

Demographics

General Information

Patient ID Number _____

Study visit date _____

1. Date of birth _____

2. Gender ☐ Male ☐ Female

3. How do you describe your race/ethnicity?

☐ Black (1)
☐ Colored (2)
☐ White (3)
☐ Indian (4)

4. If black, what is your ethnic group and/or nationality?

☐ Zulu (1)
☐ Xhosa (2)
☐ Malawian (3)
☐ Other (4)

Other black ethnic group or nationality _____

5. Address _____

6. What is your last grade of school/education? _____

Which languages can you read?

☐ Zulu (1)
☐ English (2)
☐ Other (3)
☐ Cannot read (4)

Other language _____

Which spoken languages do you understand?

☐ Zulu (1) ☐ English (2)
☐ Other (3)

Other language _____

Which languages do you speak?

☐ Zulu (1) ☐ English (2)
☐ Other (3)

Other language _____

7. Do you have any problems with the following?

☐ Hearing (1)
☐ Seeing (2)
☐ Voice (3)
☐ None (4)

SES/Access Healthcare

1. Do you have an income?

☐ Yes ☐ No

How many people (other than yourself) do you support?

2. Are you

- ☐ Employed full-time (1)
- ☐ Employed part-time (2)
- ☐ Self-employed (3)
- ☐ Attending school (4)
- ☐ Disabled (5)
- ☐ Unemployed seeking work (6)
- ☐ Unemployed NOT seeking work (7)
- ☐ Retired (8)

What type of work do you do?

3a. Other than an job, do you receive money from someone or somewhere?

☐ Yes ☐ No

3b. What sources?

4a. Where do you stay?

- ☐ House (1)
- ☐ Flat (2)
- ☐ Shack (3)
- ☐ Other (4)

Other Housing

4b. Have you ever lived in an informal settlement since starting ARVs?

☐ Yes ☐ No

4c. Start date

Stop date

5. What is your current living arrangement?

- ☐ Own home (1)
- ☐ Rent (2)
- ☐ Stay with family (3)
- ☐ Stay with friends (4)
- ☐ Stay with employer (5)

6. How many people live with you?

7. Where you are staying now, do you have (please read all options and check all that apply):

- ☐ Electricity (1)
- ☐ Working radio (2)
- ☐ Toilet indoors (3)
- ☐ Television (4)
- ☐ Tap water indoors (5)
- ☐ None of these (6)

What are the walls made of?

What are the floors made of?

8. Do you have (please read all options and check all that apply):

- ☐ Car or bakkie (1)
- ☐ Bicycle (2)
- ☐ Motorcycle (3)
- ☐ None of these (4)

9a. In the past 4 weeks did you worry that you or your family would not have enough food?

- ☐ Never (1)
- ☐ Rarely (1-2 times/mo)(2)
- ☐ Often enough to eat (3)

9b. In the past 4 weeks, the amount of food you and your family had to eat was:

- ☐ Enough to eat (1)
☐ Sometimes not enough to eat (2)
☐ Often not enough to eat (3)

9c. In the past 4 weeks how many times did you or your family go an entire day and night without food because there was not enough food?

- ☐ Never (1)
☐ Rarely (1-2 times/mo)(2)
☐ Sometimes (3-10 times/mo)(3)
☐ Often (>10 times/mo)(3)

10. What clinic(s) do you currently attend?

- ☐ Sinikithemba (1) ☐ Other (2)

Other clinic name _____

11. Where did you first start ARVs?

- ☐ Sinikithemba (Ridge House)(1)
☐ Siyaphila Inpatient Ward (2)
☐ Private Provider (3)
☐ DOH Clinic (4)
☐ Other (5)

Other clinic name _____

12. How long does it take to get to clinic?

13. Transport to clinic:

- ☐ Your car (1)
☐ Friend/relative car (2)
☐ Meter Taxi (3)
☐ Mini Bus/Bus (4)
☐ Walk (5)
☐ Other (i.e. hired car)(6)

Other transport _____

14. How do you pay for clinic meds?

- ☐ Sponsor (1)
☐ Grant (2)
☐ Employer (3)
☐ Self-pay (4)
☐ Family Member (5)
☐ Spouse (6)
☐ Other (7)

Other payment method _____

15a. How do you feel about coming to clinic?

- ☐ Pleased (1)
☐ Worried (2)
☐ Ashamed (3)
☐ Neutral (4)
☐ Other (5)

Other feelings _____

15b. Why? _____

16. In the last year, how many times have you heard stories about?

A healthcare worker not wanting to touch someone because they have HIV

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

People being treated poorly by hospital/clinic/healthcare workers because of HIV

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

People being rejected at hospital/clinic because of HIV

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

A healthcare worker talking out loud about a patient with HIV

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

17. In the past 6 months, which of the following stop you from getting to the clinic/pharmacy?

Cost of visit

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

Cost of transport

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

Getting transport

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

Time off work

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

Fear of being seen by someone you know at clinic

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

Fear of others knowing you are living with HIV

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

Childcare

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

Being ill

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

Family circumstances

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

Receiving treatment from Traditional Healer

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

Other reason

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

Other specifically

Medication Adherence

1. How many doses have you missed in the last week?

Last month?

2. How many doses did you take more than 1 hour late in the last week?

Last month?

3. How do you remember to take your meds?

- ☐ Pill box (1)
- ☐ Clock/Watch alarm (2)
- ☐ Cell phone (3)
- ☐ Partner (4)
- ☐ Calendar (5)
- ☐ Chart (6)
- ☐ Media (TV/Radio)(7)
- ☐ Daily schedule (8)
- ☐ Other (9)

Other way to remember

4. How do you remember to come for your drug collection appt?

- ☐ Appointment card (1)
- ☐ Partner/Friend (2)
- ☐ Cellphone (3)
- ☐ Other (4)

Other way to remember

5. In the past 6 months, which of the following reasons make it difficult for you to take ARVs?

You were away from home

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

You were busy with other things

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

You forgot to take pills

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

You had too many pills to take

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

You had wanted to avoid side effects

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

You did not want others to see you taking ARVs

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

You had a change in what you do every day

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

You felt like the drug could hurt/harm you

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

You fell asleep through the dose time

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

You felt sick or ill

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

You felt depressed or stressed

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

You had a problem taking pills at certain times (with meals, on empty stomach, etc.)

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

You forgot to obtain meds

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

You ran out of pills

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

You did not have money for ARVs

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

You were tired of ARVs

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

You don't like taking pills

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

You have difficulty swallowing ARVs

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

You thought you did not need more ARVs because you felt good

- ☐ Never (0)
☐ Rarely (1)
☐ Sometimes (2)
☐ Frequently (3)

Receiving treatment from Traditional Healer

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

You had too much alcohol

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

You were taking street drugs

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

Other (i.e. Partner borrows/Someone steals meds)

- ☐ Never (0)
- ☐ Rarely (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)

Other reason

Alt Treatment/Spiritual

1. Do you have a religious faith?

☐ Yes ☐ No

Which one(s)?

