**Form C**

**HIV/HCV Co-infected Population**

**Patient Treatment Information Form - Week 12**

|  |
| --- |
| 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.**