PROVIDER QUESTIONNAIRE: ID

4083

Date Form Completed: ☐☐ / ☐☐ / ☐☐☐☐ Provider ID: ☐☐☐☐ Study ID: ☐☐☐☐☐☐

1. Are you designated as the primary care provider for this patient? 0 YES 0 NO

2. Do you consider yourself primarily responsible for this patient? 0 YES 0 NO

3. How long have you been this patient's provider?

0 < 3 MOS. 0 3 - 6 MOS. 0 6 - 12 MOS. 0 1 - 2 YRS. 0 2 - 3 YRS. 0 > 3 YRS.

4. Do you like working with this patient? NOT AT ALL 0 0 0 0 0 VERY MUCH

5. How close is your relationship with this patient?

0 VERY CLOSE 0 SOMEWHAT CLOSE 0 NOT CLOSE AT ALL

6. How sick is this patient?

0 NEAR DEATH 0 VERY SICK 0 MODERATELY SICK 0 SOMEWHAT SICK 0 NOT SICK AT ALL

7. In your best judgement, please estimate the percentage probability that this patient will be alive in 10 years. ☐☐☐%

8a. Does this patient take antiretroviral medications to treat their HIV? 0 YES 0 NO If no, skip to question 9.

8b. In your best judgement, please estimate the percentage probability that this patient is currently taking > 90% of their HIV antiretroviral medications? ☐☐☐%

8c. Over the past 3 months, how often has this patient failed to take their HIV antiretroviral medications?

0 NEVER 0 SOME OF THE TIME 0 HALF OF THE TIME 0 MOST OF THE TIME 0 ALL THE TIME

9a. Does this patient take other prescription medications? 0 YES 0 NO If no, skip to question 10.

9b. In your best judgement, please estimate the percentage probability that this patient is currently taking > 90% of their other prescription medications? ☐☐☐%

9c. Over the past 3 months, how often has this patient failed to take their other prescription medications?

0 NEVER 0 SOME OF THE TIME 0 HALF OF THE TIME 0 MOST OF THE TIME 0 ALL THE TIME

10. Please mark the following behaviors this patient practices:

	Past	Present	Never	Don't Know
Smokes cigarettes	0	0	0	0
Drinks alcohol	0	0	0	0
Drinks alcohol despite harm	0	0	0	0
Uses illegal drugs	0	0	0	0

11. Does this patient have cognitive impairments or dementia?

0 A GREAT DEAL 0 SOME 0 SLIGHT 0 NONE

12. Please mark the following comorbid conditions this patient has ever had (to the best of your knowledge).

Psychiatric Comorbid Conditions	Yes	No	Don't Know
a. Anxiety	0	0	0
b. Depression	0	0	0
c. Post Traumatic Stress Disorder (PTSD)	0	0	0
d. Schizophrenia	0	0	0
General Comorbid Conditions			
e. Alzheimer's Disease or other Dementia	0	0	0
f. Angina or CAD	0	0	0
g. Chronic Pulmonary Disease (COPD/Asthma)	0	0	0
h. Congestive Heart Failure	0	0	0
i. Myocardial Infarction	0	0	0
j. Peripheral Vascular Disease	0	0	0
k. Stroke/TIA	0	0	0
HIV Comorbid Conditions			
l. CMV Retinitis/Disseminated	0	0	0
m. CNS Toxoplasmosis	0	0	0
n. Cryptosporidiosis	0	0	0
o. Extrapulmonary Histoplasmosis	0	0	0
p. Extrapulmonary Coccidioidomycosis	0	0	0
q. Extrapulmonary Cryptococcosis	0	0	0
r. HIV Dementia	0	0	0
s. HIV Wasting	0	0	0
t. Isosporiasis	0	0	0
u. KS	0	0	0
v. Lymphoma (non Hodgkins)	0	0	0
w. MAI or MAC	0	0	0
x. PCP	0	0	0
y. Salmonella Septicemia	0	0	0
z. Thrush/Esophageal Candidiasis	0	0	0