- ☐ Christian
☐ Traditional African
☐ Hindu
☐ Muslim
☐ Other

Other religion

Which Christian denomination?

2. How active are you in practicing your religion?

- ☐ Very active (1)
☐ Somewhat active (2)
☐ Not active (3)

3. Have you ever stopped your ARVs because of your religious beliefs or teachings?

☐ Yes ☐ No

4. Did you EVER take any Traditional Medications or herbs (African/muthi, Chinese, Indian)?

☐ Yes ☐ No

How long ago?

- ☐ < 1 week (1)
☐ 1 wk-1month (2)
☐ > 1 month-6 months (3)
☐ > 6 mos (4)

1. Name

Did the remedy come in the form of a plant?

☐ Yes
☐ No

Raw material

- ☐ Root
☐ Bark
☐ Bulb
☐ Whole plant
☐ Leaves/stems
☐ Tubers
☐ Mixture

Partially processed

☐ Chopped
☐ Ground

Did the remedy come in the form of a packaged medicine?

☐ Yes
☐ No

Form of package

- ☐ Powder
☐ Liquid
☐ Tablet
☐ Other

Other form of remedy

How did you take it (route)?

- ☐ Skin/Topical (i.e. poultice, lotion, ointment, scarification)
☐ Mouth/Oral
☐ Rectal/Anal (i.e. enema, sitz bath)
☐ Inhaled (incense, vapor bath)
☐ Multiple ways (infusions/decoctions)

What color was it?

What reason did you get this remedy?

Where did you get this remedy?

- ☐ Traditional healer/Isangoma
- ☐ Herbalist/Inyanga
- ☐ Chemist/Pharmacist
- ☐ Fortune Teller
- ☐ Diviner
- ☐ Faith Healer
- ☐ Herbal Shop
- ☐ Street Vendor
- ☐ Chinese Practitioner
- ☐ Other

Other location

How did you feel with this remedy?

- ☐ Same ☐ Better ☐ Worse

2. Name

Did the remedy come in the form of a plant?

- ☐ Yes
☐ No

Raw material

- ☐ Root
☐ Bark
☐ Bulb
☐ Whole plant
☐ Leaves/stems
☐ Tubers
☐ Mixture

Partially processed

- ☐ Chopped
☐ Ground

Did the remedy come in the form of a packaged medicine?

- ☐ Yes
☐ No

Form of package

- ☐ Powder
☐ Liquid
☐ Tablet
☐ Other

Other form of remedy

How did you take it (route)?

- ☐ Skin/Topical (i.e. poultice, lotion, ointment, scarification)
☐ Mouth/Oral
☐ Rectal/Anal (i.e. enema, sitz bath)
☐ Inhaled (incense, vapor bath)
☐ Multiple ways (infusions/decoctions)

What color was it?

What reason did you get this remedy?

Where did you get this remedy?

- ☐ Traditional healer/Isangoma
- ☐ Herbalist/Inyanga
- ☐ Chemist/Pharmacist
- ☐ Fortune Teller
- ☐ Diviner
- ☐ Faith Healer
- ☐ Herbal Shop
- ☐ Street Vendor
- ☐ Chinese Practitioner
- ☐ Other

Other location

How did you feel with this remedy?

- ☐ Same ☐ Better ☐ Worse

3. Name

Did the remedy come in the form of a plant?

- ☐ Yes
☐ No

Raw material

- ☐ Root
☐ Bark
☐ Bulb
☐ Whole plant
☐ Leaves/stems
☐ Tubers
☐ Mixture

Partially processed

- ☐ Chopped
☐ Ground

Did the remedy come in the form of a packaged medicine?

- ☐ Yes
☐ No

Form of package

- ☐ Powder
☐ Liquid
☐ Tablet
☐ Other

Other form of remedy

How did you take it (route)?

- ☐ Skin/Topical (i.e. poultice, lotion, ointment, scarification)
☐ Mouth/Oral
☐ Rectal/Anal (i.e. enema, sitz bath)
☐ Inhaled (incense, vapor bath)
☐ Multiple ways (infusions/decoctions)

What color was it?

What reason did you get this remedy?

Where did you get this remedy?

- ☐ Traditional healer/Isangoma
☐ Herbalist/Inyanga
☐ Chemist/Pharmacist
☐ Fortune Teller
☐ Diviner
☐ Faith Healer
☐ Herbal Shop
☐ Street Vendor
☐ Chinese Practitioner
☐ Other

Other location

How did you feel with this remedy?

- ☐ Same ☐ Better ☐ Worse

5b. Do you take these medicines with your ARVs or instead of your ARVs?

- ☐ with ARVs (1) ☐ Instead of ARVs (2)

5c. Have you had any side effects/adverse events to any of these remedies?

- ☐ Yes ☐ No

Which remedy and side effect?

6a. In the last 6 mos, did you take meds or supplements from a chemist/pharmacist not prescribed by a doctor, herbalist, or healer?

- ☐ Yes ☐ No

6b. What is/are the name(s)? (i.e. Immune Boost, Modul8)

6c. How did you feel with this medication?

- ☐ Same (1) ☐ Better (2)
☐ Worse (3)

7a. In the last 6 mos, did you use any other alternative treatment (for example but not limited to faith healing/prophet, Reikki, massage, sound/music, thermal, reflexology, chiropractic, acupuncture)?

7b. What is/are the treatment(s)?

7c. How did you feel with this treatment?

- ☐ Same (1) ☐ Better (2)
☐ Worse (3)

8. Who first recommended you to go to an HIV clinic?

- ☐ Provider (doctor or nurse)(1)
☐ Traditional Healer (Isangoma)(2)
☐ Herbalist (Inyanga)(3)
☐ Friend (4)
☐ Family (5)
☐ Member of religious faith (6)
☐ Other (7)

Other who recommended

Psychosocial Factors

1a. What is your marital status?

- ☐ Married (1)
☐ Divorced (2)
☐ Single living with partner (3)
☐ Single not living with partner (4)
☐ Single no partner (5)
☐ Widowed (6)
☐ Separated (7)

1b. Which forms of safe sex do you practice?

- ☐ Abstinence (1)
☐ Condoms (2)
☐ Pull out (3)
☐ None (4)
☐ Other (5)

Which type of condoms?

- ☐ Male (1) ☐ Female (2)

Other form of safe sex

1c. In the last 6 months, how often did you practice safe sex?

- ☐ Always (100%)(1)
☐ Often (>50%)(2)
☐ Sometimes (< 50%)(3)
☐ Rarely (< 25%)(4)
☐ Never, or none (0%)(5)
☐ Declined to answer (9)

2a. How many current partners do you have?

How many partners are currently living with you?

2b. How many partners do you know have been tested for HIV?

How many partners do you know are HIV positive?

2c. How many partners do you know are taking ARVs?

3a. How many biological children do you have?

How many children are you currently taking care of?

3b. How many children in your care do you know have been tested for HIV?

How many children in your care do you know are HIV positive?

4. How many additional family members do you know are HIV positive?

How many have died?

