

An space designated as _____ is to be used to enter a date.
 List all dates as MM/DD/YY. If you don't have a day or a month use 00 in designated space.
 A space designated as is meant to be checked if condition is present.
 A space designated as _____ is meant to have a written response. 3-28-03

Date of Extraction: _____ Start Time: _____ End Time: _____
 Earliest Record Date: _____ Latest Record Date: _____
 Patient Name: _____ SSN: _____

Site (circle one): Cleveland/Manhattan/Houston Enrollment Date: _____

Date First HIV Positive Test: _____

Data Available (circle all that apply): Inpatient/ IDClinic/ Nutrition/ Psychiatric Notes
 Pages: Start _____ End _____ /Special Medicine

MEDICAL CONDITION

Please circle the correct time frame that the diagnosis was clinically established: Pre-Enroll/Post-Enroll plus Pre-HIV diagnosis / Post-HIV diagnosis.

1 Bacterial Pneumonia Dx Date Unknown _____

Date (post-enroll only): _____
 Date (first recurrence after post-enroll): _____

Organism (post-enroll): _____

CXR sputum culture
 Circle one: Pre-Enroll/Post-Enroll
 For HIV only: Pre-HIV/Post-HIV

2 Cancer Dx Date Unknown _____

Date (post-enroll only): _____
 Metastatic Tissue Bx

Type of Cancer	Date of Dx	Circle one ** HIV only
<input type="checkbox"/> Kaposi's Sarcoma	_____	Pre-Enroll/Post Enroll * Pre-HIV/Post-HIV
<input type="checkbox"/> Basal Cell Skin	_____	Pre-Enroll/Post Enroll * Pre-HIV/Post-HIV
<input type="checkbox"/> Melanoma Skin	_____	Pre-Enroll/Post Enroll * Pre-HIV/Post-HIV
<input type="checkbox"/> CNS Lymphoma	_____	Pre-Enroll/Post Enroll * Pre-HIV/Post-HIV
<input type="checkbox"/> Hodgkins Lymphoma	_____	Pre-Enroll/Post Enroll * Pre-HIV/Post-HIV
<input type="checkbox"/> Non Hodgkins Lymphoma	_____	Pre-Enroll/Post Enroll * Pre-HIV/Post-HIV
<input type="checkbox"/> Lung Cancer	_____	Pre-Enroll/Post Enroll * Pre-HIV/Post-HIV
<input type="checkbox"/> Colon Cancer	_____	Pre-Enroll/Post Enroll * Pre-HIV/Post-HIV
<input type="checkbox"/> Rectal Cancer	_____	Pre-Enroll/Post Enroll * Pre-HIV/Post-HIV
<input type="checkbox"/> Prostate Cancer	_____	Pre-Enroll/Post Enroll * Pre-HIV/Post-HIV
<input type="checkbox"/> Other _____	_____	Pre-Enroll/Post Enroll * Pre-HIV/Post-HIV

3 **Candidiasis (Thrush)** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Thrush Esophageal
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

4 **Cirrhosis (Liver Failure)** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Etiology: **ADR/ Alcohol/ Viral/ Other**
 Med Suspected if ADR: _____
 Med Suspected if ADR: _____
 Ascites? Liver Bx? Date Liver Bx: _____
 Varices?
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

5 **Coccidioidomycosis** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Antigen? Basis: **Hist or Cytology / Culture**
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

6 **Congestive Heart Failure (CHF)** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 EF (%) _____ Rt/Lt/Diast _____
 Date of Study _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

7 **Coronary Artery Disease (CAD)** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Stress Test Cath CABG
 Angina:
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

8 **Cryptococcosis (Crypto)** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Meningitis? Antigen? Basis: **Hist or Cytology / Culture**
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

9 **Cryptosporidiosis** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Basis: **Hist or Cytology / Culture**
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

10 **Cytomegalovirus (CMV)** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Retinitis Antibody* Basis: **Hist or Cytology**
 Vision Loss/Impair:
 Circle one: **Pre-Enroll/Post-Enroll** *Positive Antibody Only - Do not use
 For HIV only: **Pre-HIV/Post-HIV** Must also have symptoms

11 **Dementia (HIV enceph., HAD, MCMD)** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Cognitive Motor
Other Causes? _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

12 **Diabetes** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Etiology: **ADR/ Family History/ Obesity** Based on Meds Only
 Med Suspected if ADR: _____
 Med Suspected if ADR: _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

13 **Herpes simplex** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

14 **Herpes zoster (shingles)** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
Effected Sites/Distribution: _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

15 **Histoplasmosis** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Antigen? Basis: **Hist or Cytology / Culture**
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

16 **Hypertension** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

17 **Isosporiasis** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Biopsy?
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

18 **VOID** **NO #18**

19 **Myocardial Infarction** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Repeat (post-enroll) _____
 Positive Enzymes and/or Troponin ECG
 Other (for diagnosing) _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

20 **Osteopenia** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
Method of Dx: _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

21 **Osteoporosis (spine or hip fracture)** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Repeat (post-enroll) _____
Site of Fx: _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

