

1. Visit Date (DD/MM/YYYY) \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_

2. ID  -  -   
State Facility No. Serial Enrollment No.

3. Hospital (Unit) No.

4. Name    
Surname Other Names

5. Sex  F  M 6. Date of birth (DD/MM/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 7. Age    
Please complete both date of birth and age if possible

8. Presenting complaint:

**Medical History**

9. Symptom review:	Y	N	Duration		Y	N	Duration
Fever/chills	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Rash	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Nausea/vomiting	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Itching	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Chronic diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Recent weight loss	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Genital discharge	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Cough	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Genital itching	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
				Genital sores	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
				Headache	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
				Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
				New visual imparity	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
				Pain/difficulty when swallowing	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
				Numbness/tingling	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
				Pain (other site)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

10. Additional comments \_\_\_\_\_

11. Past medical problems: \_\_\_\_\_

12. Family history: \_\_\_\_\_ 13. Hospitalization: \_\_\_\_\_

14. Drug allergies: \_\_\_\_\_ 15. Have you ever received treatment for an illness by a native doctor/traditional healer?  Y  N

16a. Last menstrual period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

16b. Currently pregnant  Y  N  Uncertain

16c. Gestational Age \_\_\_\_\_ wks

16d. Expected date of delivery \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

18. Lowest CD4 (if available)  counts/mL  
 Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  lab records seen

17. Latest CD4 (if available)  cells/mL

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Method used:  Microscopic  Automated

19. Latest VL (if available)  c/ml

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  lab records seen (name of lab)

20. Previous ARV exposure (probe)

None Treatment Months \_\_\_\_\_ (specify)

PMTCT

Treatment

21. Current Medications (probe and specify)  None

ART \_\_\_\_\_

TMX/SMX \_\_\_\_\_

Anti-TB meds \_\_\_\_\_

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

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

22. 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) _____

Patient Name:

Hospital (Unit) No.

**23. Past or current ARV side effects**

None

- Signif. nausea/vomit
- Headache
- Diarrhea
- Pain abdomen or muscle
- Insomnia / bad dreams
- Confusion/dizzy
- Tingling of extremities
- Rash
- Jaundiced
- Steven Johnson syndrome
- Itching
- Anemia
- Weakness/fatigue
- Pancreatitis
- Fat accumulation or loss
- Hyperglycemia
- Kidney problems
- Liver problems
- Other (specify) \_\_\_\_\_

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

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

**25. Assessment**

- Asymptomatic     
  Symptomatic     
  AIDS defining illness/opportunistic infection

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <input type="radio"/> Asymptomatic<br><input type="radio"/> Persistent generalized lymphadenopathy<br><input type="radio"/> Performance scale: 1 asymptomatic, normal activity                                                                                                                                                                                                                                                                                             | } <b>Stage 1</b> | <input type="radio"/> HIV Wasting syndrome<br><input type="radio"/> PCP<br><input type="radio"/> Toxoplasmosis, CNS<br><input type="radio"/> Cryptosporidiosis with Diarrhea (>1 month)<br><input type="radio"/> Cryptococcosis, Extrapulmonary<br><input type="radio"/> Cytomegalovirus disease<br><input type="radio"/> Herpes Simplex (mucotaneous >1 month)<br><input type="radio"/> Progressive Multifocal Leukoencephalopathy<br><input type="radio"/> Mycosis, disseminated<br><input type="radio"/> Candidiasis<br><input type="radio"/> Atypical Mycobacteriosis, disseminated<br><input type="radio"/> Salmonella Septicemia, Non-typhoid<br><input type="radio"/> TB, Extrapulmonary<br><input type="radio"/> Lymphoma<br><input type="radio"/> Kaposi's Sarcoma<br><input type="radio"/> HIV encephalopathy<br><input type="radio"/> Performance scale: 4 bedridden >50% of the day in last month | } <b>Stage 4</b> |
| <input type="radio"/> Weight loss <10% of body weight<br><input type="radio"/> Minor Mucocutaneous Manifestations<br><input type="radio"/> Herpes Zoster (within last 5 years)<br><input type="radio"/> Recurrent Upper Respiratory Tract Infections<br><input type="radio"/> Performance scale: 2 symptomatic, normal activity                                                                                                                                            | } <b>Stage 2</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |
| <input type="radio"/> Weight loss >10% of body weight<br><input type="radio"/> Unexplained Chronic Diarrhea (>1 month)<br><input type="radio"/> Unexplained Prolonged Fever<br><input type="radio"/> Oral Candidiasis<br><input type="radio"/> Oral Hairy Leukoplakia<br><input type="radio"/> TB, Pulmonary (within previous year)<br><input type="radio"/> Severe Bacterial Infections<br><input type="radio"/> Performance scale: 3 bedridden <50% of day in last month | } <b>Stage 3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |

**27. WHO Stage**