5. Who knows you are living with HIV?

- ☐ Partner/spouse (1)
☐ Family member(s)(2)
☐ Friends (3)
☐ Employer (4)
☐ Other (5)

Other person who knows (for example church community, pastor)

6. Who is the person most emotionally supportive of you?

Do they live with you?

☐ Yes ☐ No

7a. Do you have someone who is a treatment supporter/partner?

What is your relationship?

8a. Have you ever been hurt by someone?

-
- ☐ Frequently (≥ 3 x/wk)(1)
☐ Sometimes (≥ 1 x/mo)(2)
☐ Rarely (≥ 1 /yr)(3)
☐ Never (4)

8b. How have you been hurt?

- ☐ Physical (1)
☐ Sexual (2)
☐ Verbal (3)
☐ Psychological (4)
☐ Other (5)

8c. Has anyone ever physically forced your to have sex even when you did not want?

- ☐ Often (1) ☐ Sometimes (2)
☐ Not at all (3)

Whom?

- ☐ Partner (1) ☐ Other (2)

Other person

8d. Has anyone ever forced you to perform any sexual acts you did not want to?

-
- ☐ Often (1) ☐ Sometimes (2)
☐ Not at all (3)

Whom?

- ☐ Partner (1) ☐ Other (2)

Other person

8e. When was the last time you were hurt sexually?

-
- ☐ < 1 mo (1)
☐ 1-6 mo (2)
☐ >6-12 mo (3)
☐ >12 mo (4)

9. In the past 4 weeks, did you use street drugs?

- ☐ Yes ☐ No

Which one(s)? (These may include woonga, cocaine, heroin, dagga, ecstasy, etc.)

10a. How often do you drink alcohol?

-
- ☐ Daily (1)
☐ 4-5 times/week (2)
☐ Weekends (3)
☐ 3-4 times/month (4)
☐ Once/month (5)
☐ < Once/month (6)
☐ Never (7)

10b. What type of alcohol?

- ☐ Mqombothi (1)
☐ Cider (2)
☐ Wine (3)
☐ Spirits (4)
☐ Beer (5)

10c. Have you ever felt you should cut down on your drinking?

- ☐ Yes ☐ No

10d. Hae people annoyed you by criticizing your drinking?

- ☐ Yes ☐ No

10e. Have you ever felt bad or guilty about your drinking?

- ☐ Yes ☐ No

10f. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?

- ☐ Yes ☐ No

11a. Do you smoke?

- ☐ Yes ☐ No

11b. What do you smoke?

- ☐ Cigarettes (1)
☐ Cigars (2)
☐ Pipe (3)
☐ Dagga (4)

How many per day?

How many per day?

How many per day?

How many per day?

12. How much education do you feel you have received about HIV?

- ☐ Much (1) ☐ Some (2)
☐ Little (3) ☐ None (4)

13a. How many pre-ARV training sessions did you receive?

- ☐ 0(1) ☐ 1-2 (2) ☐ 3-5 (3)
☐ >5 (4)

13b. Were these sessions helpful?

- ☐ Yes ☐ No

Why not?

14. In the last 12 months, how many 1-on-1 adherence counseling sessions have you received?

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 10+

Were the sessions helpful to you?

- ☐ Yes ☐ No

Why not?

15a. Would you like additional support for your illness (i.e. financial, emotional, spiritual)?

- ☐ Yes ☐ No

15b. What other forms of support would you like to receive?

16. Do you feel you have access to all the services you need?

- ☐ Yes ☐ No

17. Which services would you like to access more?

- ☐ Health Education (1)
☐ Counseling (2)
☐ Doctors (3)
☐ Pharmacy (4)
☐ Physiotherapy (5)
☐ Social Work (6)
☐ Psychiatry/Psychology (7)
☐ Prayer/Minister (8)
☐ Other (9)

Other services

18. I am going to ask you some questions about how you have been feeling in the last 4 weeks?

a. During the past month, about how often did you feel tired out for no good reason?

- ☐ None of the time (1)
☐ A little of the time (2)
☐ Some of the time (3)
☐ Most of the time (4)
☐ All of the time (5)

b. During the past month, about how often did you feel nervous?

- ☐ None of the time (1)
☐ A little of the time (2)
☐ Some of the time (3)
☐ Most of the time (4)
☐ All of the time (5)

c. So nervous that nothing could calm you down?

- ☐ None of the time (1)
☐ A little of the time (2)
☐ Some of the time (3)
☐ Most of the time (4)
☐ All of the time (5)

d. During the past month, about how often did you feel hopeless?

- ☐ None of the time (1)
☐ A little of the time (2)
☐ Some of the time (3)
☐ Most of the time (4)
☐ All of the time (5)

e. During the past month, about how often did you feel restless or fidgety?

- ☐ None of the time (1)
☐ A little of the time (2)
☐ Some of the time (3)
☐ Most of the time (4)
☐ All of the time (5)

f. So restless you could not sit still?

- ☐ None of the time (1)
☐ A little of the time (2)
☐ Some of the time (3)
☐ Most of the time (4)
☐ All of the time (5)

g. During the past month, about how often did you feel sad or depressed?

- ☐ None of the time (1)
☐ A little of the time (2)
☐ Some of the time (3)
☐ Most of the time (4)
☐ All of the time (5)

h. So depressed that nothing could cheer you up?

- ☐ None of the time (1)
☐ A little of the time (2)
☐ Some of the time (3)
☐ Most of the time (4)
☐ All of the time (5)

i. During the past month, about how often did you feel that everything was an effort?

- ☐ None of the time (1)
☐ A little of the time (2)
☐ Some of the time (3)
☐ Most of the time (4)
☐ All of the time (5)

j. During the past month, about how often did you feel worthless?

- ☐ None of the time (1)
☐ A little of the time (2)
☐ Some of the time (3)
☐ Most of the time (4)
☐ All of the time (5)

30a. Total Score

19. What makes it difficult for you to take your ARVs?

20. What makes it difficult for you to improve your health (i.e. weight, think and think at night, worries you)?

21. What makes it difficult for you to access healthcare (i.e. getting to the clinic/pharmacy, childcare)?

Would you like me to share your responses with your adherence counselor?

☐ Yes ☐ No

Would you like me to share your responses with your doctor?

☐ Yes ☐ No

Comments

Symptoms

1. Fatigue or loss of energy?

☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
2. Fevers, chills, or sweats?

☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
3. Feeling dizzy or lightheaded?

☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
4. Pain, numbness or tingling in the hands or feet?

☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
5. Trouble remembering?

☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
6. Nausea or vomiting?

☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
7. Diarrhea or loose bowel movements?

☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
8. Felt sad, down or depressed?

☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
9. Felt nervous or anxious?

☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
10. Difficulty falling or staying asleep?

☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly

11. Skin problems, such as rash, dryness or itching?
- ☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
12. Cough or trouble catching your breath?
- ☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
13. Headache?
- ☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
14. Loss of appetite or a change in the taste of food?
- ☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
15. Bloating, pain or gas in your stomach?
- ☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
16. Muscle aches or joint pain?
- ☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
17. Problems with having sex, such as loss of interest or lack of satisfaction?
- ☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
18. Changes in the way your obdy looks, such as fat deposits or weight gain?
- ☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
19. Problems with weight loss or wasting?
- ☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
20. Hair loss or changes in the way your hair looks?
- ☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly
21. Other symptom
- ☐ Patient does not have symptom
☐ It does not bother patient
☐ It bothers patient a little
☐ It bothers patient a lot
☐ It bothers patient terribly

Other symptom

AIDS Conditions

AIDS Condition

- ☐ Bacterial infection
- ☐ Candida Esophagitis
- ☐ Candida Other
- ☐ Cervical Cancer
- ☐ Coccidioidomycosis
- ☐ Cryptococcus
- ☐ Cryptosporidiosis
- ☐ CMV retinitis
- ☐ CMV Other
- ☐ HIV Dementia
- ☐ HSV Other
- ☐ Histoplasmosis
- ☐ Isosporiasis
- ☐ KS
- ☐ LIP
- ☐ Burkitt's
- ☐ Immunoblastic Lymphoma
- ☐ CNS Lymphoma
- ☐ MAC/M. kansasii
- ☐ MTB (Pulmonary)
- ☐ EPTB
- ☐ NTM
- ☐ PCP
- ☐ Recurrent Pneumonia
- ☐ PML
- ☐ Salmonella
- ☐ Toxoplasmosis
- ☐ Wasting Syndrome
- ☐ Other

Site _____

Bacterial infection number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis ☐ Yes ☐ No

Candida Esophagitis number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis ☐ Yes ☐ No

Site _____

Candida Other number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis ☐ Yes ☐ No

Cervical Cancer number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis

Site	<hr/>
Coccidioidomycosis number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
Cryptococcus number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
Cryptosporidiosis number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
CMV Retinitis number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
CMV Other number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV Dementia number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
HSV Other number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>

Histoplasmosis number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Site

Isosporiasis number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Site

KS number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

LIP number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Site

Burkitt's number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Site

Immunoblastic Lymphoma number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

CNS Lymphoma number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Site

MAC/M. kansasii number of episodes

Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
MTB (Pulmonary) number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
EPTB number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
NTM number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
PCP number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recurrent Pneumonia number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
PML number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
Salmonella number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No

Site	<input type="text"/>
Toxoplasmosis number of episodes	<input type="text"/>
Initial Date	<input type="text"/>
Most Recent Date	<input type="text"/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wasting Syndrome number of episodes	<input type="text"/>
Initial Date	<input type="text"/>
Most Recent Date	<input type="text"/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other AIDS Conditions

1. Other AIDS Condition	<input type="text"/>
Site	<input type="text"/>
Other number of episodes	<input type="text"/>
Initial Date	<input type="text"/>
Most Recent Date	<input type="text"/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Other AIDS Condition	<input type="text"/>
Site	<input type="text"/>
Other number of episodes	<input type="text"/>
Initial Date	<input type="text"/>
Most Recent Date	<input type="text"/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Other AIDS Condition	<input type="text"/>
Site	<input type="text"/>
Other number of episodes	<input type="text"/>
Initial Date	<input type="text"/>
Most Recent Date	<input type="text"/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Other AIDS Condition	<input type="text"/>
Site	<input type="text"/>
Other number of episodes	<input type="text"/>
Initial Date	<input type="text"/>
Most Recent Date	<input type="text"/>

Current ongoing diagnosis

5. Other AIDS Condition

Site

Other number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Non-AIDS Conditions

Serious non-AIDS condition

- ☐ Rash
- ☐ Anemia
- ☐ Pancreatitis
- ☐ Hepatitis
- ☐ Lipodystrophy
- ☐ Peripheral Neuropathy
- ☐ Diarrhea
- ☐ Lactic Acidosis
- ☐ Hyperlipidemia
- ☐ Other Adverse Event
- ☐ Neuropsychological
- ☐ Cardiovascular
- ☐ Pulmonary
- ☐ Hematological
- ☐ Malignancy
- ☐ Endocrine
- ☐ Renal
- ☐ Hepatobiliary
- ☐ Gastrointestinal
- ☐ Dermatological
- ☐ Infectious Disease
- ☐ Rheumatological
- ☐ OB/GYN
- ☐ Other

Rash number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Anemia number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Pancreatitis number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Hepatitis number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Lipodystrophy number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Peripheral Neuropathy number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Diarrhea number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Lactic Acidosis number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Hyperlipidemia number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Other Adverse Event number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Neuropsychological number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

Cardiovascular number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Pulmonary number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Hematological number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Malignancy number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Endocrine number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Renal number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Hepatobiliary number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

Gastrointestinal number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Dermatological number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Infectious Disease number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Rheumatological number of episodes

Specify

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

OB/GYN List

OB/GYN number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Other Non-AIDS Diagnoses

1. Other Non-AIDS Condition

Other number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

2. Other Non-AIDS Condition

Other number of episodes

Initial Date	<div></div>
Most Recent Date	<div></div>
Current ongoing diagnosis	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
3. Other Non-AIDS Condition	<div></div>
Other number of episodes	<div></div>
Initial Date	<div></div>
Most Recent Date	<div></div>
Current ongoing diagnosis	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
4. Other Non-AIDS Condition	<div></div>
Other number of episodes	<div></div>
Initial Date	<div></div>
Most Recent Date	<div></div>
Current ongoing diagnosis	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
5. Other Non-AIDS Condition	<div></div>
Other number of episodes	<div></div>
Initial Date	<div></div>
Most Recent Date	<div></div>
Current ongoing diagnosis	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

Antiretrovirals

Current Antiretrovirals

Antiretrovirals from CURRENT REGIMEN

- ☐ Abacavir (ABC)
- ☐ Combivir (3TC/ZDV)
- ☐ Didanosine (DDI)
- ☐ Efavirenz (EFV)
- ☐ Emtricitabine (FTC)
- ☐ Epzicom (3TC/ABC)
- ☐ Indinavir (IDV)
- ☐ Lamivudine (3TC)
- ☐ Lopinavir/ritonavir or Kaletra (LPV/r)
- ☐ Nevirapine (NPV)
- ☐ Ritonavir (RTV)
- ☐ Saquinavir (SQV)
- ☐ Stavudine (D4T)
- ☐ Tenofovir (TDF)
- ☐ Truvada (FTC/TDF)
- ☐ Zidovudine (ZDV)
- ☐ Other

