

Infectious Diseases Division
Washington University School of Medicine
HIV/HCV follow up

Patient Name: _____ DOB: _____

Gender: MALE FEMALE Race: _____ Ethnicity: HISPANIC NON-HISPANIC

Weight: _____ Height: _____ BMI: _____

Last Clinic Visit: _____ # Clinic Visits in past year: _____

1. HCV:

a. Date of Dx: _____

b. HCV Ab titer: _____ Date: _____

c. HCV viral load: _____ Date: _____

d. HCV genotype: _____ Date: _____

e. AFP: _____ Date: _____

f. RUQ U/S: _____ Date: _____

g. Liver biopsy: YES NO
 GRADE: _____ STAGE: _____

 CIRRHOSIS: YES NO

h. Ever been treated for HCV YES NO

 With peg-IFN? YES NO

 With ribavirin? YES NO

 Duration: _____

 Early discontinuation? YES NO Reason: _____

 SVR? YES NO

 Intolerance/side effects (cytopenia, rash...) _____

i. IL28B genotype: _____

2. HIV:

a. Date of Dx: _____

b. AIDS defining illness: _____

c. Most recent CD4: _____ Date: _____

d. CD4 nadir: _____ Date: _____

e. Viral Load: _____ Date: _____

f. On HAART? YES NO

 If so, what meds: _____

 On AZT YES NO

 On DDI YES NO

g. Genotype:

Date: _____ Mutations: _____

i. If indicated, on OI prophylaxis? YES NO Meds: _____

3. Counseling and Health Maintenance

a. Counseling on prognosis and treatment basics: _____

Date: _____

b. Current EtOH use: YES NO Amount: _____ Cessation discussed? YES NO

Treatment offered? YES NO Inpatient/Outpatient

c. Tylenol use: YES NO Amount: _____ Cessation discussed? YES NO

d. Vitamin A use: YES NO Amount: _____ Cessation discussed? YES NO

e. IVUD: YES NO Cessation discussed? YES NO

Treatment offered? YES NO Inpatient/Outpatient

Safer practices discussed (clean needles)? YES NO

f. Safer Sexual Practices Discussed? YES NO

g. HAV vaccination: YES NO Date: _____ # Doses: _____

Response YES NO Antibody titer: _____ Date: _____

h. HBV vaccination: YES NO Date: _____ # Doses: _____

Response YES NO Antibody titer: _____ Date: _____

4. Labs:

a. CBC: WBC: _____ ANC: _____ HGB: _____ PLT: _____ Date: _____

b. CMP: Cr: _____ Glc: _____ AST: _____ ALT: _____ BIL: _____

AlkPhos: _____ Prot: _____ Alb: _____ Insulin: _____ Date: _____

c. INR: _____ PT: _____ PTT: _____

d. Child-Pugh score: _____ (Peg-IFN contraindicated if >6)

Measure	1 point	2 points	3 points	Units
<u>Bilirubin</u> (total)	<34 (<2)	34-50 (2-3)	>50 (>3)	μmol/l (mg/dl)
<u>Serum albumin</u>	>35	28-35	<28	g/l
<u>INR</u>	<1.7	1.71-2.20	> 2.20	no unit
<u>Ascites</u>	None	Mild	Severe	no unit
<u>Hepatic encephalopathy</u>	None	Grade I-II (or suppressed with medication)	Grade III-IV (or refractory)	no unit

e. Vitamin D level: _____ On replacement? YES NO Dose: _____

f. TSH: _____ freeT4: _____ Date: _____

g. Lipids: TG: _____ Total Chol: _____ HDL: _____ LDL: _____ Date: _____

h. Fe panel: _____ Date: _____

5. Evaluation for Treatment

- a. HIV stable YES NO
- b. AZT or DDI in regimen YES NO
- c. CD4>100 YES NO
- d. Adherence to treatment POOR FAIR GOOD EXCELLENT
missed doses in past month: _____ #missed appts in past year: _____
- e. Ongoing EtOH use? YES NO
- f. Ongoing IVDU YES NO
- g. Depression YES NO On meds? YES NO Meds: _____
Psychiatrist: _____ Controlled? YES NO
- h. Other medical contraindications
- | | | | |
|------------------------|-----|----|-----------------------------|
| Renal failure | YES | NO | |
| Severe cardiac disease | YES | NO | |
| Severe cytopenia | YES | NO | Details: _____ |
| Uncontrolled DM | YES | NO | |
| Autoimmune disease | YES | NO | |
| Malignancy | YES | NO | Details: (treatable?) _____ |
- i. Insurance? YES NO Case manager?: _____

