**Form B**

**HIV/HCV Co-infected Population**

**Patient Treatment Information Form – Pre-treatment**

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| Patient Unique ID: |
| Date of data collection: **/    /** |
| Was this patient previously reported as deferred treatment?  Yes  No  If yes, was deferral due to: patient choice medical issues  active substance abuse  active mental illness |
| Patient age: |
| Patient gender:  Female  Male  Transgender  If transgender:  male to female  female to male |
| Patient race:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White |
| Is patient of Hispanic, Latino/a, or Spanish origin?  Yes  No |
| HCV Genotype – Date: **/    /**  Type  1  2  3  4  5  6 |
| HCV RNA -- Date: **/    /** Value: |
| Most recent HIV VL: Date obtained: **/    /** |
| Most recent HIV VL log10 :  log10 Date obtained: **/    /** |
| Most recent CD4: Date obtained: **/    /** |
| Most recent CD4 %: Date obtained: **/    /** |
| AIDS defining event since screening?  Yes  No |
| Patient weight: |
| BMI: |
| Labs -- Date: **/    /**  CBC: WBC ANC Hgb Hct Plat count (not estimate)  Complete Metabolic Profile: Glucose (fasting) AST ALT Total Bilirubin Albumin Creatinine TSH  Fasting insulin  Prothrombin Time INR  25-hydroxy vitamin D(if collected) – Date: **/    /**Value  IL-28B genotype (if collected) – Date: **/    /** Value |
| Previous HCV Treatment?  Yes  No |
| Current antiretroviral medications?  Yes  No |
| PHQ-9 OR  CES-D Score: |
| Current antidepressant medication?  Yes  No |
| Alcohol or drug use?  Yes  No |
| Past IDU history?  Yes  No |
| Treatment start date: **/    /** |
| Treatment Information:  Hepatitis medications and dosages prescribed:  Injected in: Clinic  Home  Is this part of a clinical trial?  Yes  No |

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

**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.**