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: log $_{10}$
Most recent CD4 -- Date: **/   /**   Value: **%:**
AIDS defining event since week 12? ☐ Yes ☐ No
Most recent HCV RNA -- Date: **/   /**   Value: Week of treatment:
☐ PHQ-9 <u>OR</u> ☐ 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.