	5	3	3:Don't Know

MYCO_OTH ----- E19.MYCOBACTERIUM OTHER OR UNIDENTIFIED
 type: numeric (float)
 label: MYCO_OTH

range: [1,3] units: 1
 unique values: 3 coded missing: 0 / 527

tabulation:	Freq.	Numeric	Label
	15	1	1:Yes
	508	2	2:No
	4	3	3:Don't Know

PCP ----- E20.PNEUMOCYSTIS CARINII PNEUMONIA
 type: numeric (float)
 label: PCP

range: [1,3] units: 1
 unique values: 3 coded missing: 0 / 527

tabulation:	Freq.	Numeric	Label
	194	1	1:Yes
	327	2	2:No
	6	3	3:Don't Know

PNEUMON ----- E21.PNEUMONIA RECURRENT WITHIN 1 YEAR

type: numeric (float)
label: PNEUMON

range: [1,3] units: 1
unique values: 3 coded missing: 0 / 527

tabulation:	Freq.	Numeric	Label
	57	1	1:Yes
	466	2	2:No
	4	3	3:Don't Know

PML ----- E22.PROG MULTIFCL LEUKOENCEPHALOPATHY

type: numeric (float)
label: PML

range: [1,3] units: 1
unique values: 3 coded missing: 0 / 527

tabulation:	Freq.	Numeric	Label
	3	1	1:Yes
	522	2	2:No
	2	3	3:Don't Know

SALMONEL ----- E23.SALMONELLA SEPTICEMIA RECURRENT

type: numeric (float)
label: SALMONEL

range: [1,3] units: 1
unique values: 3 coded missing: 0 / 527

tabulation:	Freq.	Numeric	Label
	4	1	1:Yes
	522	2	2:No
	1	3	3:Don't Know

TOXOPLAS ----- E24.TOXOPLASMOSIS OF BRAIN

type: numeric (float)
label: TOXOPLAS

range: [1,3] units: 1
unique values: 3 coded missing: 0 / 527

tabulation:	Freq.	Numeric	Label
	15	1	1:Yes
	510	2	2:No
	2	3	3:Don't Know

WASTING ----- E25.WASTING SYNDROME DUE TO HIV

type: numeric (float)
 label: WASTING
 range: [1,2] units: 1
 unique values: 2 coded missing: 226 / 527

tabulation:	Freq.	Numeric	Label
	119	1	1:Yes
	182	2	2:No

CMV_EVER ----- F1.PT EVER HAD CMV DISEASE REQUIRING TX

type: numeric (float)
 label: CMV_EVER
 range: [1,3] units: 1
 unique values: 3 coded missing: 517 / 527

tabulation:	Freq.	Numeric	Label
	1	1	1:Yes
	8	2	2:No
	1	3	3:Don't Know

GANCICLV ----- F2.PT EVER GANCICLOVIR OR FOSCARNET

type: numeric (float)
 label: GANCICLV
 range: [2,3] units: 1
 unique values: 2 coded missing: 518 / 527

tabulation:	Freq.	Numeric	Label
	8	2	2:No
	1	3	3:Don't Know

EYE_DIS ----- F3.PT EVER BEEN SEEN FOR EYE DISEASE

type: numeric (float)
 label: EYE_DIS
 range: [1,3] units: 1
 unique values: 3 coded missing: 518 / 527

tabulation:	Freq.	Numeric	Label
	6	1	1:Yes
	2	2	2:No
	1	3	3:Don't Know