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| **Form D****HIV/HCV Co-infected Population****Patient Treatment Information Form - Week 24**

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| --- |
| Patient Unique ID:  |
| Date of data collection: **/    /** |
| Most recent HIV VL -- Date: **/    /** Value: Log:log10 |
| Most recent CD4 -- Date: **/    /** Value: **%:** |
| AIDS defining event since week 12? [ ]  Yes [ ]  No |
| Most recent HCV RNA -- Date: **/    /** Value: Week of treatment: |
| [ ]  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? [ ]  Yes [ ]  No |
| Was treatment interrupted since week 12? [ ]  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 week 12:       |
| List support services (nursing, groups, mental health, etc.) since week 12:       |
| List specialty visits (specialists, radiologic testing, etc.) since week 12:       |
| List hospitalizations since week 12:       |
| List labs obtained for toxicity management since week 12:       |
| List medications prescribed for toxicity management since week 12:                                     |

**File Naming Instructions: ClinicName\_UniqueID\_D (Example: USF\_1234\_D)****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.** |