22 **Other Mycobacteriosis (MAI, MAC, etc)** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Culture
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

23 **Pancreatitis** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Etiology: **ADR/ Alcohol/ Other** Method of Dx: _____
 Med Suspected if ADR: _____
 Med Suspected if ADR: _____
 List Other: _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

24 **Peripheral Vascular Disease** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Method of Dx: _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

25 **Peripheral Neuropathy** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Etiology: **ADR/ Diabetes/ HIV/ Other** List Other: _____
 Med Suspected if ADR: _____
 Med Suspected if ADR: _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

26 **Pneumocystis carinii Pneumonia (PCP)** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Basis: **Hist or Cytology** Bronch _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

27 **Progressive Multifocal Leukoencephalopathy (PML)** _____
 Date (post-enroll only): _____ Dx Date Unknown _____
 Basis: **Hist or Cytology** Exacerbation (post-enroll) _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

28 **Pulmonary Disease (COPD/Bronchitis/Emphysema/Asthma)** _____
 Childhood Asthma _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

29 **Renal Dialysis (on HD or PD)** _____
 Date (post-enroll only): _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

Dx Date Unknown _____
 Exacerbation (post-enroll) _____

30 **Salmonellosis** _____
 Date (post-enroll only): _____
 Culture: _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

Dx Date Unknown _____
 Exacerbation (post-enroll) _____

31 **Sepsis (Bacterial)** _____
 Date (post-enroll only): _____

Dx Date Unknown _____
 Repeat (post-enroll) _____

Pos/Total Bld Cxs _____ / _____ Organism (post-enroll): _____

Endocarditis Suspected?

ECHO Done? Echo Positive? Yes or No

Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

32 **Sleep Apnea** _____
 Date (post-enroll only): _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

Dx Date Unknown _____
 Exacerbation (post-enroll) _____

33 **Stroke (Neurologic loss >24 hours)** _____
 Date (post-enroll only): _____
 CT Pos MRI Pos
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

Dx Date Unknown _____
 Repeat (post-enroll) _____

34 **Toxoplasmosis** _____
 Date (post-enroll only): _____
 In Brain? Basis: **Hist or Cytology**
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

Dx Date Unknown _____
 Exacerbation (post-enroll) _____

35 **Transient Ischemic Attack (<24 hours)** _____
 Date (post-enroll only): _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

Dx Date Unknown _____
 Repeat (post-enroll) _____

36 **Tuberculosis** _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Exacerbation (post-enroll) _____
 Culture _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

37 **Wasting** (cachectic) _____
 >10% of body weight or >20 lbs lost _____
 Presumptive "wasting" in chart _____ Dx Date Unknown _____
 Date (post-enroll only): _____ Repeat (post-enroll) _____
Other Causes _____
Over # Months _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

38 **Other** _____ Dx Date Unknown _____
 Date (post-enroll only): _____
Describe _____
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

PSYCHIATRIC CONDITIONS

Psych Dx' box if diagnosis is listed as present by a psychiatrist, psychologist, or social worker

39 **Depression** _____
 on antidepressants _____ Dx Date Unknown _____
 psych dx _____ Date (post-enroll only) _____
 Circle one: **Pre-Enroll/Post-Enroll** Exacerbation (post-enroll) _____
 For HIV only: **Pre-HIV/Post-HIV**

Depression Screen **Type of Screen:** Prime-MD, Oryx, General, Other.... _____
 Date (post-enroll only): _____ **Circle One:** Positive / Negative
Repeat Screen (post-enroll) _____
Circle One: Positive / Negative (for repeat screen) **(Screen for post-enroll only)**

40 **Suicidal Ideation** _____
 Actual Attempt? _____ Dx Date Unknown _____
 Date (post-enroll only) _____
 Circle one: **Pre-Enroll/Post-Enroll** Repeat Attempt _____ (post-enroll)
 For HIV only: **Pre-HIV/Post-HIV**

41 **Schizophrenia**
 psych dx
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

Dx Date Unknown _____
 Date (post-enroll only): _____
 Exacerbation (post-enroll) _____

42 **PTSD**
 psych dx
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

Dx Date Unknown _____
 Date (post-enroll only): _____
 Exacerbation (post-enroll) _____

PTSD Screen **Type of Screen:** Oryx, General, Other.. _____
 Date (post-enroll only): _____
Circle One: Positive / Negative

Repeat Screen (post-enroll) _____
Circle One: Positive / Negative (for repeat screen) **(Screen for post-enroll only)**

43 **Anxiety Disorder**
 psych dx
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

Dx Date Unknown _____
 Date (post-enroll only): _____
 Exacerbation (post-enroll) _____

44 **Alcohol Abuse or Dependence**
 psych dx
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

Dx Date Unknown _____
 Date (post-enroll only): _____
 Exacerbation (post-enroll) _____

45 **Illicit Drug Abuse or Dependence**
 psych dx
 Circle one: **Pre-Enroll/Post-Enroll**
 For HIV only: **Pre-HIV/Post-HIV**

Dx Date Unknown _____
 Date (post-enroll only): _____
 Exacerbation (post-enroll) _____

46 **Other Major Psych Disturbances**
(POST ENROLL DATES ONLY)

Date: _____ **Condition** _____
 Date: _____ **Condition** _____
 Date: _____ **Condition** _____
 Date: _____ **Condition** _____
 Date: _____ **Condition** _____

ADVERSE DRUG REACTIONS

47 Any Adverse Drug Effect Suspected or Noted? Be sure to circle "ADR" above if cirrhosis diabetes, pancreatitis, or peripheral neuropathy thought at least in part due to ADR.