6. Treatment

- a. Treatment regimen: _____
- b. Date started: _____
- c. HCV VL at initiation: _____
- d. HCV VL at 12 weeks: _____ EVR? YES NO
- e. HCV VL at 24 wks: _____ ETR (GT 2,3) YES NO
- f. HCV VL at 48 wks: _____ ETR (GT1, 4) YES NO
- g. Completion date: _____ HCV VL at completion: _____
- h. Early discontinuation: YES NO Reason: _____
- i. HCV VL 6 months after completion: _____ SVR? YES NO
- j. Side effects (circle all that apply):
- | | | | | | | | |
|------------|------------------------|--------------------|--------------|----------|------------------|------|----------|
| Ribivirin: | Cough/SOB | Anemia: on Epogen: | YES | NO | Insomnia | Rash | Pruritis |
| Peg_IFN: | Depression | Anxiety | Irritability | Anorexia | Thrombocytopenia | | |
| | Neutropenia: on GM-CSF | YES | NO | | | | |
- k. Enrolled in trial?: YES NO Trial: _____ Date of enrollment: _____

Assessing Prevention Needs among HIV Clinic Patients

DATE ____/____/____
 m m / d d / y y

PID# _____

Age ____

Gender

Male 1

Female 2

Transgender 3

Today we are going to be asking you some questions that will help us understand more about the characteristics of our patients. All of the information that you give will be kept in your medical record and kept confidential.

(only ask once--# 1)

Q2. What is the highest level of education you have ever completed?	<div style="text-align: right; padding-right: 10px;"> Never attended school Grades 1 - 8th Grades 9 -11th Grade 12 or GED College 1 to 3 years College 4 years or more Refused </div> <div style="text-align: left; padding-left: 10px;"> 01 02 03 04 05 06 07 </div>
Q3. Considering all your sources of income (including wages, salary, commissions, bonuses or tips), how much money did you make altogether in the last 12 months?	<div style="text-align: right; padding-right: 10px;"> Less than \$10,000 \$10,000-\$29,999 \$30,000-39,999 40,000-49,000 50,000-59,000 60,000+ Refused </div> <div style="text-align: left; padding-left: 10px;"> 01 02 03 04 05 06 07 </div>

Q4a. Including yourself, how many people were supported on this income in the last 12 months?	1 1 2 2 3 3 4 4 5 5 More than 5 6
Q4b. How many of those people are under 18 yrs?	0 1 1 2 2 3 3 4 4 5 5 6 More than 5 7
Q5. What is your current employment status?	Unemployed 01 Working full-time 02 Working part-time, less than 35 hours a week 03 Seasonal work 04 Full-time homemaker 05 Student 06 Retired 07 Disabled, not able to work 08 Refused 09
Q7. Do you consider yourself to be homeless?	No 1 Yes 2
Q9. Are you currently on HIV medications?	No 1 Yes 2
Q97. Did you use a condom the last time you had sex?	NO 1 YES 2
Q98. How many sex partners did you have in the last 3 months?	0 1 1 2 2 3 3-5 4 6-9 5 10+ 6
Q25. Do you now smoke cigarettes every day, some days, or not at all?	Everyday 1 Some days 2 Not at all 3 Prefer not to answer 4