(ABC) Pill count at enrollment

Start date

Stop date

Pill count at earliest refill in last 6 mos

Date of earliest refill in last 6 mos

(3TC/ZDV) Pill count at enrollment

Start date

Stop date

Pill count at earliest refill in last 6 mos

Date of earliest refill in last 6 mos

(DDI) Pill count at enrollment

Start date

Stop date

Pill count at earliest refill in last 6 mos

Date of earliest refill in last 6 mos

(EFV) Pill count at enrollment

Start date

Stop date

Pill count at earliest refill in last 6 mos

Date of earliest refill in last 6 mos

(FTC) Pill count at enrollment

Start date	<hr/>
Stop date	<hr/>
Pill count at earliest refill in last 6 mos	<hr/>
Date of earliest refill in last 6 mos	<hr/>
(3TC/ABC) Pill count at enrollment	<hr/>
Start date	<hr/>
Stop date	<hr/>
Pill count at earliest refill in last 6 mos	<hr/>
Date of earliest refill in last 6 mos	<hr/>
(IDV) Pill count at enrollment	<hr/>
Start date	<hr/>
Stop date	<hr/>
Pill count at earliest refill in last 6 mos	<hr/>
Date of earliest refill in last 6 mos	<hr/>
(3TC) Pill count at enrollment	<hr/>
Start date	<hr/>
Stop date	<hr/>
Pill count at earliest refill in last 6 mos	<hr/>
Date of earliest refill in last 6 mos	<hr/>
(LPV/r) Pill count at enrollment	<hr/>
Start date	<hr/>
Stop date	<hr/>
Pill count at earliest refill in last 6 mos	<hr/>
Date of earliest refill in last 6 mos	<hr/>
(NVP) Pill count at enrollment	<hr/>
Start date	<hr/>
Stop date	<hr/>
Pill count at earliest refill in last 6 mos	<hr/>
Date of earliest refill in last 6 mos	<hr/>
(RTV) Pill count at enrollment	<hr/>
Start date	<hr/>
Stop date	<hr/>
Pill count at earliest refill in last 6 mos	<hr/>
Date of earliest refill in last 6 mos	<hr/>

(SQV) Pill count at enrollment	<hr/>
Start date	<hr/>
Stop date	<hr/>
Pill count at earliest refill in last 6 mos	<hr/>
Date of earliest refill in last 6 mos	<hr/>
(D4T) Pill count at enrollment	<hr/>
Start date	<hr/>
Stop date	<hr/>
Pill count at earliest refill in last 6 mos	<hr/>
Date of earliest refill in last 6 mos	<hr/>
(TDF) Pill count at enrollment	<hr/>
Start date	<hr/>
Stop date	<hr/>
Pill count at earliest refill in last 6 mos	<hr/>
Date of earliest refill in last 6 mos	<hr/>
(FTC/TDF) Pill count at enrollment	<hr/>
Start date	<hr/>
Stop date	<hr/>
Pill count at earliest refill in last 6 mos	<hr/>
Date of earliest refill in last 6 mos	<hr/>
(ZDV) Pill count at enrollment	<hr/>
Start date	<hr/>
Stop date	<hr/>
Pill count at earliest refill in last 6 mos	<hr/>
Date of earliest refill in last 6 mos	<hr/>
List	<hr/>
(Other) Pill count at enrollment	<hr/>
Start date	<hr/>
Stop date	<hr/>
Pill count at earliest refill in last 6 mos	<hr/>
Date of earliest refill in last 6 mos	<hr/>

Previous Antiretrovirals

PREVIOUS Antiretrovirals

- ☐ Abacavir (ABC)
- ☐ Combivir (3TC/ZDV)
- ☐ Didanosine (DDI)
- ☐ Efavirenz (EFV)
- ☐ Emtricitabine (FTC)
- ☐ Epzicom (3TC/ABC)
- ☐ Indinavir (IDV)
- ☐ Lamivudine (3TC)
- ☐ Lopinavir/ritonavir or Kaletra (LPV/r)
- ☐ Nevirapine (NPV)
- ☐ Ritonavir (RTV)
- ☐ Saquinavir (SQV)
- ☐ Stavudine (D4T)
- ☐ Tenofovir (TDF)
- ☐ Truvada (FTC/TDF)
- ☐ Zidovudine (ZDV)
- ☐ Other

(ABC) Start date

(ABC) Stop date

(3TC/ZDV) Start date

(3TC/ZDV) Stop date

(DDI) Start date

(DDI) Stop date

(EFV) Start date

(EFV) Stop date

(FTC) Start date

(FTC) Stop date

(3TC/ABC) Start date

(3TC/ABC) Stop date

(IDV) Start date

(IDV) Stop date

(3TC) Start date

(3TC) Stop date

(LPV/r) Start date

(LPV/r) Stop date

(NPV) Start date

(NPV) Stop date

(RTV) Start date

(RTV) Stop date

(SQV) Start date

(SQV) Stop date	<hr/>
(D4T) Start date	<hr/>
(D4T) Stop date	<hr/>
(TDF) Start date	<hr/>
(TDF) Stop date	<hr/>
(FTC/TDF) Start date	<hr/>
(FTC/TDF) Stop date	<hr/>
(ZDV) Start date	<hr/>
(ZDV) Stop date	<hr/>
(Other) Start date	<hr/>
(Other) Stop date	<hr/>

Pharmacy Refills

Number of refills to enter

1. Refill date

Amount dispensed

2. Refill date

Amount dispensed

3. Refill date

Amount dispensed

4. Refill date

Amount dispensed

5. Refill date

Amount dispensed

6. Refill date

Amount dispensed

7. Refill date

Amount dispensed

8. Refill date

Amount dispensed

9. Refill date

Amount dispensed

10. Refill date

Amount dispensed

Functional Scores

Date	<hr/>
Number of seconds for Trail A test	<hr/>
Number of seconds for Trail B test	<hr/>
Total Forward Score	<hr/>
Total Backwards Score	<hr/>
Karnofsky Score (%)	<hr/>

Laboratory Results

HIV-1 RNA Viral Load Results

1. HIV-1 RNA Viral Load

((copies/mL))

Date of test

2. HIV-1 RNA Viral Load

((copies/mL))

Date of test

3. HIV-1 RNA Viral Load

((copies/mL))

Date of test

4. HIV-1 RNA Viral Load

((copies/mL))

Date of test

5. HIV-1 RNA Viral Load

((copies/mL))

Date of test

6. HIV-1 RNA Viral Load

((copies/mL))

Date of test

7. HIV-1 RNA Viral Load

((copies/mL))

Date of test

Absolute CD4 Count Results

1. Absolute CD4 Count

((cells/uL))

Date of test

2. Absolute CD4 Count

((cells/uL))

Date of test

3. Absolute CD4 Count

((cells/uL))

Date of test

4. Absolute CD4 Count

((cells/uL))

Date of test

5. Absolute CD4 Count

((cells/uL))

Date of test

6. Absolute CD4 Count

((cells/uL))

Date of test

7. Absolute CD4 Count

((cells/uL))

Date of test

Enrollment Results

HIV-1 RNA Viral Load

((copies/mL))

Date of test

Absolute CD4 Count

((cells/uL))

Date of test

Concomitant Medications

Number of medications to enter

1. Name

Start date

2. Name

Start date

3. Name

Start date

4. Name

Start date

5. Name

Start date

6. Name

Start date

7. Name

Start date

8. Name

Start date

9. Name

Start date

10. Name

Start date

11. Name

Start date

12. Name

Start date

13. Name

Start date

14. Name

Start date

15. Name

Start date

16. Name

Start date	
17. Name	
Start date	
18. Name	
Start date	
19. Name	
Start date	
20. Name	
Start date	
21. Name	
Start date	
22. Name	
Start date	
23. Name	
Start date	

