

1. Visit Date (DD/MM/YYYY) 01 / 03 / 2006

2. ID 

|   |   |   |
|---|---|---|
| A | B | J |
|---|---|---|

 - 

|   |   |   |
|---|---|---|
| 0 | 0 | 2 |
|---|---|---|

 - 

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 0 | 0 | 1 | 1 |
|---|---|---|---|---|

3. Hospital (Unit) No. 957355

4. Name Smith  
Surname

Theresa  
Other Names

5. Last CD4 Count 

|   |   |   |
|---|---|---|
| 4 | 0 | 0 |
|---|---|---|

03 / 12 / 2005

7a. Current ART regimen began: 01 / 12 / 2005

7b. Regimen: ZDV / 3TC / NVP

6. Latest VL 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 / /

7c. Regimen is:  1st line  2nd line  Salvage

**Medical History**

| 8. Symptom Review: |                       |                                  | Y                                | N                                | Duration    |                                 | Y                     | N                                | Duration |
|--------------------|-----------------------|----------------------------------|----------------------------------|----------------------------------|-------------|---------------------------------|-----------------------|----------------------------------|----------|
|                    |                       |                                  | <input checked="" type="radio"/> | <input type="radio"/>            | <u>6/52</u> | Rash                            | <input type="radio"/> | <input checked="" type="radio"/> |          |
| Fever/chills       | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |             | Headache                        | <input type="radio"/> | <input checked="" type="radio"/> |          |
| Nausea/vomiting    | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |             | Shortness of breath             | <input type="radio"/> | <input checked="" type="radio"/> |          |
| Night sweats       | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |             | New visual imparity             | <input type="radio"/> | <input checked="" type="radio"/> |          |
| Recent weight loss | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |             | Pain/difficulty when swallowing | <input type="radio"/> | <input checked="" type="radio"/> |          |
| Cough              | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> |             | Numbness/tingling               | <input type="radio"/> | <input checked="" type="radio"/> |          |
|                    |                       |                                  | <input type="radio"/>            | <input checked="" type="radio"/> |             | Pain (other site)               | <input type="radio"/> | <input checked="" type="radio"/> |          |
|                    |                       |                                  | <input type="radio"/>            | <input checked="" type="radio"/> |             |                                 |                       |                                  |          |

9. Illnesses since last visit: Cold and Flu

10. Hospitalization since last visit: \_\_\_\_\_

11. Since your last visit, have you received treatment for an illness by a native doctor or traditional healer?  Y  N

12a. Last Menstrual Period 10 / 02 / 2005

13. Current Medications (probe & specify)  None

12b. Currently pregnant  Y  N  Uncertain

ART ZDV/3TC/NVP

12c. Gestational Age \_\_\_\_\_ wks

TMX / SMX, Other \_\_\_\_\_

12d. Expected date of delivery \_\_\_\_\_ / \_\_\_\_ / 20

Anti-TB meds (specify INH/Rifampicin/other) \_\_\_\_\_

Other (specify) \_\_\_\_\_

14. ARV side effects  None
- |  |   |   |  |
|--|---|---|--|
| <input type="radio"/> Signif. nausea/vomit   | <input type="radio"/> Insomnia / bad dreams   | <input type="radio"/> Steven Johnson syndrome | <input type="radio"/> Fat accumulation or loss |
| <input checked="" type="radio"/> Headache    | <input type="radio"/> Confusion/dizzy         | <input checked="" type="radio"/> Itching      | <input type="radio"/> Hyperglycemia            |
| <input type="radio"/> Diarrhea               | <input type="radio"/> Tingling of extremities | <input type="radio"/> Anemia                  | <input type="radio"/> Kidney problems          |
| <input type="radio"/> Pain abdomen or muscle | <input checked="" type="radio"/> Rash         | <input type="radio"/> Weakness/fatigue        | <input type="radio"/> Liver problems           |
|  | <input type="radio"/> Jaundiced               | <input type="radio"/> Pancreatitis            | <input type="radio"/> Other (specify) _____    |

**15. Adherence**

- a. Participating in an adherence program  Y  N  
 -Missed ARV in the last 3 days:  Y  N  
 -Missed ARV in the last week:  Y  N  
 Enter code for why patient **missed** medication

- b. Treatment was **interrupted (unintentional)**  Y  N  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of days   
 Enter code for why patient **interrupted** medication

- c. Treatment was **stopped (intentional)**  Y  N  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of days   
 Enter code for why patient medication was **stopped**

| Reason codes:                 |                           |
|-------------------------------|---------------------------|
| 1 Felt good                   | 9 Toxicity                |
| 2 Forgot/slept through        | 10 Drug interaction       |
| 3 Couldn't adhere to schedule | 11 Ran out of medication  |
| 4 Patient preference          | 12 Med not available      |
| 5 Stigma of HIV/AIDS          | 13 Not able to Pay        |
| 6 Physician instruction       | 14 Clinical Failure       |
| 7 Never went back             | 15 Immunologic Failure    |
| 8 Patient moved               | 16 Virologic Failure      |
|                               | 17. Other (Specify) _____ |

