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| **Form D**  **HIV/HCV Co-infected Population**  **Patient Treatment Information Form - Week 24**   |  | | --- | | Patient Unique ID: | | Date of data collection: **/    /** | | Most recent HIV VL -- Date: **/    /** Value: Log:log10 | | Most recent CD4 -- Date: **/    /** Value: **%:** | | AIDS defining event since week 12?  Yes  No | | Most recent HCV RNA -- Date: **/    /** Value: Week of treatment: | | 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 week 12?  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 week 12: | | List support services (nursing, groups, mental health, etc.) since week 12: | | List specialty visits (specialists, radiologic testing, etc.) since week 12: | | List hospitalizations since week 12: | | List labs obtained for toxicity management since week 12: | | List medications prescribed for toxicity management since week 12: |   **File Naming Instructions: ClinicName\_UniqueID\_D (Example: USF\_1234\_D)**  **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.** |