

1. Visit Date / /20  
(dd/mm/yyyy)

2. Patient Name

3. ID  -  -   
State Facility No Serial Enrollment No

4. Hospital No.

5a. Last CD4 Count  / /20

5b. Last CD4 %  % / /20

7a. Current ART regimen began:  N/A / /

6. Latest VL  / /20

7b. Regimen / /

8. Age  years If < 5 years  months

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

**Medical History**

9. Presenting complaint:

10. Symptom review:	Y	N	Duration		Y	N	Duration		Y	N	Duration
Fever	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Ear discharge	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Pain on micturation	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Weight loss/failure to gain weight	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Oral sores	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Genital sores/discharge	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Cough	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Numbness/tingling	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Irritability	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Convulsion	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Difficulty sleeping	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Food refusal	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Rash	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Diarrhoea	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Itching	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
New Visual Impairment	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Nausea/vomiting	<input type="radio"/>	<input type="radio"/>	<input type="text"/>				

**11a. Developmental milestones attained since last visit:**

- |   |  |  |   |
|---|--|--|---|
| <b>Gross Motor:</b>                       | <b>Fine Motor:</b>                                 | <b>Speech:</b>                           | <b>Social:</b>                                  |
| <input type="radio"/> Head control        | <input type="radio"/> Transfer object hand to hand | <input type="radio"/> Babbles            | <input type="radio"/> Smiles responsively       |
| <input type="radio"/> Sitting             | <input type="radio"/> Pincer grasp                 | <input type="radio"/> Says mama/dada     | <input type="radio"/> Plays with parents        |
| <input type="radio"/> Crawling            | <input type="radio"/> Ties shoes                   | <input type="radio"/> Two words together | <input type="radio"/> Plays alone               |
| <input type="radio"/> Standing            |  | <input type="radio"/> Sentences          | <input type="radio"/> Plays with other children |
| <input type="radio"/> Walking             |  |  |   |
| <input type="radio"/> Able to kick a ball |  |  |   |

11 b. Has the patient lost developmental milestones since last visit?  Y  N If yes, specify:

12. Illnesses since last visit:

13. Hospitalization since last visit (include duration, indication and treatment):

14. Since the last visit, has the child received treatment for an illness by a native doctor/traditional healer/alternative health provider?  
 Y  N

15. Current medications (probe and specify)  None

<input type="radio"/> ART <input type="text"/>	<input type="radio"/> Other (specify) <input type="text"/>
<input type="radio"/> TMP/SMX <input type="text"/>	<input type="radio"/> Other (specify) <input type="text"/>
<input type="radio"/> Anti-TB meds <input type="text"/>	<input type="radio"/> Other (specify) <input type="text"/>

16a. Possible ARV side effects (either presently or since last visit):  N/A

<input type="radio"/> None	<input type="radio"/> Pain abdomen or muscle	<input type="radio"/> Liver problems	<input type="radio"/> Tingling of extremities
<input type="radio"/> Weakness/fatigue	<input type="radio"/> Diarrhoea	<input type="radio"/> Jaundiced	<input type="radio"/> Rash
<input type="radio"/> Headache	<input type="radio"/> Signif. nausea/vomit	<input type="radio"/> Hyperglycemia	<input type="radio"/> Stevens Johnson Syndrome
<input type="radio"/> Confusion/dizziness	<input type="radio"/> Pancreatitis	<input type="radio"/> Anaemia	<input type="radio"/> Itching
<input type="radio"/> Insomnia/bad dreams	<input type="radio"/> Kidney problems	<input type="radio"/> Fat accumulation or loss	<input type="radio"/> Other (specify) <input type="text"/>

16b. Specify details of possible ARV side effects

17. Adherence since last visit  N/A

a. Treatment was interrupted (by patient/caregiver)  Y  N

Date / / Number of days

Enter code for why patient interrupted medication

b. Treatment was interrupted (by physician)  Y  N

Date / / Number of days

Enter code for why patient medication was stopped

Reason Codes:		
1 Felt good	8 Patient moved	15 Virologic Failure
2 Forgot/slept through	9 Toxicity	16 Immunologic Failure
3 Can't adhere to schedule	10 Drug interaction	17 Caregiver travelled
4 Patient refusal	11 Ran out of medicine	18 Other
5 Stigma of HIV/AIDS	12 Med not available	
6 Physician instruction	13 Not able to Pay	
7 Never went back	14 Clinical Failure	

