



13568

PROVIDER FOLLOW UP QUESTIONNAIRE

DATE of VISIT: / /

PATIENTID:

PATIENTNAME:

PROVIDERNAME:

All of the following questions refer to the patient listed above. Please answer the questions to the best of your ability based on what you know about the patient. Please make your best guess. Please do not ask the patient. (We are asking the patient some of these questions as well.) Please fill in the circle for each of the following:

- 1. Are you the patient's primary care provider? Yes No
- 2. How close is your relationship with this patient? VeryClose SomewhatClose Not close at all
- 3. How sick is this patient? NearDeath VerySick ModeratelySick SomewhatSick Not Sick at All
- 4. In your best judgement, please estimate the percentage probability that this patient will be alive in 10 years.
- 5. Please fill in the circle for each drug this patient is currently taking: If none, please mark and go to question 7

- Retrovir(AZT,Zidovudine) Crixivan(MK-639,Indinavir) Viramune(B1-R6-587,Nevirapine)
- Videx(ddl,Didanosine) Norvir(Ritonavir) Rescriptor(Delavirdine)
- Hivid(ddC,Zalcitabine) Fortovase(Saquinavir) Sustiva(DMP-266,Efavirenz)
- Zerit(d4T,Stavudine) Viracept(Nelfinavir)
- Epivir(3TC,Lamivudine) Agenerase(APV-141,Amprenavir)
- Combivir(CBV,Zidovudine+Lamivudine)
- Ziagen(1592/ABC,Abacavir) Other

6. When was the last time this patient missed any of their HIV antiviral medications?

- Within past week 1-2 wks ago 2-4 wks ago 1-3 mos. ago >3 mos. ago Nevermissed

7a. What was this patient's last viral load?

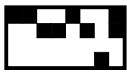
7b. What was this patient's last CD4 Count?

8. Please mark the following **behaviors** this patient practices:

	Past	Present	Never
Smokes cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinks too much alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please mark the following **psychiatric problems** this patient currently has (to the best of your knowledge).

	Don't				Don't		
	Yes	No	Know		Yes	No	Know
Depression -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Anxiety -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manic Depression/Bipolar -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Post Traumatic Stress Disorder (PTSD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schizophrenia -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				



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10. Please mark all of the following **HIV-related comorbid conditions** this patient ever had.

	Yes	No	Don't Know
PCP-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
KS -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MAI or MAC-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Esophageal Candidiasis/Thrush ----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB (not just positive PPD)-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CMV Retinitis/Disseminated -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shingles/Herpes Zoster -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toxoplasmosis -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coccidiomycosis -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cryptococcus -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Histoplasmosis -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enteric Parasites (Cryptosporidia, etc.) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacterial Pneumonia -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacterial Sepsis -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lymphoma -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other AIDS-Related Cancers -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV Dementia -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV Wasting -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peripheral Neuropathy -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other

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11. Please mark all of the following **general comorbid conditions** this patient ever had.

	Yes	No	Don't Know
Abnormal liver funtion tests -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B (acute)-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B (chronic active) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis C -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcoholic Hepatitis -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver Failure/Cirrhosis -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancreatitis -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary Disease/COPD, not requiring oxygen -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary Disease/COPD, requiring oxygen -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renal Insufficiency -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renal Failure (requiring dialysis) --	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyperlipidemia -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peripheral Vascular Disease -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myocardial Infarction/CAD -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congestive Heart Failure/Cardiomyopathy -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke/TIA -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Mellitus, diet contolled -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Mellitus, requiring medication -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer ----- (if yes, please indicate type in boxes below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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OtherGeneralComorbidConditions:

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