**Form C**

**HIV/HCV Co-infected Population**

**Patient Treatment Information Form - Week 12**

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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 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?  Yes  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.**