

1) Collection date of HIV signs and symptoms:

(DD-MM-YYYY)

## HIV SIGNS AND SYMPTOMS

2) Chills: ☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

3) Cough: ☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

4) (If Cough) Type of cough: ☐ Dry Cough  
☐ Wet Cough (cough with mucous)

5) Diarrhea: ☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

6) Fatigue: ☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

7) Fever: ☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

8) Muscle pain: ☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

9) Myalgia (joint pain): ☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

10) Night sweats: ☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

11) Pneumonia: ☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

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12) Rash:

☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

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13) (If Rash) Type of rash:

☐ Purpura  
☐ Urticaria  
☐ Erythema  
☐ Chilblains  
☐ Other

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14) (If Other) Specify type of rash:

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15) Sore throat:

☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

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16) Sore/Swollen Lymph Nodes:

☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

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17) Ulcers (Mouth/Skin):

☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

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18) Unintentional weight loss:

☐ Yes (ongoing)  
☐ Yes (previously)  
☐ No  
☐ Don't know

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19) Other symptom/s:

☐ Yes  
☐ No  
☐ Don't know

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20) (If Other) Specify symptom/s:

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H3ABioNet & H3Africa Phenotype Standards