

USF ETAC
Hepatitis C Treatment Expansion Initiative
Data Collection Form

Form B
HIV/HCV Co-infected Population
Patient Treatment Information Form – Pre-treatment

Patient Unique ID:					
Date of data collection: / /					
Was this patient previously reported as deferred treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, was deferral due to: patient choice <input type="checkbox"/> medical issues <input type="checkbox"/> active substance abuse <input type="checkbox"/>					
active mental illness <input type="checkbox"/>					
Patient age:					
Patient gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender					
If transgender: <input type="checkbox"/> male to female <input type="checkbox"/> female to male					
Patient race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American					
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White					
Is patient of Hispanic, Latino/a, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No					
HCV Genotype – Date: / / Type <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6					
HCV RNA -- Date: / / Value:					
Most recent HIV VL: Date obtained: / /					
Most recent HIV VL log ₁₀ : log ₁₀ Date obtained: / /					
Most recent CD4: Date obtained: / /					
Most recent CD4 %: Date obtained: / /					
AIDS defining event since screening? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current antiretroviral medications? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> PHQ-9 <u>OR</u> <input type="checkbox"/> CES-D Score:					
Current antidepressant medication? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Alcohol or drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Past IDU history? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Treatment start date: / /					
Treatment Information:					
Hepatitis medications and dosages prescribed:					
Injected in: <input type="checkbox"/> Clinic <input type="checkbox"/> Home					
Is this part of a clinical trial? <input type="checkbox"/> Yes <input type="checkbox"/> 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.