Patient Name

Hospital No

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

<b>Temp</b> °C	<b>BP</b> / mm/Hg	<b>Pulse</b>	<b>Weight</b> kgs	<b>Height/Length</b> m
<b>Head circumference</b> cm	<b>MUAC</b> cm	<b>Weight for height</b> (choose one): <input type="radio"/> normal <input type="radio"/> under <input type="radio"/> over		
<b>General Appearance</b> <input type="radio"/> NSF <input type="radio"/> Pale <input type="radio"/> Febrile <input type="radio"/> Dehydrated <input type="radio"/> Jaundiced <input type="radio"/> Edematous <input type="radio"/> _____	<b>Skin</b> <input type="radio"/> NSF <input type="radio"/> Pruritic papular dermatitis <input type="radio"/> Scabies <input type="radio"/> Abscesses <input type="radio"/> Herpes zoster <input type="radio"/> Kaposi's lesions <input type="radio"/> Seborrheic dermatitis <input type="radio"/> Fungal infection <input type="radio"/> _____	<b>Cardiovascular</b> <input type="radio"/> NSF <input type="radio"/> Irregular pulse <input type="radio"/> Auscultation finding (specify finding) _____ <input type="radio"/> _____	<b>Breasts</b> <input type="radio"/> NSF <input type="radio"/> Lumps, masses <input type="radio"/> Tanner stage: _____ <input type="radio"/> _____	<b>Genitalia</b> <input type="radio"/> NSF <input type="radio"/> Genital lesions <input type="radio"/> Tanner stage: _____ <input type="radio"/> _____
<b>Glands</b> <input type="radio"/> NSF <input type="radio"/> Parotid swelling <input type="radio"/> Lymphadenopathy <input type="radio"/> _____	<b>Gastrointestinal</b> <input type="radio"/> NSF <input type="radio"/> Hepatomegaly <input type="radio"/> Splenomegaly <input type="radio"/> Tenderness <input type="radio"/> Distention <input type="radio"/> _____	<b>HEENT</b> <input type="radio"/> NSF <input type="radio"/> Thrush <input type="radio"/> Oral KS <input type="radio"/> Gingivitis <input type="radio"/> Ear discharge <input type="radio"/> Otitis media <input type="radio"/> Oral ulcer <input type="radio"/> _____	<b>Neurological</b> <input type="radio"/> NSF <input type="radio"/> Disoriented in TPP <input type="radio"/> Impaired consciousness <input type="radio"/> Slurred speech <input type="radio"/> Neck stiffness <input type="radio"/> Blindness 1 or 2 eyes <input type="radio"/> Weakness/paralysis <input type="radio"/> Numbness of extremities <input type="radio"/> Fisting/spasticity <input type="radio"/> _____	<b>Mental status</b> <input type="radio"/> NSF <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"/> _____
<b>Respiratory</b> <input type="radio"/> NSF rate _____ breaths/min <input type="radio"/> Labored breathing <input type="radio"/> Cyanosis <input type="radio"/> Wheezing <input type="radio"/> Inter/subcostal recession <input type="radio"/> Auscultation finding (specify finding) _____ <input type="radio"/> _____	<b>Note: Please review latest lab results</b>			

**Additional Physical Examination Findings:** \_\_\_\_\_

**19. Assessment**  Asymptomatic  Symptomatic  AIDS defining illness  Opportunistic infections

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**20. Change in WHO Stage since last visit?**  Y  N (If No, go to No. 22)

**21a. WHO staging criteria (History of any of the following)**

<input type="radio"/> Asymptomatic <input type="radio"/> Persistent generalised lymphadenopathy <input type="radio"/> Hepatosplenomegaly	} stage 1	<input type="radio"/> Papular pruritic eruptions <input type="radio"/> Seborrheic dermatitis <input type="radio"/> Fungal nail infections <input type="radio"/> Angular chelitis <input type="radio"/> Lineal gingival erythema <input type="radio"/> Extensive HPV or molluscum infection (>5% of body area/face) <input type="radio"/> Recurrent oral ulcerations (>2 episodes/6 mos) <input type="radio"/> Parotid enlargement <input type="radio"/> Herpes zoster (>1 episode/12 mos) <input type="radio"/> Recurrent or chronic URI: otitis media, otorrhea, sinusitis (>2 episodes/6 mos)	} stage 2
Symptomatic HIV-antibody positive infant age <18 mos, 2 or more of the following: <input type="radio"/> Oral candidiasis/thrush <input type="radio"/> Failure to thrive <input type="radio"/> Severe pneumonia <input type="radio"/> Sepsis <input type="radio"/> Unexplained severe wasting or severe malnutrition <input type="radio"/> Pneumocystis pneumonia <input type="radio"/> Recurrent severe bacterial infections (>2 episodes/12 mos, excluding pneumonia) <input type="radio"/> Chronic orolabial or cutaneous HSV (lasting >1 mo) <input type="radio"/> Extrapulmonary tuberculosis <input type="radio"/> Kaposi's sarcoma <input type="radio"/> Esophageal candidiasis <input type="radio"/> CNS toxoplasmosis <input type="radio"/> Cryptococcal meningitis <input type="radio"/> Any disseminated endemic mycosis <input type="radio"/> Cryptosporidiosis or isosporiasis (with diarrhoea >1 mo) <input type="radio"/> CMV infection of organ other than liver, spleen, lymph nodes (and onset age >1 mo) <input type="radio"/> Disseminated mycobacterial disease other than tuberculosis <input type="radio"/> Candida of trachea, bronchi or lungs <input type="radio"/> Acquired recto-vesico fistula <input type="radio"/> Cerebral or B cell non-Hodgkins lymphoma <input type="radio"/> Progressive multifocal leukoencephalopathy (PML) <input type="radio"/> HIV encephalopathy	} stage 4	<input type="radio"/> Unexplained moderate malnutrition (-2 SD or Z score) not responding to standard therapy <input type="radio"/> Unexplained persistent diarrhoea (>14 days) <input type="radio"/> Unexplained persistent fever (intermittent or constant, >1 mo) <input type="radio"/> Oral candidiasis (outside neonatal period) <input type="radio"/> Oral hairy leukoplakia <input type="radio"/> Pulmonary tuberculosis <input type="radio"/> Severe recurrent presumed bacterial pneumonia (>2 episodes/12 mos) <input type="radio"/> Acute necrotizing ulcerative gingivitis/periodontitis <input type="radio"/> Lymphoid interstitial pneumonitis (LIP) <input type="radio"/> Unexplained anaemia (<8 gm/dL), neutropenia (<1,000/mm <sup>3</sup> ), or thrombocytopenia (<30,000/mm <sup>3</sup> ) for > 1 mo. <input type="radio"/> HIV-related cardiomyopathy <input type="radio"/> HIV-related nephropathy	} stage 3

**21b. WHO Stage**