**16. Physical Exam** (note: NSF= no significant findings)

|   |  |  |  |                  |
|---|--|--|--|------------------|
| <b>Temp:</b> 37.1 °C  | <b>BP</b> / mm/Hg  | <b>Pulse</b>   | <b>Wt</b> 40 kgs   | <b>Ht</b> 1.53 m |
| <b>General Appearance</b> <input type="radio"/> NSF<br><input checked="" type="radio"/> Pallor<br><input type="radio"/> Febrile<br><input type="radio"/> Dehydrated<br><input type="radio"/> Jaundiced<br><input type="radio"/> Peripheral edema<br><input type="radio"/> Other (specify) _____   | <b>Skin</b> <input type="radio"/> NSF<br><input type="radio"/> Pruritic papular dermatitis<br><input type="radio"/> Abscesses<br><input type="radio"/> Herpes zoster<br><input type="radio"/> Kaposi's lesions<br><input type="radio"/> Suborrheic dermatitis<br><input checked="" type="radio"/> Fungal infections<br><input type="radio"/> Other (specify) _____ | <b>HEENT</b> <input checked="" type="radio"/> NSF<br><input type="radio"/> Icterus<br><input type="radio"/> Thrush<br><input type="radio"/> Oral KS _____<br><input type="radio"/> Abnormal fundoscopy<br><input type="radio"/> Other (specify) _____  | <b>Breasts</b> <input checked="" type="radio"/> NSF<br><input type="radio"/> Lumps, masses<br><input type="radio"/> Discharge<br><input type="radio"/> Other (specify) _____   |                  |
|   |  | <b>Cardiovascular</b> <input checked="" type="radio"/> NSF<br><input type="radio"/> Abnormal heart rate<br><input type="radio"/> Auscultation finding<br><input type="radio"/> Other (specify) _____   | <b>Genitalia</b> <input checked="" type="radio"/> NSF<br><input type="radio"/> Genital discharge<br><input type="radio"/> Genital ulcer/other lesion<br><input type="radio"/> Inguinal node enlargement<br><input type="radio"/> Other (specify) _____   |                  |
| <b>Respiratory</b> <input checked="" type="radio"/> NSF<br>rate _____ breaths/min<br><input type="radio"/> Labored breathing<br><input type="radio"/> Cyanosis<br><input type="radio"/> Wheezing<br><input type="radio"/> Intercostal (sub) recession<br><input type="radio"/> Auscultation findings<br><input type="radio"/> Other (specify) _____ | <b>Gastrointestinal</b> <input checked="" type="radio"/> NSF<br><input type="radio"/> Distention<br><input type="radio"/> Hepatomegaly<br><input type="radio"/> Splenomegaly<br><input type="radio"/> Tenderness<br><input type="radio"/> Other (specify) _____  | <b>Neurological</b> <input checked="" type="radio"/> NSF<br><input type="radio"/> Orientation to TPP<br><input type="radio"/> Speech slurs<br><input type="radio"/> Neck stiffness<br><input type="radio"/> Blindness 1/2 eyes<br><input type="radio"/> Hemiplegia/paresis<br><input type="radio"/> Numbness of extremities<br><input type="radio"/> Other (specify) _____ | <b>Mental status</b> <input checked="" type="radio"/> NSF<br><input type="radio"/> Slow mentation<br><input type="radio"/> Memory loss<br><input type="radio"/> Mood swings<br><input type="radio"/> Depression<br><input type="radio"/> Anxiety<br><input type="radio"/> Suicidal ideation<br><input type="radio"/> Other (specify) _____ |                  |
| <b>Additional and detailed findings:</b>  |  |  |  |                  |

**17. Assessment**  Asymptomatic  Symptomatic  AIDS defining illness/opportunistic infection

**18. WHO staging criteria (History of any of the following)**

- Asymptomatic
- Persistent generalized lymphadenopathy
- Performance scale: 1 asymptomatic, normal activity

Stage 1

- Weight loss <10% of body weight
- Minor Mucocutaneous Manifestations
- Herpes Zoster (within last 5 years)
- Recurrent Upper Respiratory Tract Infections
- Performance scale: 2 symptomatic, normal activity

Stage 2

- Weight loss >10% of body weight
- Unexplained Chronic Diarrhea (>1 month)
- Unexplained Prolonged Fever
- Oral Candidiasis
- Oral Hairy Leukoplakia
- TB, Pulmonary (within previous year)
- Severe Bacterial Infections
- Performance scale: 3 bedridden <50% of day in last month

Stage 3

- HIV Wasting syndrome
- PCP
- Toxoplasmosis, CNS
- Cryptosporidiosis with Diarrhea (>1 month)
- Cryptococcosis, Extrapulmonary
- Cytomegalovirus disease
- Herpes Simplex (mucotaneous >1 month)
- Progressive Multifocal Leukoencephalopathy
- Mycosis, disseminated
- Candidiasis
- Atypical Mycobacteriosis, disseminated
- Salmonella Septicemia, Non-typoid
- TB, Extrapulmonary
- Lymphoma
- Kaposi's Sarcoma
- HIV encephalopathy
- Performance scale: 4 bedridden >50% of the day in last month

Stage 4

**19. WHO Stage**

**2**