<p>Q26. (IF 26 =1, SKIP TO 30.) During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?</p> <p style="text-align: right;">No 1 Yes 2</p>	
<p>Q27. Are you seriously thinking about quitting smoking in the next 6 months?</p> <p style="text-align: right;">No 1 Yes 2 Prefer not to answer 3</p>	
<p>Q28. Are you planning to quit smoking in the next 30 days?</p> <p style="text-align: right;">No 1 Yes 2 Prefer not to answer 3</p>	
<p>Q29. Now I am going to ask you some questions about alcohol use. When was the last time you had a drink? Was it: (CIRCLE RESPONSE)</p> <p style="text-align: right;">In the past 7 days? Not in the past 7 days, but in the past 30 days? 1 More than 30 days ago, but in the past 3 months? 2 More than 3 months ago, but in the last 12 months? Go to Q33 3 More than 12 months ago? Go to Q33 4 Or never? Go to Q33 5 6</p>	
<p>Q30. On average, how many days per week do you drink alcohol?</p> <p style="text-align: right;">0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 Prefer not to answer 9</p>	
<p>Q31. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. On the days when you drank, about how many drinks did you drink on the average? Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.</p> <p style="text-align: right;">0 1 1 2 2-3 3 4-5 4 More than 5 5 Don't know / Not sure 6 Prefer not to answer 7</p>	

DRUG USE

Q33.

	1) Marijuana or pot	2) Crack or cocaine	3) Stimulants like speed, or methamphetamines	4) Heroin, non- prescription opiates or other sedatives	5) Inhalants like poppers
A. How many <u>days</u> have you used (SUBSTANCE) in any way in the last 30 days? IF 00, SKIP TO NEXT COLUMN.	30 days (1) 25-29 days (2) 20-24 days (3) 15-19 days (4) 10-14 days (5) 1-5 days (6) 0 days (7) Prefer not to answer (8)	30 days (1) 25-29 days (2) 20-24 days (3) 15-19 days (4) 10-14 days (5) 1-5 days (6) 0 days (7) Prefer not to answer (8)	30 days (1) 25-29 days (2) 20-24 days (3) 15-19 days (4) 10-14 days (5) 1-5 days (6) 0 days (7) Prefer not to answer (8)	30 days (1) 25-29 days (2) 20-24 days (3) 15-19 days (4) 10-14 days (5) 1-5 days (6) 0 days (7) Prefer not to answer (8)	30 days (1) 25-29 days (2) 20-24 days (3) 15-19 days (4) 10-14 days (5) 1-5 days (6) 0 days (7) Prefer not to answer (8)
Q34. Have you ever injected any of these drugs?	Yes-1	No-2			

Now we are going to ask you questions about your mood in the past 2 weeks

Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Q36. Little interest or pleasure in doing things	1	2	3	4
Q37. Feeling down, depressed, or hopeless	1	2	3	4
Q38. A change in sleeping habits such as trouble falling or staying asleep, or sleeping too much	1	2	3	4
Q39. Feeling tired or having little energy	1	2	3	4
Q40. A change in eating habits, like having a poor appetite or overeating	1	2	3	4
Q41. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	1	2	3	4
Q42. Trouble concentrating on things	1	2	3	4
Q43. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	1	2	3	4
Q44. Thoughts that you would be better off dead or of hurting yourself in some way	1	2	3	4
Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Q45. Feeling nervous, anxious, or on edge	1	2	3	4
Q46. Not being able to stop or control worrying	1	2	3	4
Q47. Worrying too much about different things	1	2	3	4
Q48. Having trouble relaxing	1	2	3	4
Q49. Being so restless that it is hard to sit still	1	2	3	4
Q50. Becoming easily annoyed or irritable	1	2	3	4
Q51. Feeling afraid as if something awful might happen	1	2	3	4

Q52. In general, would you say your health is excellent, very good, good, fair or poor?		Excellent 1 Very good 2 Good 3 Fair 4 Poor 5
Q53. In the last 7 days, how many days did you do physical activities or exercise such as brisk walking, jogging, or biking for at least 30 minutes at a time?		
7 days	1	
6 days	2	
5 days	3	
4 days	4	
3 days	5	
2 days	6	
1 days	7	
0 days	8	

Q63. Which of the following would you like to discuss with your health care provider today?
Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Lab results | 1 |
| <input type="checkbox"/> Medications | 2 |
| <input type="checkbox"/> Aches and pains | 3 |
| <input type="checkbox"/> Side effects | 4 |
| <input type="checkbox"/> Any new symptoms since last visit | 5 |
| <input type="checkbox"/> None | 6 |

Q64. Would you like to talk to your case manager today?

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

Thank you for completing this survey.