	Medication Suspected	Date	(Post-Enroll Only)
<input type="checkbox"/> Abacavir Hypersensitivity	_____	_____	60 days from start?
<input type="checkbox"/> Anemia	_____	_____	macro, micro, normo
<input type="checkbox"/> Chemical Hepatitis	_____	_____	
<input type="checkbox"/> Diarrhea	_____	_____	
<input type="checkbox"/> Drug Rash	_____	_____	
<input type="checkbox"/> Fat Redistribution*	_____	_____	
<input type="checkbox"/> Hyperlipidemia	_____	_____	
<input type="checkbox"/> Kidney Stones	_____	_____	Indinavir noted?
<input type="checkbox"/> Lactic Acidosis**	_____	_____	
<input type="checkbox"/> Nausea or Vomiting	_____	_____	
<input type="checkbox"/> Renal Insufficiency	_____	_____	
<input type="checkbox"/> Rhabdomyolysis	_____	_____	
<input type="checkbox"/> Other	_____	_____	
<input type="checkbox"/> Other	_____	_____	
<input type="checkbox"/> Other	_____	_____	
<input type="checkbox"/> Other	_____	_____	
<input type="checkbox"/> Other	_____	_____	
<input type="checkbox"/> Other	_____	_____	
<input type="checkbox"/> Other	_____	_____	

*Other names used for fat redistribution include protease paunch, buffalo hump, lipodystrophy. Please describe condition if listed

**Note if patient is considered symptomatic or asymptomatic and list highest Lactate level

RACE, RISKS, ADDICTIONS, BEHAVIORS

Race

48 Note: Patient may be White and Hispanic or Black and Hispanic

Black/AA
 White

Asian
 Native Hawaiian or Pacific Islander
 American Indian or Alaska Native

Ethnicity is Hispanic Latino (can also be Black/White etc)

49 Risk Behavior (may check more than one)

Men who have sex with Men
 Heterosexual exposure (multiple partners or partner known positive)
 Intravenous Drug Use
 Transfusion

50 **Body Mass Index:** Date _____ List data given closest to the enrollment date
Height: _____ (inches) **Wt:** _____ (pounds-round up)
% Ideal: _____ (to nearest hundredth) **BMI:** _____
Ideal Wt: _____ (to nearest tenth)

51 **Family History of Heart Disease:**
MI or Sudden Death in 1st degree relative. If female must occur before 65, male before 55 yrs.

52 **Intentional Treatment Interruption of ARVs** (POST-ENROLL ONLY)

- Patient requested
- Provider requested
- Nonadherence
- No current ADR or drug interaction, but want to avoid ADR or drug interaction
- Current ADR or drug interaction
- Failure to respond to treatment
- Patient doing well. Sustained high CD4 count.
- Clinical Trial (or structured treatment interruption)

Start Date _____ End Date _____ (Post-enrollment dates only)
Recurrent?

53 **Nonadherence to VISITS OR HOSPITALIZATIONS** (Post-enrollment only)
No Problem / Occasional Problems/ Frequent Problems (Circle One)

- >2 Missed Appointments
- Left Hospital Against Medical Advice (AMA) or Unauthorized Absence (UA)

54 **Adherence to MEDICATIONS (only check if ARV adherence is specifically mentioned)**
(Post-enrollment only)
No Problem / Occasional Problems/ Frequent Problems (Circle One)

55 **Illicit Drug Use**
Past only if has not used in more than 12 months
Drug Used: **Cocaine/Heroin/Marijuana/Amphetamines/Sedative Hypnotics**
Barbituates/LSD/ Benzodiazepines/Other (circle all that apply)
List Other _____

- Current and Past
- Past Only
- Documented as No Use
- No Data
- Stopped/Curtailed Intake Due to Problems
- Tried to stop or curtail but wasn't able to

Describe Problem _____

56 **Alcohol Use/Abuse**

Past only if has not had a drink in more than 12 months

	Current and Past
	Past Only
	Documented as No Use
	No Data

	Stopped/Curtailed Intake Due to Problems
	Tried to stop or curtail but wasn't able to

Describe Problem _____
#years of drinking _____

current drinking:	# Drinks/week _____	Max # Drinks/day _____
At height of drinking:	# Drinks/week _____	Max # Drinks/day _____

57 **Smokes Cigarettes**

Past only if has not had a cigarette in more than 12 months

	Current and Past
	Past Only
	Documented as No Use
	No Data

	Stopped/Curtailed Intake Due to Problems
	Tried to stop or curtail but wasn't able to

Describe Problem _____

Current smoking packs/day _____
At height of smoking packs/day _____

years of smoking _____ **pack/yrs** _____