Resistance Data 1

Date of enrollment	<hr/>
Viral Load at Enrollment	<hr/>
HPP Recent Viral Load	<hr/>
Recent Viral Load at McCord	<hr/>
Date	<hr/>
Genotype done	<input type="checkbox"/> Done <input type="checkbox"/> Not done
Date results received	<hr/>
Genotype Comments	<hr/>

Antiretrovirals

3TC

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

ABC

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

AZT

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

D4T

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

DDI

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

DLV

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

EFV

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

ETR

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

FTC

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

NPV

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

RPV

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

TDF

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

RT Mutations

NRTI Mutations

☐ Yes ☐ No

NNRTI Mutations

☐ Yes ☐ No

M41

☐ M (WT) ☐ L ☐ Other

Other

44

☐ E (WT) ☐ A ☐ D ☐ Other

Other

A62

☐ A (WT) ☐ V ☐ Other

Other

K65

☐ K (WT) ☐ N ☐ R ☐ Other

Other

D67

☐ D (WT) ☐ E ☐ G ☐ N ☐ d ☐ Other

Other

T69

☐ T (WT) ☐ A ☐ D ☐ G ☐ I ☐ N ☐ S ☐ i ☐ Other

Other

K70

☐ K (WT) ☐ E ☐ G ☐ R ☐ T ☐ Other

Other

L74

☐ L (WT) ☐ I ☐ V ☐ Other

Other

V75

☐ V (WT) ☐ A ☐ I ☐ L ☐ M ☐ S ☐ T ☐ Other

Other

F77

☐ F (WT) ☐ L ☐ Other

Other

V90

☐ V (WT) ☐ I ☐ Other

Other

A98

☐ A (WT) ☐ G ☐ S ☐ Other

Other

L100

☐ L (WT) ☐ I ☐ Other

Other

K101

☐ K (WT) ☐ E ☐ H ☐ N ☐ P ☐ Q ☐ R ☐ Other

Other

K103

☐ K (WT) ☐ E ☐ H ☐ N ☐ Q ☐ R ☐ S ☐ T ☐ Other

Other

V106

☐ V (WT) ☐ A ☐ I ☐ L ☐ M ☐ Other

Other

V108

☐ V (WT) ☐ I ☐ Other

Other

G109

☐ G (WT) ☐ E ☐ S ☐ Other

Other

Y115

☐ Y (WT) ☐ F ☐ S ☐ Other

Other

F116

☐ F (WT) ☐ Y ☐ Other

Other

118

☐ V (WT) ☐ I ☐ Other

Other

E138

☐ E (WT) ☐ A ☐ G ☐ K ☐ Q ☐ Other

Other

Q151

☐ Q (WT) ☐ L ☐ M ☐ Other

Other

V179

☐ V (WT) ☐ D ☐ E ☐ F ☐ I ☐ T ☐ Y ☐ Other

Other

Y181

☐ Y (WT) ☐ C ☐ I ☐ S ☐ V ☐ Other

Other

M184

☐ M (WT) ☐ C ☐ I ☐ V ☐ Other

Other

Y188

☐ Y (WT) ☐ C ☐ F ☐ H ☐ L ☐ N ☐ Other

Other

G190

☐ G (WT) ☐ A ☐ C ☐ D ☐ E ☐ Q ☐ S ☐ T ☐ V ☐ Other

Other

L210

☐ L (WT) ☐ F ☐ S ☐ W ☐ Other

Other

T215

☐ T (WT) ☐ C ☐ D ☐ E ☐ F ☐ I ☐ S ☐ V ☐ Y ☐ Other

Other

K219

☐ K (WT) ☐ D ☐ E ☐ H ☐ N ☐ Q ☐ R ☐ W ☐ Other

Other

H221

☐ H (WT) ☐ Y ☐ Other

Other

P225

☐ P (WT) ☐ H ☐ Other

Other

F227

☐ F (WT) ☐ C ☐ L ☐ Other

Other

M230

☐ M (WT) ☐ L ☐ Other

Other

234

☐ L (WT) ☐ I ☐ Other

Other

236

☐ P (WT) ☐ L ☐ Other

Other

238

☐ K (WT) ☐ N ☐ R ☐ T ☐ Other

Other _____

Y318

☐ Y (WT) ☐ F ☐ Other

Other _____

333

☐ G (WT) ☐ D ☐ E ☐ Other

Other _____

N348

☐ N (WT) ☐ I ☐ Other

Other _____

Other RT Mutations _____

PI Major Mutations

PI Major Mutations

☐ Yes ☐ No

L10

☐ L (WT) ☐ F ☐ I ☐ R ☐ V ☐ Y ☐ Other

Other _____

V11

☐ V (WT) ☐ I ☐ Other

Other _____

13

☐ I (WT) ☐ V ☐ Other

Other _____

G16

☐ G (WT) ☐ E ☐ Other

Other _____

K20

☐ K (WT) ☐ I ☐ M ☐ R ☐ T ☐ V ☐ Other

Other

23

☐ L (WT) ☐ I ☐ Other

Other

L24

☐ L (WT) ☐ F ☐ I ☐ Other

Other

D30

☐ D (WT) ☐ N ☐ Other

Other

V32

☐ V (WT) ☐ I ☐ Other

Other

L33

☐ L (WT) ☐ F ☐ I ☐ V ☐ Other

Other

35

☐ E (WT) ☐ G ☐ Other

Other

M36

☐ M (WT) ☐ I ☐ L ☐ T ☐ V ☐ Other

Other

K43

☐ K (WT) ☐ T ☐ Other

Other

M46

☐ M (WT) ☐ I ☐ L ☐ V ☐ Other

Other

I47

☐ I (WT) ☐ A ☐ V ☐ Other

Other

G48

☐ G (WT) ☐ A ☐ M ☐ Q ☐ S ☐ T ☐ V ☐ Other

Other _____

I50

☐ I (WT) ☐ L ☐ V ☐ Other

Other _____

F53

☐ F (WT) ☐ L ☐ Y ☐ Other

Other _____

I54

☐ I (WT) ☐ A ☐ L ☐ M ☐ S ☐ T ☐ V ☐ Other

Other _____

Q58

☐ Q (WT) ☐ E ☐ Other

Other _____

D60

☐ D (WT) ☐ E ☐ Other

Other _____

I62

☐ I (WT) ☐ V ☐ Other

Other _____

L63

☐ L (WT) ☐ P ☐ Other

Other _____

A71

☐ A (WT) ☐ I ☐ L ☐ T ☐ V ☐ Other

Other _____

G73

☐ G (WT) ☐ A ☐ C ☐ S ☐ T ☐ Other

Other _____

T74

☐ T (WT) ☐ P ☐ S ☐ Other

Other _____

L76

☐ L (WT) ☐ V ☐ Other

Other

V77

☐ V (WT) ☐ I ☐ Other

Other

V82

☐ V (WT) ☐ A ☐ C ☐ F ☐ I ☐ L ☐ M ☐ S ☐ T ☐ Other

Other

N83

☐ N (WT) ☐ D ☐ Other

Other

I84

☐ I (WT) ☐ A ☐ C ☐ V ☐ Other

Other

I85

☐ I (WT) ☐ V ☐ Other

Other

N88

☐ N (WT) ☐ D ☐ G ☐ S ☐ T ☐ Other

Other

L89

☐ L (WT) ☐ I ☐ M ☐ T ☐ V ☐ Other

Other

L90

☐ L (WT) ☐ M ☐ Other

Other

I93

☐ I (WT) ☐ L ☐ M ☐ Other

Other

Resistance Data 2

Date results received _____

Genotype Comments _____

Antiretrovirals

3TC

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

ABC

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

AZT

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

D4T

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

DDI

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

DLV

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

EFV

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

ETR

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

FTC

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

NPV

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

RPV

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

TDF

☐ Resistant ☐ Intermediate Resistance ☐ Possible Resistance ☐ Susceptible ☐ Not done

