**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.**