Form E

HIV/HCV Co-infected Population

Patient Treatment Information Form - End of treatment

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 <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 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.