RT Mutations

NRTI Mutations

☐ Yes ☐ No

NNRTI Mutations

☐ Yes ☐ No

M41

☐ M (WT) ☐ L ☐ Other

Other

44

☐ E (WT) ☐ A ☐ D ☐ Other

Other

A62

☐ A (WT) ☐ V ☐ Other

Other

K65

☐ K (WT) ☐ N ☐ R ☐ Other

Other

D67

☐ D (WT) ☐ E ☐ G ☐ N ☐ d ☐ Other

Other

T69

☐ T (WT) ☐ A ☐ D ☐ G ☐ I ☐ N ☐ S ☐ i ☐ Other

Other

K70

☐ K (WT) ☐ E ☐ G ☐ R ☐ T ☐ Other

Other

L74

☐ L (WT) ☐ I ☐ V ☐ Other

Other

V75

☐ V (WT) ☐ A ☐ I ☐ L ☐ M ☐ S ☐ T ☐ Other

Other

F77

☐ F (WT) ☐ L ☐ Other

Other

V90

☐ V (WT) ☐ I ☐ Other

Other _____

A98

☐ A (WT) ☐ G ☐ S ☐ Other

Other _____

L100

☐ L (WT) ☐ I ☐ Other

Other _____

K101

☐ K (WT) ☐ E ☐ H ☐ N ☐ P ☐ Q ☐ R ☐ Other

Other _____

K103

☐ K (WT) ☐ E ☐ H ☐ N ☐ Q ☐ R ☐ S ☐ T ☐ Other

Other _____

V106

☐ V (WT) ☐ A ☐ I ☐ L ☐ M ☐ Other

Other _____

V108

☐ V (WT) ☐ I ☐ Other

Other _____

G109

☐ G (WT) ☐ E ☐ S ☐ Other

Other _____

Y115

☐ Y (WT) ☐ F ☐ S ☐ Other

Other _____

F116

☐ F (WT) ☐ Y ☐ Other

Other _____

118

☐ V (WT) ☐ I ☐ Other

Other _____

E138

☐ E (WT) ☐ A ☐ G ☐ K ☐ Q ☐ Other

Other

Q151

☐ Q (WT) ☐ L ☐ M ☐ Other

Other

V179

☐ V (WT) ☐ D ☐ E ☐ F ☐ I ☐ T ☐ Y ☐ Other

Other

Y181

☐ Y (WT) ☐ C ☐ I ☐ S ☐ V ☐ Other

Other

M184

☐ M (WT) ☐ C ☐ I ☐ V ☐ Other

Other

Y188

☐ Y (WT) ☐ C ☐ F ☐ H ☐ L ☐ N ☐ Other

Other

G190

☐ G (WT) ☐ A ☐ C ☐ D ☐ E ☐ Q ☐ S ☐ T ☐ V ☐ Other

Other

L210

☐ L (WT) ☐ F ☐ S ☐ W ☐ Other

Other

T215

☐ T (WT) ☐ C ☐ D ☐ E ☐ F ☐ I ☐ S ☐ V ☐ Y ☐ Other

Other

K219

☐ K (WT) ☐ D ☐ E ☐ H ☐ N ☐ Q ☐ R ☐ W ☐ Other

Other

H221

☐ H (WT) ☐ Y ☐ Other

Other

P225

☐ P (WT) ☐ H ☐ Other

Other

F227

☐ F (WT) ☐ C ☐ L ☐ Other

Other

M230

☐ M (WT) ☐ L ☐ Other

Other

234

☐ L (WT) ☐ I ☐ Other

Other

236

☐ P (WT) ☐ L ☐ Other

Other

238

☐ K (WT) ☐ N ☐ R ☐ T ☐ Other

Other

Y318

☐ Y (WT) ☐ F ☐ Other

Other

333

☐ G (WT) ☐ D ☐ E ☐ Other

Other

N348

☐ N (WT) ☐ I ☐ Other

Other

Other RT Mutations

PI Major Mutations

PI Major Mutations

☐ Yes ☐ No

L10

☐ L (WT) ☐ F ☐ I ☐ R ☐ V ☐ Y ☐ Other

Other _____

V11

☐ V (WT) ☐ I ☐ Other

Other _____

13

☐ I (WT) ☐ V ☐ Other

Other _____

G16

☐ G (WT) ☐ E ☐ Other

Other _____

K20

☐ K (WT) ☐ I ☐ M ☐ R ☐ T ☐ V ☐ Other

Other _____

23

☐ L (WT) ☐ I ☐ Other

Other _____

L24

☐ L (WT) ☐ F ☐ I ☐ Other

Other _____

D30

☐ D (WT) ☐ N ☐ Other

Other _____

V32

☐ V (WT) ☐ I ☐ Other

Other _____

L33

☐ L (WT) ☐ F ☐ I ☐ V ☐ Other

Other _____

35

☐ E (WT) ☐ G ☐ Other

Other _____

M36

☐ M (WT) ☐ I ☐ L ☐ T ☐ V ☐ Other

Other _____

K43

☐ K (WT) ☐ T ☐ Other

Other _____

M46

☐ M (WT) ☐ I ☐ L ☐ V ☐ Other

Other _____

I47

☐ I (WT) ☐ A ☐ V ☐ Other

Other _____

G48

☐ G (WT) ☐ A ☐ M ☐ Q ☐ S ☐ T ☐ V ☐ Other

Other _____

I50

☐ I (WT) ☐ L ☐ V ☐ Other

Other _____

F53

☐ F (WT) ☐ L ☐ Y ☐ Other

Other _____

I54

☐ I (WT) ☐ A ☐ L ☐ M ☐ S ☐ T ☐ V ☐ Other

Other _____

Q58

☐ Q (WT) ☐ E ☐ Other

Other _____

D60

☐ D (WT) ☐ E ☐ Other

Other _____

I62

☐ I (WT) ☐ V ☐ Other

Other _____

L63

☐ L (WT) ☐ P ☐ Other

Other

A71

☐ A (WT) ☐ I ☐ L ☐ T ☐ V ☐ Other

Other

G73

☐ G (WT) ☐ A ☐ C ☐ S ☐ T ☐ Other

Other

T74

☐ T (WT) ☐ P ☐ S ☐ Other

Other

L76

☐ L (WT) ☐ V ☐ Other

Other

V77

☐ V (WT) ☐ I ☐ Other

Other

V82

☐ V (WT) ☐ A ☐ C ☐ F ☐ I ☐ L ☐ M ☐ S ☐ T ☐ Other

Other

N83

☐ N (WT) ☐ D ☐ Other

Other

I84

☐ I (WT) ☐ A ☐ C ☐ V ☐ Other

Other

I85

☐ I (WT) ☐ V ☐ Other

Other

N88

☐ N (WT) ☐ D ☐ G ☐ S ☐ T ☐ Other

Other

L89

☐ L (WT) ☐ I ☐ M ☐ T ☐ V ☐ Other

Other

L90

☐ L (WT) ☐ M ☐ Other

Other

I93

☐ I (WT) ☐ L ☐ M ☐ Other

Other

Follow Up Laboratory Results

HIV-1 RNA Viral Load Results

1. HIV-1 RNA Viral Load

((copies/mL))

Date of test

2. HIV-1 RNA Viral Load

((copies/mL))

Date of test

3. HIV-1 RNA Viral Load

((copies/mL))

Date of test

4. HIV-1 RNA Viral Load

((copies/mL))

Date of test

5. HIV-1 RNA Viral Load

((copies/mL))

Date of test

6. HIV-1 RNA Viral Load

((copies/mL))

Date of test

7. HIV-1 RNA Viral Load

((copies/mL))

Date of test

Absolute CD4 Count Results

1. Absolute CD4 Count

((cells/uL))

Date of test

2. Absolute CD4 Count

((cells/uL))

Date of test

3. Absolute CD4 Count

((cells/uL))

Date of test

4. Absolute CD4 Count

((cells/uL))

Date of test

5. Absolute CD4 Count

((cells/uL))

Date of test

6. Absolute CD4 Count

((cells/uL))

Date of test

7. Absolute CD4 Count

((cells/uL))

Date of test

Enrollment Results

HIV-1 RNA Viral Load

((copies/mL))

Date of test

Absolute CD4 Count

((cells/uL))

Date of test

Follow Up AIDS Conditions

AIDS Condition

- ☐ Bacterial infection
- ☐ Candida Esophagitis
- ☐ Candida Other
- ☐ Cervical Cancer
- ☐ Coccidioidomycosis
- ☐ Cryptococcus
- ☐ Cryptosporidiosis
- ☐ CMV retinitis
- ☐ CMV Other
- ☐ HIV Dementia
- ☐ HSV Other
- ☐ Histoplasmosis
- ☐ Isosporiasis
- ☐ KS
- ☐ LIP
- ☐ Burkitt's
- ☐ Immunoblastic Lymphoma
- ☐ CNS Lymphoma
- ☐ MAC/M. kansasii
- ☐ MTB (Pulmonary)
- ☐ EPTB
- ☐ NTM
- ☐ PCP
- ☐ Recurrent Pneumonia
- ☐ PML
- ☐ Salmonella
- ☐ Toxoplasmosis
- ☐ Wasting Syndrome
- ☐ Other

Site _____

Bacterial infection number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis ☐ Yes ☐ No

Candida Esophagitis number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis ☐ Yes ☐ No

Site _____

Candida Other number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis ☐ Yes ☐ No

Cervical Cancer number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis

Site	<hr/>
Coccidioidomycosis number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
Cryptococcus number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
