## USF ETAC Hepatitis C Treatment Expansion Initiative Data Collection Form

## Form C

## **HIV/HCV Co-infected Population**

## **Patient Treatment Information Form - Week 12**

Patient Unique ID:
Date of data collection: / /
Most recent HIV VL Date: / / Value: Log: log 10
Most recent CD4 Date: / / Value: %:
AIDS defining event since baseline? Yes No
Week 12 HCV RNA Date: / / Value:
Week 4 HCV RNA, if available Date: / / Value:
PHQ-9 OR CES-D Score:
Is patient currently on antidepressant medication? Yes No
Is patient currently on antiretroviral medication? Yes No
Does patient have active alcohol or drug use?  No
Was treatment interrupted since start of treatment?  Yes No
Was treatment terminated early?  No Yes If Yes – Date: / /
Reason:
Physical adverse events – Describe:
Psychological adverse events
AIDS defining event
Pregnancy
Patient request
Patient lost to treatment
Alcohol use
Injection drug use
Non-injection drug use
Insufficient treatment response
Other:
Number of primary care visits since start of treatment:
List support services (nursing, groups, mental health, etc.) since start of treatment:
List specialty visits (specialists, radiologic testing, etc.) since start of treatment:
List hospitalizations since start of treatment:
List labs obtained for toxicity management since start of treatment:
List medications prescribed for toxicity management since start of treatment:

File Naming Instructions: ClinicName\_UniqueID\_C (Example: USF\_1234\_C)

Clinic Name should be shortened name previously provided to your site.

Unique ID is a unique number that you assign and consistently use for this patient.