USF ETAC

Hepatitis C Treatment Expansion Initiative

Data Collection Form

**Form E**

**HIV/HCV Co‐infected Population**

**Patient Treatment Information Form ‐ End of treatment**

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| --- |
| 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 24? 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 24? 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 24: |
| List support services (nursing, groups, mental health, etc.) since week 24: |
| List specialty visits (specialists, radiologic testing, etc.) since week 24: |
| List hospitalizations since week 24: |
| List labs obtained for toxicity management since week 24: |
| List medications prescribed for toxicity management since week 24: |

**File Naming Instructions: ClinicName\_UniqueID\_E (Example: USF\_1234\_E)**

**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.**

05/18/11