Cryptosporidiosis number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
CMV Retinitis number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
CMV Other number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV Dementia number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
HSV Other number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>

Histoplasmosis number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Site

Isosporiasis number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Site

KS number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

LIP number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Site

Burkitt's number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Site

Immunoblastic Lymphoma number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

CNS Lymphoma number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Site

MAC/M. kansasii number of episodes

Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
MTB (Pulmonary) number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
EPTB number of episodes	<hr/>
Sites:	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
NTM number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
PCP number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recurrent Pneumonia number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
PML number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<hr/>
Salmonella number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>

Current ongoing diagnosis

Site	<hr/>
Toxoplasmosis number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wasting Syndrome number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other AIDS Conditions

1. Other AIDS Condition	<hr/>
Site	<hr/>
Other number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Other AIDS Condition	<hr/>
Site	<hr/>
Other number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Other AIDS Condition	<hr/>
Site	<hr/>
Other number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Other AIDS Condition	<hr/>
Site	<hr/>
Other number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>

Current ongoing diagnosis

5. Other AIDS Condition

Site

Other number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Follow Up Non-AIDS Conditions

Serious non-AIDS condition

- ☐ Rash
- ☐ Anemia
- ☐ Pancreatitis
- ☐ Hepatitis
- ☐ Lipodystrophy
- ☐ Peripheral Neuropathy
- ☐ Diarrhea
- ☐ Lactic Acidosis
- ☐ Hyperlipidemia
- ☐ Other Adverse Event
- ☐ Neuropsychological
- ☐ Cardiovascular
- ☐ Pulmonary
- ☐ Hematological
- ☐ Malignancy
- ☐ Endocrine
- ☐ Renal
- ☐ Hepatobiliary
- ☐ Gastrointestinal
- ☐ Dermatological
- ☐ Infectious Disease
- ☐ Rheumatological
- ☐ OB/GYN
- ☐ Other

Rash number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Anemia number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Pancreatitis number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Hepatitis number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Lipodystrophy number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Peripheral Neuropathy number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Diarrhea number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Lactic Acidosis number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Hyperlipidemia number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Other Specific

Other Adverse Event number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Neuropsychological number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Cardiovascular number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Pulmonary number of episodes

Initial Date

Most Recent Date

Current ongoing diagnosis

☐ Yes ☐ No

Hematological number of episodes

Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Malignancy number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Endocrine number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Renal number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatobiliary number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gastrointestinal number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dermatological number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Infectious Disease number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>
Current ongoing diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rheumatological number of episodes	<hr/>
Initial Date	<hr/>
Most Recent Date	<hr/>

Current ongoing diagnosis

OB/GYN List _____

OB/GYN number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis ☐ Yes ☐ No

Other Non-AIDS Diagnoses

1. Other Non-AIDS Condition _____

Other number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis ☐ Yes ☐ No

2. Other Non-AIDS Condition _____

Other number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis ☐ Yes ☐ No

3. Other Non-AIDS Condition _____

Other number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis ☐ Yes ☐ No

4. Other Non-AIDS Condition _____

Other number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis ☐ Yes ☐ No

5. Other Non-AIDS Condition _____

Other number of episodes _____

Initial Date _____

Most Recent Date _____

Current ongoing diagnosis ☐ Yes ☐ No

Disposition

Disposition

☐ Changed service provider

☐ Lost to follow-up

☐ Died

Date of last clinic visit

Name of new provider

Location of new provider

Reason for leaving

Date of last clinic visit

Date of death

Cause of death, if known
