

Collection date for HIV treatment information:

\_\_\_\_\_  
(DD-MM-YYYY)

## HIV ARV TREATMENT

Is the participant currently on ART for HIV?

- ☐ Yes  
☐ No  
☐ Refused

(If Yes) Treatment Start Date:

\_\_\_\_\_  
(DD-MM-YYYY)

Specify current ART regimen:

\_\_\_\_\_  
(ATC codes)

Was the participant previously on ART for HIV?  
(including regimen changes and ART interruptions)

- ☐ Yes  
☐ No  
☐ Refused

(If Yes) Previous ART stop date?

\_\_\_\_\_  
(DD\_MM-YYYY)

Reason/s for stopping previous ART?

- ☐ Abnormal fat redistribution  
☐ Adverse drug reaction, unspecified  
☐ Availability of more effective treatment  
☐ Concern for cardiovascular disease  
☐ Drug toxicity  
☐ Participant defaulted  
☐ Hypersensitivity reaction  
☐ Structured Treatment Interruption (STI)  
☐ Treatment failure  
☐ Other

(If Other) Specify other reason for stopping ART:

\_\_\_\_\_

HIV Treatment - Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards