

ART Patient Monitoring System

Patient Cards

**Collines District
Dassa Zoume Health Center (DZ)**

**National HIV/AIDS Control Program
Ministry of Health**

Unique # **DZ0001** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name B I Pt clinic # _____

Sex: M ☐ F ☒ Age 34 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-04-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

17-05-04 Enrolled in HIV care

COHORT:

July, 2004

07-05-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

26-06-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

01-07-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

14-09-04 **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0001		HIV CARE/ART CARD					Name B		I									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days		
01-07-04 <input type="checkbox"/>	01-08-04		45		B	4				3.5.04			1a(30)					
01-08-04 <input type="checkbox"/>	01-09-04												1a(30)					
01-09-04 <input type="checkbox"/>	01-10-04												1a(30)					
<input type="checkbox"/>													DEAD					
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0002** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name W U Pt clinic # _____

Sex: M ☒ F ☐ Age 24 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	17-07-04	1	
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-04-04 _____ Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

18-05-04 _____ Enrolled in HIV care

COHORT:

July, 2004

08-05-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

27-06-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-07-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 40 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0002		HIV CARE/ART CARD				Name <u>W</u> <u>U</u>													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
02-07-04 <input type="checkbox"/>	02-08-04		40		B	4				6.4.04			1a(30)						
02-08-04 <input type="checkbox"/>	02-09-04		40.8										STOP						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
02-12-04 <input type="checkbox"/>	02-01-05		44.2										1a(30)						
02-01-05 <input type="checkbox"/>	02-02-05		45		A								1a(30)						
02-02-05 <input type="checkbox"/>	02-03-05		45.9										1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **FG0030** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name J Y Pt clinic # _____

Sex: M ☐ F ☒ Age 24 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-04-04 Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR
(if < 18 mo)

24-05-04 Enrolled in HIV care

COHORT:

July, 2004

14-05-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

03-07-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-07-04 **Start ART 1st-line initial regimen:** 1b(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # FG0030		HIV CARE/ART CARD						Name J Y							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-07-04 <input type="checkbox"/>			50		A	3							1b(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
08-11-04 <input type="checkbox"/>			52.7										1b(30)		
08-12-04 <input type="checkbox"/>	08-01-05		53.3										1b(30)		
08-01-05 <input type="checkbox"/>	08-02-05		54		W								1b(30)	235	
08-02-05 <input type="checkbox"/>	08-03-05		55.1										1b(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0003** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name T K Pt clinic # _____

Sex: M ☒ F ☐ Age 54 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-04-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

26-05-04 Enrolled in HIV care

COHORT:

July, 2004

16-05-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

05-07-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-07-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0003		HIV CARE/ART CARD				Name T K													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
10-07-04 <input type="checkbox"/>	10-08-04		55		A	3							1a(30)						
10-08-04 <input type="checkbox"/>	10-09-04		55.5										1a(30)						
10-09-04 <input type="checkbox"/>	10-10-04		56.0										1a(30)						
10-10-04 <input type="checkbox"/>	10-11-04		56.5										1a(30)						
10-11-04 <input type="checkbox"/>	10-12-04		57.0										1a(30)						
10-12-04 <input type="checkbox"/>	10-01-05		57.5										1a(30)						
10-01-05 <input type="checkbox"/>	10-02-05		58		W								1a(30)	225					
10-02-05 <input type="checkbox"/>	10-03-05		59.2										1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0004** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name U UI Pt clinic # _____

Sex: M ☐ F ☒ Age 32 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-04-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

31-05-04 Enrolled in HIV care

COHORT:

July, 2004

21-05-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-07-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

15-07-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

26-01-05 **Transferred out** To where: Bohicon

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0004		HIV CARE/ART CARD				Name U		UI							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-07-04 <input type="checkbox"/>	15-08-04		50		A	3							1a(30)		
15-08-04 <input type="checkbox"/>	15-09-04		50.8										1a(30)		
15-09-04 <input type="checkbox"/>	15-10-04		51.7										1a(30)		
15-10-04 <input type="checkbox"/>	15-11-04		52.5										1a(30)		
15-11-04 <input type="checkbox"/>	15-12-04		53.3										1a(30)		
15-12-04 <input type="checkbox"/>	15-01-05		54.2										1a(30)		
15-01-05 <input type="checkbox"/>	15-02-05		55		W								1a(30)		
15-02-05 <input type="checkbox"/>	15-03-05		56.1										T/O		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0005** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name G JU Pt clinic # _____

Sex: M ☒ F ☐ Age 25 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	30-08-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-04-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

01-06-04 Enrolled in HIV care

COHORT:

July, 2004

22-05-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-07-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

16-07-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** A **Clinical stage** 3

Substitute within 1st-line:

New regimen 1c: (1) 14.12.04 Why _____

New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

New regimen 2a Why _____

New regimen (8) 13.2.05 Why _____

New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0005		HIV CARE/ART CARD				Name G JU													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
16-07-04 <input type="checkbox"/>	16-08-04		51		A	3						1a(30)							
16-08-04 <input type="checkbox"/>	16-09-04		51.0									1a(30)							
<input type="checkbox"/>												LOST							
16-10-04 <input type="checkbox"/>	16-11-04		51.0									1a(30)							
<input type="checkbox"/>												LOST							
16-12-04 <input type="checkbox"/>	16-01-05		51.0									1c							
16-01-05 <input type="checkbox"/>	16-02-05		51		A							1c							
16-02-05 <input type="checkbox"/>	16-03-05		52.0									2a							
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0006** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name S F Pt clinic # _____

Sex: M ☐ F ☒ Age 14 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-04-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

03-06-04 Enrolled in HIV care

COHORT:

July, 2004

24-05-04 **ARV therapy**
Medically eligible Clinical stage 2

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

13-07-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-07-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 35 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0006		HIV CARE/ART CARD				Name <u>S</u> <u>F</u>													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
18-07-04 <input type="checkbox"/>	18-08-04		35	15.9.04	W	2							1a(30)	185					
18-08-04 <input type="checkbox"/>	18-09-04		35.8										1a(30)						
18-09-04 <input type="checkbox"/>	18-10-04		36.7										1a(30)						
18-10-04 <input type="checkbox"/>	18-11-04		37.5										1a(30)						
18-11-04 <input type="checkbox"/>	18-12-04		38.3										1a(30)						
18-12-04 <input type="checkbox"/>	18-01-05		39.2										1a(30)						
18-01-05 <input type="checkbox"/>	18-02-05		40		W								1a(30)	245					
18-02-05 <input type="checkbox"/>	18-03-05		40.8										1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
<p>Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results</p>																

Unique # **DZ0007** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name G I Pt clinic # _____

Sex: M ☒ F ☐ Age 24 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-04-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

05-06-04 Enrolled in HIV care

COHORT:

July, 2004

26-05-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

15-07-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

20-07-04 **Start ART 1st-line initial regimen:** 1b(30)

At start ART: Weight 57 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0007		HIV CARE/ART CARD				Name G		I							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
20-07-04 <input type="checkbox"/>	20-08-04		57		A	3							1b(30)	180	
20-08-04 <input type="checkbox"/>	20-09-04		57.0										1b(30)		
20-09-04 <input type="checkbox"/>	20-10-04		57.0										1b(30)		
20-10-04 <input type="checkbox"/>	20-11-04		57.0										1b(30)		
20-11-04 <input type="checkbox"/>	20-12-04		57.0										1b(30)		
20-12-04 <input type="checkbox"/>	20-01-05		57.0										1b(30)		
20-01-05 <input type="checkbox"/>	20-02-05		57		A								1b(30)	200	
20-02-05 <input type="checkbox"/>	20-03-05		58.1										1b(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **FG0031** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name F J Pt clinic # _____

Sex: M ☐ F ☒ Age 39 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-05-04 _____ Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR
(if < 18 mo)

17-06-04 _____ Enrolled in HIV care

COHORT:

August, 2004

07-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% _____ ☐ TLC

27-07-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # FG0031		HIV CARE/ART CARD						Name F J							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
01-08-04 <input type="checkbox"/>			50		A	3							1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
01-11-04 <input type="checkbox"/>	01-12-04		50.5										1a(30)		
01-12-04 <input type="checkbox"/>			50.7										1a(30)		
01-01-05 <input type="checkbox"/>	01-02-05		50.8										1a(30)		
01-02-05 <input type="checkbox"/>	01-03-05		51		A								1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0008** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name F G Pt clinic # _____

Sex: M ☐ F ☒ Age 43 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-05-04 _____ Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

18-06-04 _____ Enrolled in HIV care

08-06-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

August, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 175 ☐ TLC

28-07-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0008		HIV CARE/ART CARD				Name F G													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
02-08-04 <input type="checkbox"/>	02-09-04		49		A	3							1a(30)	175					
02-09-04 <input type="checkbox"/>	02-10-04		49.5										1a(30)						
02-10-04 <input type="checkbox"/>	02-11-04		50.0										1a(30)						
02-11-04 <input type="checkbox"/>	02-12-04		50.5										1a(30)						
02-12-04 <input type="checkbox"/>	02-01-05		51.0										1a(30)						
02-01-05 <input type="checkbox"/>	02-02-05		51.5										1a(30)						
02-02-05 <input type="checkbox"/>	02-03-05		52		A								1a(30)	210					
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/ E nceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0009** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name S L Pt clinic # _____

Sex: M ☐ F ☒ Age 24 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
☐ Earlier ARV but not a transfer in
☒ PMTCT only
☐ None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	22-09-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-05-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR (if < 18 mo)

24-06-04 Enrolled in HIV care

14-06-04 **ARV therapy**
 Medically eligible Clinical stage 3

COHORT:

August, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

03-08-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-08-04 **Start ART 1st-line initial regimen:** 1b(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0009		HIV CARE/ART CARD				Name <u>S</u> <u>L</u>													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
08-08-04 <input type="checkbox"/>	08-09-04		55	2.11.04	A	3							1b(30)						
08-09-04 <input type="checkbox"/>	08-10-04		54.8										1b(30)						
<input type="checkbox"/>													LOST						
08-11-04 <input type="checkbox"/>	08-12-04		54.5										1b(30)						
<input type="checkbox"/>													LOST						
08-01-05 <input type="checkbox"/>	08-02-05		54.2										1b(30)						
08-02-05 <input type="checkbox"/>	08-03-05		54		A								1b(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia AB dominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Thrush —oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers —mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0010** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name F G Pt clinic # _____

Sex: M ☒ F ☐ Age 36 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-05-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

26-06-04 Enrolled in HIV care

COHORT:

August, 2004

16-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

05-08-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-08-04 **Start ART 1st-line initial regimen:** 1a(40)

At start ART: Weight 60 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0010		HIV CARE/ART CARD				Name F G													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
10-08-04 <input type="checkbox"/>	10-09-04		60		A	3							1a(40)						
10-09-04 <input type="checkbox"/>	10-10-04		60.0										1a(40)						
10-10-04 <input type="checkbox"/>	10-11-04		60.0										1a(40)						
10-11-04 <input type="checkbox"/>	10-12-04		60.0										1a(40)						
10-12-04 <input type="checkbox"/>	10-01-05		60.0										1a(40)						
10-01-05 <input type="checkbox"/>	10-02-05		60.0										1a(40)						
10-02-05 <input type="checkbox"/>	10-03-05		60		A								1a(40)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0011** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name U T Pt clinic # _____

Sex: M ☒ F ☐ Age 32 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-05-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

01-07-04 Enrolled in HIV care

COHORT:

August, 2004

21-06-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-08-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

15-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 41 **Function** B **Clinical stage** 4

Substitute within 1st-line:

New regimen 1c: (1) 15.10.04 Why _____

New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

New regimen 2a Why _____

New regimen (8) 12.1.05 Why _____

New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0011		HIV CARE/ART CARD						Name U T							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-08-04 <input type="checkbox"/>	15-09-04		41		B	4				3.6.04			1a(30)		
15-09-04 <input type="checkbox"/>	15-10-04		42.5										1a(30)		
15-10-04 <input type="checkbox"/>	15-11-04		44.0										1c		
15-11-04 <input type="checkbox"/>	15-12-04		45.5										1c		
15-12-04 <input type="checkbox"/>	15-01-05		47.0										1c		
15-01-05 <input type="checkbox"/>	15-02-05		48.5										2a		
15-02-05 <input type="checkbox"/>	15-03-05		50		W								2a	150	
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0012** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name E T Pt clinic # _____

Sex: M ☐ F ☒ Age 42 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	30-09-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-05-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

02-07-04 Enrolled in HIV care

22-06-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

August, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

11-08-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

16-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 57 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0012		HIV CARE/ART CARD						Name E T							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-08-04 <input type="checkbox"/>	16-09-04		57		W	3							1a(30)	185	
16-09-04 <input type="checkbox"/>	16-10-04												1a(30)		
<input type="checkbox"/>													LOST		
16-11-04 <input type="checkbox"/>	16-12-04												1a(30)		
<input type="checkbox"/>													LOST		
16-01-05 <input type="checkbox"/>	16-02-05												1a(30)		
<input type="checkbox"/>													LOST		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0013** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name E Y Pt clinic # _____

Sex: M ☒ F ☐ Age 13 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-05-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

04-07-04 Enrolled in HIV care

COHORT:

August, 2004

24-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

13-08-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 30 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0013		HIV CARE/ART CARD				Name E Y													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
18-08-04 <input type="checkbox"/>	18-09-04		30		A	3				22.4.04			1a(30)						
18-09-04 <input type="checkbox"/>	18-10-04		30.7										1a(30)						
18-10-04 <input type="checkbox"/>	18-11-04		31.3										1a(30)						
18-11-04 <input type="checkbox"/>	18-12-04		32.0										1a(30)						
18-12-04 <input type="checkbox"/>	18-01-05		32.7										1a(30)						
18-01-05 <input type="checkbox"/>	18-02-05		33.3										1a(30)						
18-02-05 <input type="checkbox"/>	18-03-05		34		W								1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0014** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name R Y Pt clinic # _____

Sex: M ☒ F ☐ Age 42 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-05-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

06-07-04 Enrolled in HIV care

COHORT:

August, 2004

26-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

15-08-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

20-08-04 **Start ART 1st-line initial regimen:** 1b(30)

At start ART: Weight 54 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0014		HIV CARE/ART CARD				Name R Y													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
20-08-04 <input type="checkbox"/>	20-09-04		54		A	3				15.5.04			1b(30)	180					
20-09-04 <input type="checkbox"/>	20-10-04		54.5										1b(30)						
20-10-04 <input type="checkbox"/>	20-11-04		55.0										1b(30)						
20-11-04 <input type="checkbox"/>	20-12-04		55.5										1b(30)						
20-12-04 <input type="checkbox"/>	20-01-05		56.0										1b(30)						
20-01-05 <input type="checkbox"/>	20-02-05		56.5										1b(30)						
20-02-05 <input type="checkbox"/>	20-03-05		57		W								1b(30)	220					
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0015** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name K H Pt clinic # _____

Sex: M ☐ F ☒ Age 17 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-05-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

08-07-04 Enrolled in HIV care

28-06-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

August, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

17-08-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

22-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0015		HIV CARE/ART CARD				Name K		H							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
22-08-04 <input type="checkbox"/>	22-09-04		50		A	3							1a(30)	190	
22-09-04 <input type="checkbox"/>	22-10-04		50.3										1a(30)		
22-10-04 <input type="checkbox"/>	22-11-04		50.7										1a(30)		
22-11-04 <input type="checkbox"/>	22-12-04		51.0										1a(30)		
22-12-04 <input type="checkbox"/>	22-01-05		51.3										1a(30)		
22-01-05 <input type="checkbox"/>	22-02-05		51.7										1a(30)		
22-02-05 <input type="checkbox"/>	22-03-05		52		W								1a(30)	240	
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0016** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name H I _____ Pt clinic # _____

Sex: M ☒ F ☐ Age 38 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-06-04 _____ Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

18-07-04 _____ Enrolled in HIV care

COHORT:

September, 2004

08-07-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

27-08-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

16-10-04 **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Risk of pregnancy
- 4 Due to new TB
- 5 New drug available
- 6 Drug out of stock
- 7 Other reason (specify)

Reasons for SWITCH to 2nd-line regimen only:

- 8 Clinical treatment failure
- 9 Immunologic failure
- 10 Virologic failure

Unique # DZ0016		HIV CARE/ART CARD										Name <u>H</u> <u>I</u>			
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
01-09-04 <input type="checkbox"/>	01-10-04		45		B	4				18.6.04			1a(30)		
01-10-04 <input type="checkbox"/>	01-11-04												1a(30)		
<input type="checkbox"/>													DEAD		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0017** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name F T Pt clinic # _____

Sex: M ☒ F ☐ Age 25 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	16-11-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-06-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR (if < 18 mo)

19-07-04 Enrolled in HIV care

09-07-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

September, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

28-08-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

02-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 41 **Function** B **Clinical stage** 4

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0017		HIV CARE/ART CARD				Name F T													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
02-09-04 <input type="checkbox"/>	02-10-04		41		B	4				23.6.04			1a(30)						
02-10-04 <input type="checkbox"/>	02-11-04												1a(30)						
02-11-04 <input type="checkbox"/>	02-12-04												1a(30)						
<input type="checkbox"/>													LOST						
02-01-05 <input type="checkbox"/>	02-02-05												1a(30)						
02-02-05 <input type="checkbox"/>	02-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0018** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name R U Pt clinic # _____

Sex: M ☐ F ☒ Age 19 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-06-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

25-07-04 Enrolled in HIV care

15-07-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

September, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

03-09-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0018		HIV CARE/ART CARD				Name R		U							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-09-04 <input type="checkbox"/>	08-10-04		50		A	3							1a(30)		
08-10-04 <input type="checkbox"/>	08-11-04												1a(30)		
08-11-04 <input type="checkbox"/>	08-12-04												1a(30)		
08-12-04 <input type="checkbox"/>	08-01-05												1a(30)		
08-01-05 <input type="checkbox"/>	08-02-05												1a(30)		
08-02-05 <input type="checkbox"/>	08-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0019** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name H Y Pt clinic # _____

Sex: M ☐ F ☒ Age 32 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-06-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

27-07-04 Enrolled in HIV care

COHORT:

September, 2004

17-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

05-09-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

10-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Risk of pregnancy
- 4 Due to new TB
- 5 New drug available
- 6 Drug out of stock
- 7 Other reason (specify)

Reasons for SWITCH to 2nd-line regimen only:

- 8 Clinical treatment failure
- 9 Immunologic failure
- 10 Virologic failure

Unique # DZ0019		HIV CARE/ART CARD					Name <u>H</u> <u>Y</u>								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
10-09-04 <input type="checkbox"/>	10-10-04		55	3.12.04	A	3						1a(30)	195		
10-10-04 <input type="checkbox"/>	10-11-04											1a(30)			
10-11-04 <input type="checkbox"/>	10-12-04											1a(30)			
10-12-04 <input type="checkbox"/>	10-01-05											1a(30)			
10-01-05 <input type="checkbox"/>	10-02-05											1a(30)			
10-02-05 <input type="checkbox"/>	10-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0020** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name D B Pt clinic # _____

Sex: M ☒ F ☐ Age 38 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-06-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

01-08-04 Enrolled in HIV care

COHORT:

September, 2004

22-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

10-09-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

15-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

New regimen 1c: (1) 14.10.04 Why _____

New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

New regimen _____ Why _____

New regimen _____ Why _____

New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0020		HIV CARE/ART CARD				Name D		B							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-09-04 <input type="checkbox"/>	15-10-04		48		A	3							1a(30)	180	
15-10-04 <input type="checkbox"/>	15-11-04												1c		
15-11-04 <input type="checkbox"/>	15-12-04												1c		
15-12-04 <input type="checkbox"/>	15-01-05												1c		
15-01-05 <input type="checkbox"/>	15-02-05												1c		
15-02-05 <input type="checkbox"/>	15-03-05												1c		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0021** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name W G Pt clinic # _____

Sex: M ☐ F ☒ Age 27 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-06-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

02-08-04 Enrolled in HIV care

COHORT:

September, 2004

23-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

11-09-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

16-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0021		HIV CARE/ART CARD						Name <u>W</u> <u>G</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-09-04 <input type="checkbox"/>	16-10-04		50		A	3						1a(30)	185		
16-10-04 <input type="checkbox"/>	16-11-04											1a(30)			
16-11-04 <input type="checkbox"/>	16-12-04											1a(30)			
16-12-04 <input type="checkbox"/>	16-01-05											1a(30)			
16-01-05 <input type="checkbox"/>	16-02-05											1a(30)			
16-02-05 <input type="checkbox"/>	16-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **FG0040** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name S L Pt clinic # _____

Sex: M ☐ F ☒ Age 34 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-06-04 Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR
(if < 18 mo)

04-08-04 Enrolled in HIV care

COHORT:

September, 2004

25-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

13-09-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-09-04 **Start ART 1st-line initial regimen:** 1c

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

31-01-05 **Transferred out** To where: Tchetti

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # FG0040		HIV CARE/ART CARD						Name <u>S</u> <u>L</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
18-09-04 <input type="checkbox"/>	18-10-04		50		A	3						1c			
18-10-04 <input type="checkbox"/>	18-11-04											1c			
18-11-04 <input type="checkbox"/>	18-12-04											1c			
18-12-04 <input type="checkbox"/>	18-01-05											1c			
18-01-05 <input type="checkbox"/>	18-02-05											1c			
18-02-05 <input type="checkbox"/>	18-03-05											T/O			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0022** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name K M Pt clinic # _____

Sex: M ☐ F ☒ Age 12 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-06-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

06-08-04 Enrolled in HIV care

COHORT:

September, 2004

27-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

15-09-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

20-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 32 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0022		HIV CARE/ART CARD				Name K M													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
20-09-04 <input type="checkbox"/>	20-10-04		32		W	3							1a(30)						
20-10-04 <input type="checkbox"/>	20-11-04												1a(30)						
20-11-04 <input type="checkbox"/>	20-12-04												1a(30)						
20-12-04 <input type="checkbox"/>	20-01-05												1a(30)						
20-01-05 <input type="checkbox"/>	20-02-05												1a(30)						
20-02-05 <input type="checkbox"/>	20-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0023** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name R E Pt clinic # _____

Sex: M ☒ F ☐ Age 30 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-06-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

08-08-04 Enrolled in HIV care

COHORT:

September, 2004

29-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

17-09-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

22-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen 2b _____ Why _____

_____ New regimen (8) 19.12.04 _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0023		HIV CARE/ART CARD						Name <u>R</u> <u>E</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
22-09-04 <input type="checkbox"/>	22-10-04		48		A	3							1a(30)		
22-10-04 <input type="checkbox"/>	22-11-04												1a(30)		
22-11-04 <input type="checkbox"/>	22-12-04												1a(30)		
22-12-04 <input type="checkbox"/>	22-01-05												2b		
22-01-05 <input type="checkbox"/>	22-02-05												2b		
22-02-05 <input type="checkbox"/>	22-03-05												2b		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0024** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name D H Pt clinic # _____

Sex: M ☐ F ☒ Age 22 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

24-06-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

10-08-04 Enrolled in HIV care

31-07-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

September, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

19-09-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

24-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 39 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Risk of pregnancy
- 4 Due to new TB
- 5 New drug available
- 6 Drug out of stock
- 7 Other reason (specify)

Reasons for SWITCH to 2nd-line regimen only:

- 8 Clinical treatment failure
- 9 Immunologic failure
- 10 Virologic failure

Unique # DZ0024		HIV CARE/ART CARD				Name D		H							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
24-09-04 <input type="checkbox"/>	24-10-04		39		A	3							1a(30)		
24-10-04 <input type="checkbox"/>	24-11-04												1a(30)		
24-11-04 <input type="checkbox"/>	24-12-04												1a(30)		
24-12-04 <input type="checkbox"/>	24-01-05												1a(30)		
24-01-05 <input type="checkbox"/>	24-02-05												1a(30)		
24-02-05 <input type="checkbox"/>	24-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **FG0032** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name S H Pt clinic # _____

Sex: M ☒ F ☐ Age 32 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

25-06-04 Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR
(if < 18 mo)

11-08-04 Enrolled in HIV care

01-08-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

September, 2004

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

20-09-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

25-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # FG0032		HIV CARE/ART CARD						Name <u>S</u> <u>H</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
25-09-04 <input type="checkbox"/>			49		A	3							1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
25-02-05 <input type="checkbox"/>	25-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
<p>Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results</p>																

Unique # **DZ0025** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name G G Pt clinic # _____

Sex: M ☒ F ☐ Age 41 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-07-04 _____ Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

18-08-04 _____ Enrolled in HIV care

08-08-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

October, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

27-09-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0025		HIV CARE/ART CARD							Name G		G									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
02-10-04 <input type="checkbox"/>	02-11-04		51		A	3	10.10.04						1a(30)	185						
02-11-04 <input type="checkbox"/>	02-12-04												1a(30)							
02-12-04 <input type="checkbox"/>	02-01-05												1a(30)							
02-01-05 <input type="checkbox"/>	02-02-05												1a(30)							
02-02-05 <input type="checkbox"/>	02-03-05												1a(30)							
<input type="checkbox"/>																				
<input type="checkbox"/>																				
<input type="checkbox"/>																				
<input type="checkbox"/>																				
<input type="checkbox"/>																				
<input type="checkbox"/>																				
<input type="checkbox"/>																				

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0026** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name T G Pt clinic # _____

Sex: M ☒ F ☐ Age 32 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-07-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

24-08-04 Enrolled in HIV care

COHORT:

October, 2004

14-08-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

03-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0026		HIV CARE/ART CARD					Name T G								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-10-04 <input type="checkbox"/>	08-11-04		55		A	3						1a(30)	190		
08-11-04 <input type="checkbox"/>	08-12-04											1a(30)			
08-12-04 <input type="checkbox"/>	08-01-05											1a(30)			
08-01-05 <input type="checkbox"/>	08-02-05											1a(30)			
08-02-05 <input type="checkbox"/>	08-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0027** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name E F Pt clinic # _____

Sex: M ☐ F ☒ Age 17 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-07-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

26-08-04 Enrolled in HIV care

COHORT:

October, 2004

16-08-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

05-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

10-10-04 **Start ART 1st-line initial regimen:** 1b(40)

At start ART: Weight 60 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Risk of pregnancy
- 4 Due to new TB
- 5 New drug available
- 6 Drug out of stock
- 7 Other reason (specify)

Reasons for SWITCH to 2nd-line regimen only:

- 8 Clinical treatment failure
- 9 Immunologic failure
- 10 Virologic failure

Unique # DZ0027		HIV CARE/ART CARD					Name E		F									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days		
10-10-04 <input type="checkbox"/>	10-11-04		60	4.1.05	A	3							1b(40)	195				
10-11-04 <input type="checkbox"/>	10-12-04												1b(40)					
10-12-04 <input type="checkbox"/>	10-01-05												1b(40)					
10-01-05 <input type="checkbox"/>	10-02-05												1b(40)					
10-02-05 <input type="checkbox"/>	10-03-05												1b(40)					
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0028** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name U K Pt clinic # _____

Sex: M ☐ F ☒ Age 12 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-07-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

31-08-04 Enrolled in HIV care

COHORT:

October, 2004

21-08-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-10-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** W **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0028		HIV CARE/ART CARD					Name U		K						
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-10-04 <input type="checkbox"/>	15-11-04		45		W	3							1a(30)		
15-11-04 <input type="checkbox"/>	15-12-04												1a(30)		
15-12-04 <input type="checkbox"/>	15-01-05												1a(30)		
15-01-05 <input type="checkbox"/>	15-02-05												1a(30)		
15-02-05 <input type="checkbox"/>	15-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0029** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name M D Pt clinic # _____

Sex: M ☐ F ☒ Age 21 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-07-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

01-09-04 Enrolled in HIV care

COHORT:

October, 2004

22-08-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

16-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen 2a _____ Why _____

____ New regimen (8) 5.1.05 _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0029		HIV CARE/ART CARD				Name M D													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
16-10-04 <input type="checkbox"/>	16-11-04		45		B	4				4.5.04 4.8.04			1a(30)						
16-11-04 <input type="checkbox"/>	16-12-04												1a(30)						
16-12-04 <input type="checkbox"/>	16-01-05												1a(30)						
16-01-05 <input type="checkbox"/>	16-02-05												2a						
16-02-05 <input type="checkbox"/>	16-03-05												2a						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0030** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name L S Pt clinic # _____

Sex: M ☒ F ☐ Age 38 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-07-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

03-09-04 Enrolled in HIV care

COHORT:

October, 2004

24-08-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

13-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 42 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0030		HIV CARE/ART CARD				Name <u>L</u> <u>S</u>													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
18-10-04 <input type="checkbox"/>	18-11-04		42		B	4				17.6.04				1a(30)					
18-11-04 <input type="checkbox"/>	18-12-04													1a(30)					
18-12-04 <input type="checkbox"/>	18-01-05													1a(30)					
18-01-05 <input type="checkbox"/>	18-02-05													1a(30)					
18-02-05 <input type="checkbox"/>	18-03-05													1a(30)					
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **FG0041** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name W L Pt clinic # _____

Sex: M ☐ F ☒ Age 26 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-07-04 Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR (if < 18 mo)

05-09-04 Enrolled in HIV care

26-08-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

October, 2004

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

15-10-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

20-10-04 **Start ART 1st-line initial regimen:** 1c

At start ART: Weight 55 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # FG0041		HIV CARE/ART CARD					Name <u>W</u> <u>L</u>								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
20-10-04 <input type="checkbox"/>	20-11-04		55		W	3						1c			
20-11-04 <input type="checkbox"/>	20-12-04											1c			
20-12-04 <input type="checkbox"/>	20-01-05											1c			
20-01-05 <input type="checkbox"/>	20-02-05											1c			
20-02-05 <input type="checkbox"/>	20-03-05											1c			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
<p>Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results</p>																

Unique # **FG0042** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name R RT Pt clinic # _____

Sex: M ☒ F ☐ Age 31 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-07-04 Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR (if < 18 mo)

07-09-04 Enrolled in HIV care

28-08-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

October, 2004

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

17-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

22-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

05-01-05 **Transferred out** To where: Tambura

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # FG0042		HIV CARE/ART CARD						Name <u>R</u> <u>RT</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
22-10-04 <input type="checkbox"/>	22-11-04		50		A	3							1a(30)		
22-11-04 <input type="checkbox"/>	22-12-04												1a(30)		
22-12-04 <input type="checkbox"/>	22-01-05												1a(30)		
22-01-05 <input type="checkbox"/>	22-02-05												T/O		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache BN burning/numb/tingling R ash A naemia AB dominal pain J aundice FAT changes CNS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Th rush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome W eight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0050** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name A K Pt clinic # _____

Sex: M ☐ F ☒ Age 38 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-08-04 _____ Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR (if < 18 mo)

17-09-04 _____ Enrolled in HIV care

07-09-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

November, 2004

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

27-10-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

16-12-04 **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Risk of pregnancy
- 4 Due to new TB
- 5 New drug available
- 6 Drug out of stock
- 7 Other reason (specify)

Reasons for SWITCH to 2nd-line regimen only:

- 8 Clinical treatment failure
- 9 Immunologic failure
- 10 Virologic failure

Unique # SA0050		HIV CARE/ART CARD					Name A K								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
01-11-04 <input type="checkbox"/>	01-12-04		50		B	4				18.5.04			1a(30)		
01-12-04 <input type="checkbox"/>	01-01-05												1a(30)		
<input type="checkbox"/>													DEAD		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0031** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name J T Pt clinic # _____

Sex: M ☒ F ☐ Age 41 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-08-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

18-09-04 Enrolled in HIV care

08-09-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

November, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

28-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

02-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 40 **Function** B **Clinical stage** 4

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0031		HIV CARE/ART CARD				Name J T													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
02-11-04 <input type="checkbox"/>	02-12-04		40		B	4				24.6.04			1a(30)						
02-12-04 <input type="checkbox"/>	02-01-05												1a(30)						
02-01-05 <input type="checkbox"/>	02-02-05												1a(30)						
02-02-05 <input type="checkbox"/>	02-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0032** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name F H Pt clinic # _____

Sex: M ☐ F ☒ Age 24 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-08-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

24-09-04 Enrolled in HIV care

14-09-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

November, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 175 ☐ TLC

03-11-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0032		HIV CARE/ART CARD				Name F		H							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-11-04 <input type="checkbox"/>	08-12-04		51		A	3							1a(30)	175	
08-12-04 <input type="checkbox"/>	08-01-05												1a(30)		
08-01-05 <input type="checkbox"/>	08-02-05												1a(30)		
08-02-05 <input type="checkbox"/>	08-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0033** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name R Y Pt clinic # _____

Sex: M ☒ F ☐ Age 12 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-08-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

26-09-04 Enrolled in HIV care

COHORT:

November, 2004

16-09-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

05-11-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-11-04 **Start ART 1st-line initial regimen:** 1b(30)

At start ART: Weight 30 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen 2b _____ Why _____

_____ New regimen (9) 16.2.05 _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0033		HIV CARE/ART CARD				Name <u>R</u> <u>Y</u>													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
10-11-04 <input type="checkbox"/>	10-12-04		30		A	3							1b(30)	185					
10-12-04 <input type="checkbox"/>	10-01-05												1b(30)						
10-01-05 <input type="checkbox"/>	10-02-05												1b(30)						
10-02-05 <input type="checkbox"/>	10-03-05												2b						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0034** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name S F Pt clinic # _____

Sex: M ☒ F ☐ Age 41 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-08-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

01-10-04 Enrolled in HIV care

21-09-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

November, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-11-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

15-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0034		HIV CARE/ART CARD				Name <u>S</u> <u>F</u>													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
15-11-04 <input type="checkbox"/>	15-12-04		50		A	3	15.11.04			14.7.04			1a(30)						
15-12-04 <input type="checkbox"/>	15-01-05												1a(30)						
15-01-05 <input type="checkbox"/>	15-02-05												1a(30)						
15-02-05 <input type="checkbox"/>	15-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0035** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name W F Pt clinic # _____

Sex: M ☐ F ☒ Age 39 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	31-12-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-08-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

02-10-04 Enrolled in HIV care

22-09-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

November, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-11-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 58 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Risk of pregnancy
- 4 Due to new TB
- 5 New drug available
- 6 Drug out of stock
- 7 Other reason (specify)

Reasons for SWITCH to 2nd-line regimen only:

- 8 Clinical treatment failure
- 9 Immunologic failure
- 10 Virologic failure

Unique # DZ0035		HIV CARE/ART CARD										Name <u>W</u> <u>F</u>			
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-11-04 <input type="checkbox"/>	16-12-04		58		W	3						1a(30)			
16-12-04 <input type="checkbox"/>	16-01-05											1a(30)			
<input type="checkbox"/>												LOST			
16-02-05 <input type="checkbox"/>	16-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0036** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name D K Pt clinic # _____

Sex: M ☐ F ☒ Age 23 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-08-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

04-10-04 Enrolled in HIV care

COHORT:

November, 2004

24-09-04 **ARV therapy**
Medically eligible Clinical stage 2

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

13-11-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0036		HIV CARE/ART CARD				Name D K													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
18-11-04 <input type="checkbox"/>	18-12-04		51		W	2						1a(30)	190						
18-12-04 <input type="checkbox"/>	18-01-05											1a(30)							
18-01-05 <input type="checkbox"/>	18-02-05											1a(30)							
18-02-05 <input type="checkbox"/>	18-03-05											1a(30)							
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0037** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name O F Pt clinic # _____

Sex: M ☐ F ☒ Age 14 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-08-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

06-10-04 Enrolled in HIV care

COHORT:

November, 2004

26-09-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

15-11-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

20-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

New regimen 1c: (1) 14.1.05 Why _____

New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

New regimen _____ Why _____

New regimen _____ Why _____

New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0037		HIV CARE/ART CARD						Name <u> O </u> <u> F </u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
20-11-04 <input type="checkbox"/>	20-12-04		55		A	3						1a(30)			
20-12-04 <input type="checkbox"/>	20-01-05											1a(30)			
20-01-05 <input type="checkbox"/>	20-02-05											1c			
20-02-05 <input type="checkbox"/>	20-03-05											1c			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache BN burning/numb/tingling R ash A naemia AB dominal pain J aundice FAT changes CNS : dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Th rush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome W eight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **DZ0039** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name E J Pt clinic # _____

Sex: M ☐ F ☒ Age 23 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-09-04 _____ Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

17-10-04 _____ Enrolled in HIV care

07-10-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

December, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

26-11-04 _____ Medically eligible and ready for ART

_____ Transferred in from _____ ART started _____

01-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0039		HIV CARE/ART CARD				Name E J													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
01-12-04 <input type="checkbox"/>	01-01-05		45	14.4.05	B	4				19.11.04			1a(30)						
01-01-05 <input type="checkbox"/>	01-02-05												1a(30)						
01-02-05 <input type="checkbox"/>	01-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0038** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name W T Pt clinic # _____

Sex: M ☒ F ☐ Age 30 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-09-04 _____ Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

17-10-04 _____ Enrolled in HIV care

07-10-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

December, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

26-11-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0038		HIV CARE/ART CARD				Name <u>W</u> <u>T</u>													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
01-12-04 <input type="checkbox"/>	01-01-05		48		A	3							1a(30)						
01-01-05 <input type="checkbox"/>	01-02-05												1a(30)						
01-02-05 <input type="checkbox"/>	01-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0040** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name N B Pt clinic # _____

Sex: M ☒ F ☐ Age 42 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-09-04 _____ Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

18-10-04 _____ Enrolled in HIV care

08-10-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

December, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

27-11-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Risk of pregnancy
- 4 Due to new TB
- 5 New drug available
- 6 Drug out of stock
- 7 Other reason (specify)

Reasons for SWITCH to 2nd-line regimen only:

- 8 Clinical treatment failure
- 9 Immunologic failure
- 10 Virologic failure

Unique # DZ0040		HIV CARE/ART CARD				Name N		B							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
02-12-04 <input type="checkbox"/>	02-01-05		45		B	4				28.11.04			1a(30)		
02-01-05 <input type="checkbox"/>	02-02-05												1a(30)		
02-02-05 <input type="checkbox"/>	02-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
<p>Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results</p>																

Unique # **DZ0041** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name D B Pt clinic # _____

Sex: M ☒ F ☐ Age 32 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-09-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

24-10-04 Enrolled in HIV care

14-10-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

December, 2004

Why eligible: ☐ Clinical only ☐ CD4/% ☒ TLC

03-12-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0041		HIV CARE/ART CARD					Name D		B									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days		
08-12-04 <input type="checkbox"/>	08-01-05		50		A	3							1a(30)					
08-01-05 <input type="checkbox"/>	08-02-05												1a(30)					
08-02-05 <input type="checkbox"/>	08-03-05												1a(30)					
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **PA0054** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name I H Pt clinic # _____

Sex: M ☐ F ☒ Age 29 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-09-04 Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR (if < 18 mo)

26-10-04 Enrolled in HIV care

16-10-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

December, 2004

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

05-12-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # PA0054		HIV CARE/ART CARD					Name I H								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
10-12-04 <input type="checkbox"/>	10-01-05		55		A	3						1a(30)			
10-01-05 <input type="checkbox"/>	10-02-05											1a(30)			
10-02-05 <input type="checkbox"/>	10-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0042** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name Y D Pt clinic # _____

Sex: M ☐ F ☒ Age 19 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-09-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

31-10-04 Enrolled in HIV care

COHORT:

December, 2004

21-10-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-12-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

15-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 53 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0042		HIV CARE/ART CARD				Name Y D													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
15-12-04 <input type="checkbox"/>	15-01-05		53		A	3				12.11.04			1a(30)						
15-01-05 <input type="checkbox"/>	15-02-05												1a(30)						
15-02-05 <input type="checkbox"/>	15-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0043** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name R T Pt clinic # _____

Sex: M ☒ F ☐ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-09-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

01-11-04 Enrolled in HIV care

COHORT:

December, 2004

22-10-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-12-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 52 **Function** A **Clinical stage** 3

Substitute within 1st-line:

New regimen 1c: (1) 15.2.05 Why _____

New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

New regimen _____ Why _____

New regimen _____ Why _____

New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0043		HIV CARE/ART CARD				Name R		T							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-12-04 <input type="checkbox"/>	16-01-05		52		A	3				15.11.04			1a(30)		
16-01-05 <input type="checkbox"/>	16-02-05												1a(30)		
16-02-05 <input type="checkbox"/>	16-03-05												1c		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **DZ0044** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name F Y Pt clinic # _____

Sex: M ☐ F ☒ Age 39 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-09-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

03-11-04 Enrolled in HIV care

COHORT:

December, 2004

24-10-04 **ARV therapy**
Medically eligible Clinical stage 2

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

13-12-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

01-02-05 **Transferred out** To where: Parakou

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0044		HIV CARE/ART CARD						Name F Y							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
18-12-04 <input type="checkbox"/>	18-01-05		50		A	2							1a(30)	195	
18-01-05 <input type="checkbox"/>	18-02-05												1a(30)		
18-02-05 <input type="checkbox"/>	18-03-05												T/O		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0045** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name F E Pt clinic # _____

Sex: M ☐ F ☒ Age 27 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-09-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

05-11-04 Enrolled in HIV care

COHORT:

December, 2004

26-10-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

15-12-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

20-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0045		HIV CARE/ART CARD										Name F E			
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
20-12-04 <input type="checkbox"/>	20-01-05		49		A	3				12.11.04			1a(30)	180	
20-01-05 <input type="checkbox"/>	20-02-05												1a(30)		
20-02-05 <input type="checkbox"/>	20-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0046** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name K K Pt clinic # _____

Sex: M ☒ F ☐ Age 42 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-09-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

07-11-04 Enrolled in HIV care

COHORT:

December, 2004

28-10-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

17-12-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

22-12-04 **Start ART 1st-line initial regimen:** 1a(40)

At start ART: Weight 60 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0046		HIV CARE/ART CARD						Name K		K									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
22-12-04 <input type="checkbox"/>	22-01-05		60		A	3							1a(40)	185					
22-01-05 <input type="checkbox"/>	22-02-05												1a(40)						
22-02-05 <input type="checkbox"/>	22-03-05												1a(40)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **NA0055** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name H Y Pt clinic # _____

Sex: M ☐ F ☒ Age 35 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-10-04 _____ Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR (if < 18 mo)

17-11-04 _____ Enrolled in HIV care

07-11-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

January, 2005

Why eligible: ☐ Clinical only ☐ CD4/% _____ ☐ TLC

27-12-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # NA0055		HIV CARE/ART CARD						Name H Y							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
01-01-05 <input type="checkbox"/>	01-02-05		50		A	3							1a(30)		
01-02-05 <input type="checkbox"/>	01-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
<p>Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results</p>																

Unique # **DZ0047** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name B R Pt clinic # _____

Sex: M ☐ F ☒ Age 23 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-10-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

24-11-04 Enrolled in HIV care

14-11-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

January, 2005

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

03-01-05 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0047		HIV CARE/ART CARD						Name B		R									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
08-01-05 <input type="checkbox"/>	08-02-05		51	15.4.05	W	3							1a(30)	195					
08-02-05 <input type="checkbox"/>	08-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **DZ0048** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name O H Pt clinic # _____

Sex: M ☒ F ☐ Age 30 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-10-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

26-11-04 Enrolled in HIV care

16-11-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

January, 2005

Why eligible: ☐ Clinical only ☐ CD4/% ☒ TLC

05-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 54 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0048		HIV CARE/ART CARD				Name O		H								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days	
10-01-05 <input type="checkbox"/>	10-02-05		54		A	3	1.4.04 1.12.04						1a(30)			
10-02-05 <input type="checkbox"/>	10-03-05												1a(30)			
<input type="checkbox"/>																
<input type="checkbox"/>																
<input type="checkbox"/>																
<input type="checkbox"/>																
<input type="checkbox"/>																
<input type="checkbox"/>																
<input type="checkbox"/>																
<input type="checkbox"/>																
<input type="checkbox"/>																
<input type="checkbox"/>																

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **DZ0049** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name T G Pt clinic # _____

Sex: M ☐ F ☒ Age 34 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-10-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

01-12-04 Enrolled in HIV care

COHORT:

January, 2005

21-11-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0049		HIV CARE/ART CARD										Name T G			
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-01-05 <input type="checkbox"/>	15-02-05		50		B	4				12.12.04 22.1.05			1a(30)		
15-02-05 <input type="checkbox"/>	15-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **DZ0050** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name A U Pt clinic # _____

Sex: M ☐ F ☒ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-10-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

02-12-04 Enrolled in HIV care

COHORT:

January, 2005

22-11-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 57 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0050		HIV CARE/ART CARD						Name A		U									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
16-01-05 <input type="checkbox"/>	16-02-05		57		A	3							1a(30)						
16-02-05 <input type="checkbox"/>	16-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache BN burning/numb/tingling R ash A naemia AB dominal pain J aundice FAT changes CNS : dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Th rush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome W eight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0051** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name R R Pt clinic # _____

Sex: M ☒ F ☐ Age 45 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-10-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

08-12-04 Enrolled in HIV care

28-11-04 **ARV therapy**
Medically eligible Clinical stage 2

COHORT:

January, 2005

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

17-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

22-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 58 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0051		HIV CARE/ART CARD						Name <u>R</u>		R									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
22-01-05 <input type="checkbox"/>	22-02-05		58		W	2							1a(30)	190					
22-02-05 <input type="checkbox"/>	22-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache BN burning/numb/tingling R ash A naemia AB dominal pain J aundice FAT changes CNS : dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Th rush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome W eight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0052** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name I KJ Pt clinic # _____

Sex: M ☐ F ☒ Age 41 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

23-10-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

09-12-04 Enrolled in HIV care

29-11-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

January, 2005

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

18-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

23-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** B **Clinical stage** 4

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0052		HIV CARE/ART CARD				Name I		KJ							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
23-01-05 <input type="checkbox"/>	23-02-05		50		B	4				12.12.04			1a(30)		
23-02-05 <input type="checkbox"/>	23-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache BN burning/numb/tingling R ash A naemia AB dominal pain J aundice FAT changes CNS : dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Th rush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome W eight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0053** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name W D Pt clinic # _____

Sex: M ☐ F ☒ Age 13 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

25-10-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

11-12-04 Enrolled in HIV care

COHORT:

January, 2005

01-12-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

20-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

25-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 32 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0053		HIV CARE/ART CARD					Name <u>W</u> <u>D</u>								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
25-01-05 <input type="checkbox"/>	25-02-05		32		A	3						1a(30)			
25-02-05 <input type="checkbox"/>	25-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **DZ0054** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name Z K Pt clinic # _____

Sex: M ☒ F ☐ Age 25 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

27-10-04 _____ Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

13-12-04 _____ Enrolled in HIV care

03-12-04 **ARV therapy**
Medically eligible Clinical stage 2

COHORT:

January, 2005

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

22-01-05 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

27-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 58 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0054		HIV CARE/ART CARD						Name Z K							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
27-01-05 <input type="checkbox"/>	27-02-05		58		W	2							1a(30)	190	
27-02-05 <input type="checkbox"/>	27-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache BN burning/numb/tingling R ash A naemia AB dominal pain J aundice FAT changes CNS : dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Th rush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome W eight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0055** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name D HY Pt clinic # _____

Sex: M ☐ F ☒ Age 35 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-11-04 _____ Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

18-12-04 _____ Enrolled in HIV care

08-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

27-01-05 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0055		HIV CARE/ART CARD						Name D		HY									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
01-02-05 <input type="checkbox"/>			50		A	3							1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0056** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name G R Pt clinic # _____

Sex: M ☐ F ☒ Age 40 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-11-04 _____ Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

19-12-04 _____ Enrolled in HIV care

09-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

28-01-05 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0056		HIV CARE/ART CARD						Name G R							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
02-02-05 <input type="checkbox"/>			50		A	3							1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **NA0061** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name R K Pt clinic # _____

Sex: M ☐ F ☒ Age 45 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

04-11-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

21-12-04 Enrolled in HIV care

11-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☐ Clinical only ☐ CD4/% ☒ TLC

30-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

04-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # NA0061		HIV CARE/ART CARD						Name <u>R</u> <u>K</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
04-02-05 <input type="checkbox"/>			48		A	3							1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
<p>Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results</p>																

Unique # **DZ0057** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name T O Pt clinic # _____

Sex: M ☐ F ☒ Age 23 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-11-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

25-12-04 Enrolled in HIV care

15-12-04 **ARV therapy**
Medically eligible Clinical stage 2

COHORT:

February, 2005

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

03-02-05 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0057		HIV CARE/ART CARD						Name T O							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-02-05 <input type="checkbox"/>			49		W	2							1a(30)	185	
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice CAT changes FNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0058** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name E J Pt clinic # _____

Sex: M ☒ F ☐ Age 30 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-11-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

27-12-04 Enrolled in HIV care

17-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

05-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 54 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0058		HIV CARE/ART CARD						Name E J							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
10-02-05 <input type="checkbox"/>			54		A	3							1a(30)	180	
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0059** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name U F Pt clinic # _____

Sex: M ☒ F ☐ Age 34 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-11-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

01-01-05 Enrolled in HIV care

COHORT:

February, 2005

22-12-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

10-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0059		HIV CARE/ART CARD						Name <u>U</u> <u>F</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-02-05 <input type="checkbox"/>			50		A	3							1a(30)	190	
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0060** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name M G Pt clinic # _____

Sex: M ☒ F ☐ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-11-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

02-01-05 Enrolled in HIV care

COHORT:

February, 2005

23-12-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** B **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0060		HIV CARE/ART CARD						Name M G							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-02-05 <input type="checkbox"/>			49		B	3				1.12.04			1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **DZ0061** **HIV CARE/ART CARD** _____

District Collines Health unit Dassa Zoume District clinician/team _____

Name J K Pt clinic # _____

Sex: M ☒ F ☐ Age 39 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-11-04 Confirmed HIV+ test Where Dassa Zoume HIV 1 2 Ab / PCR
(if < 18 mo)

08-01-05 Enrolled in HIV care

29-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☐ Clinical only ☐ CD4/% ☒ TLC

17-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

22-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 70 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # DZ0061		HIV CARE/ART CARD						Name J K							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
22-02-05 <input type="checkbox"/>			70		A	3							1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

ART Patient Monitoring System

Patient Cards

**Collines District
Glazoue Health Center (GL)**

**National HIV/AIDS Control Program
Ministry of Health**

Unique # **KA0031** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name R F Pt clinic # _____

Sex: M ☐ F ☒ Age 39 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-05-04 _____ Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR
(if < 18 mo)

17-06-04 _____ Enrolled in HIV care

COHORT:

August, 2004

07-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% _____ ☐ TLC

27-07-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # KA0031		HIV CARE/ART CARD						Name R F							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
01-08-04 <input type="checkbox"/>			50		A	3							1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
01-11-04 <input type="checkbox"/>	01-12-04		50.5										1a(30)		
01-12-04 <input type="checkbox"/>			50.7										1a(30)		
01-01-05 <input type="checkbox"/>	01-02-05		50.8										1a(30)		
01-02-05 <input type="checkbox"/>	01-03-05		51		A								1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0001** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name E KU Pt clinic # _____

Sex: M ☐ F ☒ Age 43 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-05-04 _____ Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

18-06-04 _____ Enrolled in HIV care

COHORT:

August, 2004

08-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 175 ☐ TLC

28-07-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0001		HIV CARE/ART CARD				Name E		KU							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
02-08-04 <input type="checkbox"/>	02-09-04		49		A	3							1a(30)	175	
02-09-04 <input type="checkbox"/>	02-10-04		49.5										1a(30)		
02-10-04 <input type="checkbox"/>	02-11-04		50.0										1a(30)		
02-11-04 <input type="checkbox"/>	02-12-04		50.5										1a(30)		
02-12-04 <input type="checkbox"/>	02-01-05		51.0										1a(30)		
02-01-05 <input type="checkbox"/>	02-02-05		51.5										1a(30)		
02-02-05 <input type="checkbox"/>	02-03-05		52		A								1a(30)	210	
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0002** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name S T Pt clinic # _____

Sex: M ☐ F ☒ Age 24 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	22-09-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-05-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

24-06-04 Enrolled in HIV care

COHORT:

August, 2004

14-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

03-08-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

08-08-04 **Start ART 1st-line initial regimen:** 1b(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0002		HIV CARE/ART CARD				Name <u>S</u> <u>T</u>													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
08-08-04 <input type="checkbox"/>	08-09-04		55	2.11.04	A	3							1b(30)						
08-09-04 <input type="checkbox"/>	08-10-04		54.8										1b(30)						
<input type="checkbox"/>													LOST						
08-11-04 <input type="checkbox"/>	08-12-04		54.5										1b(30)						
<input type="checkbox"/>													LOST						
08-01-05 <input type="checkbox"/>	08-02-05		54.2										1b(30)						
08-02-05 <input type="checkbox"/>	08-03-05		54		A								1b(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia AB dominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Thrush —oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers —mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0003** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name D G Pt clinic # _____

Sex: M ☒ F ☐ Age 36 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-05-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

26-06-04 Enrolled in HIV care

COHORT:

August, 2004

16-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

05-08-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-08-04 **Start ART 1st-line initial regimen:** 1a(40)

At start ART: Weight 60 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0003		HIV CARE/ART CARD				Name D G													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
10-08-04 <input type="checkbox"/>	10-09-04		60		A	3							1a(40)						
10-09-04 <input type="checkbox"/>	10-10-04		60.0										1a(40)						
10-10-04 <input type="checkbox"/>	10-11-04		60.0										1a(40)						
10-11-04 <input type="checkbox"/>	10-12-04		60.0										1a(40)						
10-12-04 <input type="checkbox"/>	10-01-05		60.0										1a(40)						
10-01-05 <input type="checkbox"/>	10-02-05		60.0										1a(40)						
10-02-05 <input type="checkbox"/>	10-03-05		60		A								1a(40)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0004** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name H H Pt clinic # _____

Sex: M ☐ F ☒ Age 32 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-05-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

01-07-04 Enrolled in HIV care

COHORT:

August, 2004

21-06-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-08-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 41 **Function** B **Clinical stage** 4

Substitute within 1st-line:

New regimen 1c: (1) 15.10.04 Why _____

New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

New regimen 2a Why _____

New regimen (8) 12.1.05 Why _____

New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0004		HIV CARE/ART CARD						Name <u>H</u> <u>H</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-08-04 <input type="checkbox"/>	15-09-04		41		B	4				3.6.04			1a(30)		
15-09-04 <input type="checkbox"/>	15-10-04		42.5										1a(30)		
15-10-04 <input type="checkbox"/>	15-11-04		44.0										1c		
15-11-04 <input type="checkbox"/>	15-12-04		45.5										1c		
15-12-04 <input type="checkbox"/>	15-01-05		47.0										1c		
15-01-05 <input type="checkbox"/>	15-02-05		48.5										2a		
15-02-05 <input type="checkbox"/>	15-03-05		50		W								2a	150	
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0005** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name J F Pt clinic # _____

Sex: M ☒ F ☐ Age 42 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	30-09-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-05-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

02-07-04 Enrolled in HIV care

22-06-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

August, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

11-08-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

16-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 57 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0005		HIV CARE/ART CARD						Name J F							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-08-04 <input type="checkbox"/>	16-09-04		57		W	3							1a(30)	185	
16-09-04 <input type="checkbox"/>	16-10-04												1a(30)		
<input type="checkbox"/>													LOST		
16-11-04 <input type="checkbox"/>	16-12-04												1a(30)		
<input type="checkbox"/>													LOST		
16-01-05 <input type="checkbox"/>	16-02-05												1a(30)		
<input type="checkbox"/>													LOST		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0006** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name Y T Pt clinic # _____

Sex: M ☐ F ☒ Age 13 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-05-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

04-07-04 Enrolled in HIV care

COHORT:

August, 2004

24-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

13-08-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 30 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0006		HIV CARE/ART CARD				Name Y T													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
18-08-04 <input type="checkbox"/>	18-09-04		30		A	3							1a(30)						
18-09-04 <input type="checkbox"/>	18-10-04		30.7										1a(30)						
18-10-04 <input type="checkbox"/>	18-11-04		31.3										1a(30)						
18-11-04 <input type="checkbox"/>	18-12-04		32.0										1a(30)						
18-12-04 <input type="checkbox"/>	18-01-05		32.7										1a(30)						
18-01-05 <input type="checkbox"/>	18-02-05		33.3										1a(30)						
18-02-05 <input type="checkbox"/>	18-03-05		34		W								1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0007** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name R H Pt clinic # _____

Sex: M ☒ F ☐ Age 42 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-05-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

06-07-04 Enrolled in HIV care

COHORT:

August, 2004

26-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

15-08-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

20-08-04 **Start ART 1st-line initial regimen:** 1b(30)

At start ART: Weight 54 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0007		HIV CARE/ART CARD				Name R		H							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
20-08-04 <input type="checkbox"/>	20-09-04		54		A	3							1b(30)	180	
20-09-04 <input type="checkbox"/>	20-10-04		54.5										1b(30)		
20-10-04 <input type="checkbox"/>	20-11-04		55.0										1b(30)		
20-11-04 <input type="checkbox"/>	20-12-04		55.5										1b(30)		
20-12-04 <input type="checkbox"/>	20-01-05		56.0										1b(30)		
20-01-05 <input type="checkbox"/>	20-02-05		56.5										1b(30)		
20-02-05 <input type="checkbox"/>	20-03-05		57		W								1b(30)	220	
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0008** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name W H Pt clinic # _____

Sex: M ☐ F ☒ Age 17 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-05-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

08-07-04 Enrolled in HIV care

28-06-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

August, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

17-08-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

22-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0008		HIV CARE/ART CARD				Name <u>W</u> <u>H</u>													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
22-08-04 <input type="checkbox"/>	22-09-04		50		A	3							1a(30)	190					
22-09-04 <input type="checkbox"/>	22-10-04		50.3										1a(30)						
22-10-04 <input type="checkbox"/>	22-11-04		50.7										1a(30)						
22-11-04 <input type="checkbox"/>	22-12-04		51.0										1a(30)						
22-12-04 <input type="checkbox"/>	22-01-05		51.3										1a(30)						
22-01-05 <input type="checkbox"/>	22-02-05		51.7										1a(30)						
22-02-05 <input type="checkbox"/>	22-03-05		52		W								1a(30)	240					
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0009** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name S Y Pt clinic # _____

Sex: M ☒ F ☐ Age 38 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-06-04 _____ Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

18-07-04 _____ Enrolled in HIV care

COHORT:

September, 2004

08-07-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

27-08-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

16-10-04 **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Risk of pregnancy
- 4 Due to new TB
- 5 New drug available
- 6 Drug out of stock
- 7 Other reason (specify)

Reasons for SWITCH to 2nd-line regimen only:

- 8 Clinical treatment failure
- 9 Immunologic failure
- 10 Virologic failure

Unique # GL0009		HIV CARE/ART CARD					Name <u>S</u> <u>Y</u>								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
01-09-04 <input type="checkbox"/>	01-10-04		45		B	4				18.6.04			1a(30)		
01-10-04 <input type="checkbox"/>	01-11-04												1a(30)		
<input type="checkbox"/>													DEAD		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0010** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name D T Pt clinic # _____

Sex: M ☒ F ☐ Age 25 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	16-11-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-06-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

19-07-04 Enrolled in HIV care

09-07-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

September, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

28-08-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

02-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 41 **Function** B **Clinical stage** 4

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0010		HIV CARE/ART CARD						Name D T							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
02-09-04 <input type="checkbox"/>	02-10-04		41		B	4				23.6.04			1a(30)		
02-10-04 <input type="checkbox"/>	02-11-04												1a(30)		
02-11-04 <input type="checkbox"/>	02-12-04												1a(30)		
<input type="checkbox"/>													LOST		
02-01-05 <input type="checkbox"/>	02-02-05												1a(30)		
02-02-05 <input type="checkbox"/>	02-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0011** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name G J Pt clinic # _____

Sex: M ☐ F ☒ Age 19 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-06-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

25-07-04 Enrolled in HIV care

15-07-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

September, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

03-09-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

08-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0011		HIV CARE/ART CARD					Name G J								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-09-04 <input type="checkbox"/>	08-10-04		50		A	3						1a(30)			
08-10-04 <input type="checkbox"/>	08-11-04											1a(30)			
08-11-04 <input type="checkbox"/>	08-12-04											1a(30)			
08-12-04 <input type="checkbox"/>	08-01-05											1a(30)			
08-01-05 <input type="checkbox"/>	08-02-05											1a(30)			
08-02-05 <input type="checkbox"/>	08-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0012** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name D F Pt clinic # _____

Sex: M ☐ F ☒ Age 32 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-06-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

27-07-04 Enrolled in HIV care

COHORT:

September, 2004

17-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

05-09-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0012		HIV CARE/ART CARD				Name D F													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
10-09-04 <input type="checkbox"/>	10-10-04		55	3.12.04	A	3							1a(30)	195					
10-10-04 <input type="checkbox"/>	10-11-04												1a(30)						
10-11-04 <input type="checkbox"/>	10-12-04												1a(30)						
10-12-04 <input type="checkbox"/>	10-01-05												1a(30)						
10-01-05 <input type="checkbox"/>	10-02-05												1a(30)						
10-02-05 <input type="checkbox"/>	10-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0013** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name A V Pt clinic # _____

Sex: M ☒ F ☐ Age 38 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-06-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

01-08-04 Enrolled in HIV care

COHORT:

September, 2004

22-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

10-09-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

15-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

New regimen 1c: (1) 14.10.04 Why _____

New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

New regimen _____ Why _____

New regimen _____ Why _____

New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0013		HIV CARE/ART CARD				Name A V													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
15-09-04 <input type="checkbox"/>	15-10-04		48		A	3				27.05.04			1a(30)	180					
15-10-04 <input type="checkbox"/>	15-11-04												1c						
15-11-04 <input type="checkbox"/>	15-12-04												1c						
15-12-04 <input type="checkbox"/>	15-01-05												1c						
15-01-05 <input type="checkbox"/>	15-02-05												1c						
15-02-05 <input type="checkbox"/>	15-03-05												1c						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0014** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name D LK Pt clinic # _____

Sex: M ☐ F ☒ Age 27 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-06-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

02-08-04 Enrolled in HIV care

COHORT:

September, 2004

23-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

11-09-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

16-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0014		HIV CARE/ART CARD				Name D		LK							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-09-04 <input type="checkbox"/>	16-10-04		50		A	3							1a(30)	185	
16-10-04 <input type="checkbox"/>	16-11-04												1a(30)		
16-11-04 <input type="checkbox"/>	16-12-04												1a(30)		
16-12-04 <input type="checkbox"/>	16-01-05												1a(30)		
16-01-05 <input type="checkbox"/>	16-02-05												1a(30)		
16-02-05 <input type="checkbox"/>	16-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SY0040** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name G K Pt clinic # _____

Sex: M ☒ F ☐ Age 34 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-06-04 Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR (if < 18 mo)

04-08-04 Enrolled in HIV care

COHORT:

September, 2004

25-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

13-09-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

18-09-04 **Start ART 1st-line initial regimen:** 1c

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

31-01-05 **Transferred out** To where: Tchetti

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SY0040		HIV CARE/ART CARD				Name G K													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
18-09-04 <input type="checkbox"/>	18-10-04		50		A	3							1c						
18-10-04 <input type="checkbox"/>	18-11-04												1c						
18-11-04 <input type="checkbox"/>	18-12-04												1c						
18-12-04 <input type="checkbox"/>	18-01-05												1c						
18-01-05 <input type="checkbox"/>	18-02-05												1c						
18-02-05 <input type="checkbox"/>	18-03-05												T/O						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0015** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name E J Pt clinic # _____

Sex: M ☒ F ☐ Age 12 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-06-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

06-08-04 Enrolled in HIV care

COHORT:

September, 2004

27-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

15-09-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

20-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 32 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0015		HIV CARE/ART CARD					Name E J								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
20-09-04 <input type="checkbox"/>	20-10-04		32		W	3				15.6.04			1a(30)		
20-10-04 <input type="checkbox"/>	20-11-04												1a(30)		
20-11-04 <input type="checkbox"/>	20-12-04												1a(30)		
20-12-04 <input type="checkbox"/>	20-01-05												1a(30)		
20-01-05 <input type="checkbox"/>	20-02-05												1a(30)		
20-02-05 <input type="checkbox"/>	20-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0016** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name D D Pt clinic # _____

Sex: M ☐ F ☒ Age 30 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-06-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

08-08-04 Enrolled in HIV care

29-07-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

September, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

17-09-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

22-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

New regimen _____ Why _____

New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

New regimen 2b Why _____

New regimen (8) 19.12.04 Why _____

New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0016		HIV CARE/ART CARD						Name D		D									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
22-09-04 <input type="checkbox"/>	22-10-04		48		A	3							1a(30)						
22-10-04 <input type="checkbox"/>	22-11-04												1a(30)						
22-11-04 <input type="checkbox"/>	22-12-04												1a(30)						
22-12-04 <input type="checkbox"/>	22-01-05												2b						
22-01-05 <input type="checkbox"/>	22-02-05												2b						
22-02-05 <input type="checkbox"/>	22-03-05												2b						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0017** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name H F Pt clinic # _____

Sex: M ☐ F ☒ Age 22 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

24-06-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

10-08-04 Enrolled in HIV care

31-07-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

September, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

19-09-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

24-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 39 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0017		HIV CARE/ART CARD				Name <u>H</u> <u>F</u>													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
24-09-04 <input type="checkbox"/>	24-10-04		39		A	3							1a(30)						
24-10-04 <input type="checkbox"/>	24-11-04												1a(30)						
24-11-04 <input type="checkbox"/>	24-12-04												1a(30)						
24-12-04 <input type="checkbox"/>	24-01-05												1a(30)						
24-01-05 <input type="checkbox"/>	24-02-05												1a(30)						
24-02-05 <input type="checkbox"/>	24-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **TB0032** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name F U Pt clinic # _____

Sex: M ☒ F ☐ Age 32 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

25-06-04 _____ Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR
(if < 18 mo)

11-08-04 _____ Enrolled in HIV care

COHORT:

September, 2004

01-08-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

20-09-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

25-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # TB0032		HIV CARE/ART CARD						Name F U							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
25-09-04 <input type="checkbox"/>			49		A	3							1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
25-02-05 <input type="checkbox"/>	25-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0018** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name F Y Pt clinic # _____

Sex: M ☐ F ☒ Age 14 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-07-04 _____ Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

17-08-04 _____ Enrolled in HIV care

07-08-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

October, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

26-09-04 _____ Medically eligible and ready for ART

Transferred in from _____ ART started _____

01-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 31 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0018		HIV CARE/ART CARD					Name F Y								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
01-10-04 <input type="checkbox"/>	01-11-04		31		A	3						1a(30)			
01-11-04 <input type="checkbox"/>	01-12-04											1a(30)			
01-12-04 <input type="checkbox"/>	01-01-05											1a(30)			
01-01-05 <input type="checkbox"/>	01-02-05											1a(30)			
01-02-05 <input type="checkbox"/>	01-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0019** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name S L Pt clinic # _____

Sex: M ☐ F ☒ Age 29 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-07-04 _____ Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

18-08-04 _____ Enrolled in HIV care

COHORT:

October, 2004

08-08-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

27-09-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0019		HIV CARE/ART CARD					Name <u>S</u> <u>L</u>								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
02-10-04 <input type="checkbox"/>	02-11-04		51	12.12.04	A	3						1a(30)	185		
02-11-04 <input type="checkbox"/>	02-12-04											1a(30)			
02-12-04 <input type="checkbox"/>	02-01-05											1a(30)			
02-01-05 <input type="checkbox"/>	02-02-05											1a(30)			
02-02-05 <input type="checkbox"/>	02-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0020** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name I Y Pt clinic # _____

Sex: M ☒ F ☐ Age 32 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-07-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

24-08-04 Enrolled in HIV care

14-08-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

October, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

03-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen 2a _____ Why _____

____ New regimen (9) 12.12.04 _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0020		HIV CARE/ART CARD					Name I Y								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-10-04 <input type="checkbox"/>	08-11-04		55		A	3						1a(30)	190		
08-11-04 <input type="checkbox"/>	08-12-04											1a(30)			
08-12-04 <input type="checkbox"/>	08-01-05											2a			
08-01-05 <input type="checkbox"/>	08-02-05											2a			
08-02-05 <input type="checkbox"/>	08-03-05											2a			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0021** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name I R Pt clinic # _____

Sex: M ☐ F ☒ Age 16 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

14-07-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

30-08-04 Enrolled in HIV care

20-08-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

October, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

09-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

14-10-04 **Start ART 1st-line initial regimen:** 1b(40)

At start ART: Weight 60 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0021		HIV CARE/ART CARD										Name <u>I</u> <u>R</u>			
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
14-10-04 <input type="checkbox"/>	14-11-04		60		A	3				19.06.04			1b(40)	195	
14-11-04 <input type="checkbox"/>	14-12-04												1b(40)		
14-12-04 <input type="checkbox"/>	14-01-05												1b(40)		
14-01-05 <input type="checkbox"/>	14-02-05												1b(40)		
14-02-05 <input type="checkbox"/>	14-03-05												1b(40)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0022** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name D K Pt clinic # _____

Sex: M ☒ F ☐ Age 27 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-07-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

07-09-04 Enrolled in HIV care

28-08-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

October, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

17-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

22-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** W **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0022		HIV CARE/ART CARD					Name D K								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
22-10-04 <input type="checkbox"/>	22-11-04		45		W	3						1a(30)			
22-11-04 <input type="checkbox"/>	22-12-04											1a(30)			
22-12-04 <input type="checkbox"/>	22-01-05											1a(30)			
22-01-05 <input type="checkbox"/>	22-02-05											1a(30)			
22-02-05 <input type="checkbox"/>	22-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **KD0042** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name M G Pt clinic # _____

Sex: M ☒ F ☐ Age 33 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-07-04 Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR (if < 18 mo)

07-09-04 Enrolled in HIV care

28-08-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

October, 2004

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

17-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

22-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # KD0042		HIV CARE/ART CARD				Name M G													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
22-10-04 <input type="checkbox"/>	22-11-04		50		A	3							1a(30)						
22-11-04 <input type="checkbox"/>	22-12-04												1a(30)						
22-12-04 <input type="checkbox"/>	22-01-05												1a(30)						
22-01-05 <input type="checkbox"/>	22-02-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0023** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name U G Pt clinic # _____

Sex: M ☐ F ☒ Age 41 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

27-07-04 _____ Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

12-09-04 _____ Enrolled in HIV care

COHORT:

October, 2004

02-09-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

22-10-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

27-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0023		HIV CARE/ART CARD				Name U		G							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
27-10-04 <input type="checkbox"/>	27-11-04		45		B	4	27.10.04			4.5.04			1a(30)		
27-11-04 <input type="checkbox"/>	27-12-04												1a(30)		
27-12-04 <input type="checkbox"/>	27-01-05												1a(30)		
27-01-05 <input type="checkbox"/>	27-02-05												1a(30)		
27-02-05 <input type="checkbox"/>	27-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **FG0050** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name Z Y Pt clinic # _____

Sex: M ☐ F ☒ Age 29 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-08-04 _____ Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR (if < 18 mo)

17-09-04 _____ Enrolled in HIV care

07-09-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

November, 2004

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

27-10-04 _____ Medically eligible and ready for ART

_____ Transferred in from _____ ART started _____

01-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

16-12-04 **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Risk of pregnancy
- 4 Due to new TB
- 5 New drug available
- 6 Drug out of stock
- 7 Other reason (specify)

Reasons for SWITCH to 2nd-line regimen only:

- 8 Clinical treatment failure
- 9 Immunologic failure
- 10 Virologic failure

Unique # FG0050		HIV CARE/ART CARD				Name Z Y													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
01-11-04 <input type="checkbox"/>	01-12-04		50		B	4				18.5.04 18.07.04			1a(30)						
01-12-04 <input type="checkbox"/>	01-01-05												1a(30)						
<input type="checkbox"/>													DEAD						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0024** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name D E Pt clinic # _____

Sex: M ☐ F ☒ Age 41 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-08-04 _____ Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

18-09-04 _____ Enrolled in HIV care

08-09-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

November, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

28-10-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 40 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0024		HIV CARE/ART CARD				Name D E													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
02-11-04 <input type="checkbox"/>	02-12-04		40		B	4				24.6.04			1a(30)						
02-12-04 <input type="checkbox"/>	02-01-05												1a(30)						
02-01-05 <input type="checkbox"/>	02-02-05												1a(30)						
02-02-05 <input type="checkbox"/>	02-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0025** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name K T Pt clinic # _____

Sex: M ☒ F ☐ Age 4 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-08-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

24-09-04 Enrolled in HIV care

14-09-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

November, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 175 ☐ TLC

03-11-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

08-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 25 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0025		HIV CARE/ART CARD					Name K T								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-11-04 <input type="checkbox"/>	08-12-04		25		A	3						1a(30)	175		
08-12-04 <input type="checkbox"/>	08-01-05											1a(30)			
08-01-05 <input type="checkbox"/>	08-02-05											1a(30)			
08-02-05 <input type="checkbox"/>	08-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0026** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name Y U Pt clinic # _____

Sex: M ☐ F ☒ Age 31 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-08-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

26-09-04 Enrolled in HIV care

16-09-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

November, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

05-11-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-11-04 **Start ART 1st-line initial regimen:** 1b(30)

At start ART: Weight 58 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0026		HIV CARE/ART CARD						Name <u>Y</u> <u>U</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
10-11-04 <input type="checkbox"/>	10-12-04		58		A	3							1b(30)	185	
10-12-04 <input type="checkbox"/>	10-01-05												1b(30)		
10-01-05 <input type="checkbox"/>	10-02-05												1b(30)		
10-02-05 <input type="checkbox"/>	10-03-05												1b(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
<p>Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results</p>																

Unique # **GL0027** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name W M Pt clinic # _____

Sex: M ☒ F ☐ Age 39 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-08-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

01-10-04 Enrolled in HIV care

21-09-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

November, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-11-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0027		HIV CARE/ART CARD					Name <u>W</u> <u>M</u>								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-11-04 <input type="checkbox"/>	15-12-04		50		A	3							1a(30)		
15-12-04 <input type="checkbox"/>	15-01-05												1a(30)		
15-01-05 <input type="checkbox"/>	15-02-05												1a(30)		
15-02-05 <input type="checkbox"/>	15-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia AB dominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph T hrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome W eight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0028** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name P UY Pt clinic # _____

Sex: M ☐ F ☒ Age 16 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	31-12-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-08-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

02-10-04 Enrolled in HIV care

22-09-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

November, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-11-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 58 **Function** W **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0028		HIV CARE/ART CARD				Name P		UY							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-11-04 <input type="checkbox"/>	16-12-04		58		W	3							1a(30)		
16-12-04 <input type="checkbox"/>	16-01-05												1a(30)		
<input type="checkbox"/>													LOST		
16-02-05 <input type="checkbox"/>	16-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0029** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name K I Pt clinic # _____

Sex: M ☐ F ☒ Age 12 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-08-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

04-10-04 Enrolled in HIV care

COHORT:

November, 2004

24-09-04 **ARV therapy**
Medically eligible Clinical stage 2

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

13-11-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen 2b _____ Why _____

_____ New regimen (8) 9.1.05 _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0029		HIV CARE/ART CARD						Name K		I					
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
18-11-04 <input type="checkbox"/>	18-12-04		51		W	2							1a(30)	190	
18-12-04 <input type="checkbox"/>	18-01-05												1a(30)		
18-01-05 <input type="checkbox"/>	18-02-05												2b		
18-02-05 <input type="checkbox"/>	18-03-05												2b		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0031** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name D F Pt clinic # _____

Sex: M ☒ F ☐ Age 36 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-09-04 _____ Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

17-10-04 _____ Enrolled in HIV care

07-10-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

December, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

26-11-04 _____ Medically eligible and ready for ART

_____ Transferred in from _____ ART started _____

01-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0031		HIV CARE/ART CARD				Name D F													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
01-12-04 <input type="checkbox"/>	01-01-05		45		B	4				19.11.04 02.01.05		1a(30)							
01-01-05 <input type="checkbox"/>	01-02-05											1a(30)							
01-02-05 <input type="checkbox"/>	01-03-05											1a(30)							
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
<p>Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results</p>																

Unique # **GL0032** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name F G Pt clinic # _____

Sex: M ☐ F ☒ Age 31 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-09-04 _____ Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

18-10-04 _____ Enrolled in HIV care

08-10-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

December, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

27-11-04 _____ Medically eligible and ready for ART

Transferred in from _____ ART started _____

02-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0032		HIV CARE/ART CARD				Name F G													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
02-12-04 <input type="checkbox"/>	02-01-05		45	13.3.05	B	4				28.11.04		1a(30)							
02-01-05 <input type="checkbox"/>	02-02-05											1a(30)							
02-02-05 <input type="checkbox"/>	02-03-05											1a(30)							
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0033** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name W J Pt clinic # _____

Sex: M ☒ F ☐ Age 24 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-09-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

24-10-04 Enrolled in HIV care

14-10-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

December, 2004

Why eligible: ☐ Clinical only ☐ CD4/% ☒ TLC

03-12-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

08-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0033		HIV CARE/ART CARD					Name <u>W</u> <u>J</u>								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-12-04 <input type="checkbox"/>	08-01-05		50		A	3						1a(30)			
08-01-05 <input type="checkbox"/>	08-02-05											1a(30)			
08-02-05 <input type="checkbox"/>	08-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice C AT changes F NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **FG0030** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name K J Pt clinic # _____

Sex: M ☐ F ☒ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-09-04 Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR (if < 18 mo)

26-10-04 Enrolled in HIV care

16-10-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

December, 2004

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

05-12-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # FG0030		HIV CARE/ART CARD						Name K J							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
10-12-04 <input type="checkbox"/>	10-01-05		55		A	3						1a(30)			
10-01-05 <input type="checkbox"/>	10-02-05											1a(30)			
10-02-05 <input type="checkbox"/>	10-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0034** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name E F Pt clinic # _____

Sex: M ☒ F ☐ Age 43 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-09-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

31-10-04 Enrolled in HIV care

21-10-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

December, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-12-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 53 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0034		HIV CARE/ART CARD				Name E F													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
15-12-04 <input type="checkbox"/>	15-01-05		53		A	3	16.12.04			11.11.04			1a(30)						
15-01-05 <input type="checkbox"/>	15-02-05												1a(30)						
15-02-05 <input type="checkbox"/>	15-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0035** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name O L Pt clinic # _____

Sex: M ☒ F ☐ Age 49 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-09-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

01-11-04 Enrolled in HIV care

22-10-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

December, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-12-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 52 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0035		HIV CARE/ART CARD					Name O L								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-12-04 <input type="checkbox"/>	16-01-05		52		A	3						1a(30)			
16-01-05 <input type="checkbox"/>	16-02-05											1a(30)			
16-02-05 <input type="checkbox"/>	16-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice CAT changes FNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0036** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name W C Pt clinic # _____

Sex: M ☐ F ☒ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-09-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

03-11-04 Enrolled in HIV care

COHORT:

December, 2004

24-10-04 **ARV therapy**
Medically eligible Clinical stage 2

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

13-12-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

01-02-05 **Transferred out** To where: Savalou

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0036		HIV CARE/ART CARD						Name <u>W</u> <u>C</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
18-12-04 <input type="checkbox"/>	18-01-05		50		A	2							1a(30)	195	
18-01-05 <input type="checkbox"/>	18-02-05												1a(30)		
18-02-05 <input type="checkbox"/>	18-03-05												T/O		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia AB dominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Th rush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome W eight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Unique # **GL0037** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name V H Pt clinic # _____

Sex: M ☐ F ☒ Age 13 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-09-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

05-11-04 Enrolled in HIV care

COHORT:

December, 2004

26-10-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

15-12-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

20-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0037		HIV CARE/ART CARD					Name V		H									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days		
20-12-04 <input type="checkbox"/>	20-01-05		49		A	3							1a(30)	180				
20-01-05 <input type="checkbox"/>	20-02-05												1a(30)					
20-02-05 <input type="checkbox"/>	20-03-05												1a(30)					
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
CAT changes
FNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0038** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name T H Pt clinic # _____

Sex: M ☒ F ☐ Age 4 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-09-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

07-11-04 Enrolled in HIV care

COHORT:

December, 2004

28-10-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

17-12-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

22-12-04 **Start ART 1st-line initial regimen:** 1a(40)

At start ART: Weight 60 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0038		HIV CARE/ART CARD					Name T		H									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days		
22-12-04 <input type="checkbox"/>	22-01-05		60		A	3							1a(40)	185				
22-01-05 <input type="checkbox"/>	22-02-05												1a(40)					
22-02-05 <input type="checkbox"/>	22-03-05												1a(40)					
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **GL0039** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name Q J Pt clinic # _____

Sex: M ☐ F ☒ Age 24 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

26-09-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

11-11-04 Enrolled in HIV care

COHORT:

December, 2004

01-11-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

21-12-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

26-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

New regimen 1c: (1) 14.1.05 Why _____

New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

New regimen _____ Why _____

New regimen _____ Why _____

New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0039		HIV CARE/ART CARD						Name Q		J					
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
26-12-04 <input type="checkbox"/>	26-01-05		55		A	3				04.11.04		1a(30)			
26-01-05 <input type="checkbox"/>	26-02-05											1a(30)			
26-02-05 <input type="checkbox"/>	26-03-05											1c			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **FG0055** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name X G Pt clinic # _____

Sex: M ☒ F ☐ Age 31 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-10-04 _____ Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR
(if < 18 mo)

17-11-04 _____ Enrolled in HIV care

COHORT:

January, 2005

07-11-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% _____ ☐ TLC

27-12-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # FG0055		HIV CARE/ART CARD						Name X		G							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days	
01-01-05 <input type="checkbox"/>	01-02-05		50		A	3							1a(30)				
01-02-05 <input type="checkbox"/>	01-03-05												1a(30)				
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **NA0059** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name D K Pt clinic # _____

Sex: M ☐ F ☒ Age 35 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-10-04 _____ Confirmed HIV+ test Where _____ FG HIV 1 2 Ab / PCR (if < 18 mo)

17-11-04 _____ Enrolled in HIV care

07-11-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

January, 2005

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

27-12-04 _____ Medically eligible and ready for ART

_____ Transferred in from _____ ART started _____

01-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # NA0059		HIV CARE/ART CARD					Name D K								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
01-01-05 <input type="checkbox"/>	01-02-05		50		A	3						1a(30)			
01-02-05 <input type="checkbox"/>	01-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia AB dominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Thrush —oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers —mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **GL0040** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name V R Pt clinic # _____

Sex: M ☐ F ☒ Age 22 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-10-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

24-11-04 Enrolled in HIV care

14-11-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

January, 2005

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

03-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

08-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** W **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0040		HIV CARE/ART CARD						Name V		R									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
08-01-05 <input type="checkbox"/>	08-02-05		51		W	3							1a(30)	195					
08-02-05 <input type="checkbox"/>	08-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **GL0041** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name N Y Pt clinic # _____

Sex: M ☐ F ☒ Age 31 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-10-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

26-11-04 Enrolled in HIV care

16-11-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

January, 2005

Why eligible: ☐ Clinical only ☐ CD4/% ☒ TLC

05-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 54 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0041		HIV CARE/ART CARD					Name <u>N</u> <u>Y</u>								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
10-01-05 <input type="checkbox"/>	10-02-05		54		A	3						1a(30)			
10-02-05 <input type="checkbox"/>	10-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **GL0042** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name D H Pt clinic # _____

Sex: M ☒ F ☐ Age 41 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-10-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

01-12-04 Enrolled in HIV care

COHORT:

January, 2005

21-11-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0042		HIV CARE/ART CARD				Name D		H							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-01-05 <input type="checkbox"/>	15-02-05		50		B	4	15.12.04			12.12.04			1a(30)		
15-02-05 <input type="checkbox"/>	15-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **GL0043** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name K J Pt clinic # _____

Sex: M ☐ F ☒ Age 14 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-10-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

02-12-04 Enrolled in HIV care

COHORT:

January, 2005

22-11-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 35 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0043		HIV CARE/ART CARD						Name K J							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-01-05 <input type="checkbox"/>	16-02-05		35	20.6.05	A	3							1a(30)		
16-02-05 <input type="checkbox"/>	16-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia AB dominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Thrush —oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers —mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Unique # **GL0044** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name T U Pt clinic # _____

Sex: M ☐ F ☒ Age 21 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-10-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

08-12-04 Enrolled in HIV care

COHORT:

January, 2005

28-11-04 **ARV therapy**
Medically eligible Clinical stage 2

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

17-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

22-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 58 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0044		HIV CARE/ART CARD						Name T		U									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
22-01-05 <input type="checkbox"/>	22-02-05		58		W	2							1a(30)	190					
22-02-05 <input type="checkbox"/>	22-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0045** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name W E Pt clinic # _____

Sex: M ☒ F ☐ Age 26 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

24-10-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

10-12-04 Enrolled in HIV care

30-11-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

January, 2005

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

19-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

24-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 57 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0045		HIV CARE/ART CARD						Name <u>W</u> <u>E</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
24-01-05 <input type="checkbox"/>	24-02-05		57		A	3							1a(30)		
24-02-05 <input type="checkbox"/>	24-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/ E nceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **GL0046** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name E C Pt clinic # _____

Sex: M ☐ F ☒ Age 39 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

29-10-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

15-12-04 Enrolled in HIV care

05-12-04 **ARV therapy**
Medically eligible Clinical stage 2

COHORT:

January, 2005

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

24-01-05 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

29-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 58 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0046		HIV CARE/ART CARD						Name E C							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
29-01-05 <input type="checkbox"/>	28-02-05		58		W	2							1a(30)	190	
28-02-05 <input type="checkbox"/>	29-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/ E nceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Unique # **GL0047** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name J T Pt clinic # _____

Sex: M ☒ F ☐ Age 41 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-11-04 _____ Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

18-12-04 _____ Enrolled in HIV care

08-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

27-01-05 _____ Medically eligible and ready for ART

_____ Transferred in from _____ ART started _____

01-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0047		HIV CARE/ART CARD						Name J T							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
01-02-05 <input type="checkbox"/>			50		A	3							1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0048** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name L RT Pt clinic # _____

Sex: M ☒ F ☐ Age 39 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-11-04 _____ Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

19-12-04 _____ Enrolled in HIV care

09-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

28-01-05 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # **GL0049** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name R F Pt clinic # _____

Sex: M ☐ F ☒ Age 21 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-11-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

25-12-04 Enrolled in HIV care

15-12-04 **ARV therapy**
Medically eligible Clinical stage 2

COHORT:

February, 2005

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

03-02-05 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0049		HIV CARE/ART CARD					Name <u> R </u> <u> F </u>								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-02-05 <input type="checkbox"/>			49		W	2				13.10.04			1a(30)	185	
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0050** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name S U Pt clinic # _____

Sex: M ☐ F ☒ Age 29 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-11-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

27-12-04 Enrolled in HIV care

17-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

05-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 54 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0050		HIV CARE/ART CARD						Name S		U							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days	
10-02-05 <input type="checkbox"/>			54	10.5.05	A	3							1a(30)	180			
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **KG0023** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name W H Pt clinic # _____

Sex: M ☒ F ☐ Age 31 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

12-11-04 Confirmed HIV+ test Where _____ KG HIV 1 2 Ab / PCR
(if < 18 mo)

29-12-04 Enrolled in HIV care

19-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☐ Clinical only ☐ CD4/% ☒ TLC

07-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

12-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # KG0023		HIV CARE/ART CARD						Name <u>W</u> <u>H</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
12-02-05 <input type="checkbox"/>			48		A	3							1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0051** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name T T Pt clinic # _____

Sex: M ☒ F ☐ Age 38 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-11-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

01-01-05 Enrolled in HIV care

COHORT:

February, 2005

22-12-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

10-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0051		HIV CARE/ART CARD						Name T		T									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
15-02-05 <input type="checkbox"/>			50		A	3							1a(30)	190					
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0052** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name O Y Pt clinic # _____

Sex: M ☐ F ☒ Age 25 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-11-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

02-01-05 Enrolled in HIV care

COHORT:

February, 2005

23-12-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** B **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0052		HIV CARE/ART CARD					Name <u> O </u> <u> Y </u>								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-02-05 <input type="checkbox"/>			49		B	3				1.12.04			1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0053** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name P R Pt clinic # _____

Sex: M ☒ F ☐ Age 41 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-11-04 Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

08-01-05 Enrolled in HIV care

29-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☐ Clinical only ☐ CD4/% ☒ TLC

17-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

22-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0053		HIV CARE/ART CARD						Name P		R									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
22-02-05 <input type="checkbox"/>			48		A	3							1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **GL0054** **HIV CARE/ART CARD** _____

District Collines Health unit Glazoue District clinician/team _____

Name W G Pt clinic # _____

Sex: M ☐ F ☒ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

25-11-04 _____ Confirmed HIV+ test Where Glazoue HIV 1 2 Ab / PCR
(if < 18 mo)

11-01-05 _____ Enrolled in HIV care

01-01-05 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☐ Clinical only ☐ CD4/% ☒ TLC

20-02-05 _____ Medically eligible and ready for ART

_____ Transferred in from _____ ART started _____

25-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # GL0054		HIV CARE/ART CARD						Name <u>W</u> <u>G</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
25-02-05 <input type="checkbox"/>			48		A	3							1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

ART Patient Monitoring System

Patient Cards

**Collines District
Savalou Health Center (SA)**

**National HIV/AIDS Control Program
Ministry of Health**

Unique # **SA0001** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name D F Pt clinic # _____

Sex: M ☐ F ☒ Age 36 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-02-04 _____ Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

17-03-04 _____ Enrolled in HIV care

COHORT:

May, 2004

07-03-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

26-04-04 _____ Medically eligible and ready for ART

_____ Transferred in from _____ ART started _____

01-05-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0001		HIV CARE/ART CARD				Name D F													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
01-05-04 <input type="checkbox"/>	01-06-04		48		A	3	14.5.04 14.1.05						1a(30)						
01-06-04 <input type="checkbox"/>	01-07-04		48.7										1a(30)						
01-07-04 <input type="checkbox"/>	01-08-04		49.3										1a(30)						
01-08-04 <input type="checkbox"/>	01-09-04		50.0										1a(30)						
01-09-04 <input type="checkbox"/>	01-10-04		50.7										1a(30)						
01-10-04 <input type="checkbox"/>	01-11-04		51.3										1a(30)						
01-11-04 <input type="checkbox"/>	01-12-04		52		W								1a(30)						
01-12-04 <input type="checkbox"/>	01-01-05		53.0										1a(30)						
01-01-05 <input type="checkbox"/>	01-02-05		54.1										1a(30)						
01-02-05 <input type="checkbox"/>	01-03-05		55.1										1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0002** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G G Pt clinic # _____

Sex: M ☒ F ☐ Age 26 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-02-04 _____ Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

18-03-04 _____ Enrolled in HIV care

COHORT:

May, 2004

08-03-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

27-04-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-05-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0002		HIV CARE/ART CARD				Name G G													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
02-05-04 <input type="checkbox"/>	02-06-04		49		A	3						1a(30)							
02-06-04 <input type="checkbox"/>	02-07-04		49.7									1a(30)							
02-07-04 <input type="checkbox"/>	02-08-04		50.3									1a(30)							
02-08-04 <input type="checkbox"/>	02-09-04		51.0									1a(30)							
02-09-04 <input type="checkbox"/>	02-10-04		51.7									1a(30)							
02-10-04 <input type="checkbox"/>	02-11-04		52.3									1a(30)							
02-11-04 <input type="checkbox"/>	02-12-04		53		W							1a(30)							
02-12-04 <input type="checkbox"/>	02-01-05		54.1									1a(30)							
02-01-05 <input type="checkbox"/>	02-02-05		55.1									1a(30)							
02-02-05 <input type="checkbox"/>	02-03-05		56.2									1a(30)							
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0003** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name T K Pt clinic # _____

Sex: M ☐ F ☒ Age 13 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-02-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR (if < 18 mo)

24-03-04 Enrolled in HIV care

COHORT:

May, 2004

14-03-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

03-05-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-05-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 30 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen 2a _____ Why _____

_____ New regimen (8) 14.9.04 _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0003		HIV CARE/ART CARD				Name T K													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
08-05-04 <input type="checkbox"/>	08-06-04		30		W	3							1a(30)						
08-06-04 <input type="checkbox"/>	08-07-04		30.8										1a(30)						
08-07-04 <input type="checkbox"/>	08-08-04		31.7										1a(30)						
08-08-04 <input type="checkbox"/>	08-09-04		32.5										1a(30)						
08-09-04 <input type="checkbox"/>	08-10-04		33.3										2a						
08-10-04 <input type="checkbox"/>	08-11-04		34.2										2a						
08-11-04 <input type="checkbox"/>	08-12-04		35		W								2a						
08-12-04 <input type="checkbox"/>	08-01-05		35.7										2a						
08-01-05 <input type="checkbox"/>	08-02-05		36.4										2a						
08-02-05 <input type="checkbox"/>	08-03-05		37.1										2a						
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0004** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name E D Pt clinic # _____

Sex: M ☒ F ☐ Age 39 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-02-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

26-03-04 Enrolled in HIV care

COHORT:

May, 2004

16-03-04 **ARV therapy**
Medically eligible Clinical stage 2

Why eligible: ☒ Clinical only ☐ CD4/% 190 ☐ TLC

05-05-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-05-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 2

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0004		HIV CARE/ART CARD								Name E D									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
10-05-04 <input type="checkbox"/>	10-06-04		50		A	2						1a(30)	190						
10-06-04 <input type="checkbox"/>	10-07-04		50.5									1a(30)							
10-07-04 <input type="checkbox"/>	10-08-04		51.0									1a(30)							
10-08-04 <input type="checkbox"/>	10-09-04		51.5									1a(30)							
10-09-04 <input type="checkbox"/>	10-10-04		52.0									1a(30)							
10-10-04 <input type="checkbox"/>	10-11-04		52.5									1a(30)							
10-11-04 <input type="checkbox"/>	10-12-04		53		W							1a(30)	225						
10-12-04 <input type="checkbox"/>	10-01-05		54.1									1a(30)							
10-01-05 <input type="checkbox"/>	10-02-05		55.1									1a(30)							
10-02-05 <input type="checkbox"/>	10-03-05		56.2									1a(30)							
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0005** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name U O Pt clinic # _____

Sex: M ☒ F ☐ Age 47 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-02-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

31-03-04 Enrolled in HIV care

COHORT:

May, 2004

21-03-04 **ARV therapy**
Medically eligible Clinical stage 2

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

10-05-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

15-05-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0005		HIV CARE/ART CARD				Name U O													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
15-05-04 <input type="checkbox"/>	15-06-04		55		W	2							1a(30)	195					
15-06-04 <input type="checkbox"/>	15-07-04		55.7										1a(30)						
15-07-04 <input type="checkbox"/>	15-08-04		56.3										1a(30)						
15-08-04 <input type="checkbox"/>	15-09-04		57.0										1a(30)						
15-09-04 <input type="checkbox"/>	15-10-04		57.7										1a(30)						
15-10-04 <input type="checkbox"/>	15-11-04		58.3										1a(30)						
15-11-04 <input type="checkbox"/>	15-12-04		59		W								1a(30)	230					
15-12-04 <input type="checkbox"/>	15-01-05		60.2										1a(30)						
15-01-05 <input type="checkbox"/>	15-02-05		61.4										1a(30)						
15-02-05 <input type="checkbox"/>	15-03-05		62.5										1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **SA0006** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name M T Pt clinic # _____

Sex: M ☐ F ☒ Age 40 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-02-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

01-04-04 Enrolled in HIV care

COHORT:

May, 2004

22-03-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% ☐ TLC

11-05-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-05-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0006		HIV CARE/ART CARD				Name M T													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
16-05-04 <input type="checkbox"/>	16-06-04		48		A	3	05.05.04 05.01.05						1a(30)						
16-06-04 <input type="checkbox"/>	16-07-04		48.3										1a(30)						
16-07-04 <input type="checkbox"/>	16-08-04		48.7										1a(30)						
16-08-04 <input type="checkbox"/>	16-09-04		49.0										1a(30)						
16-09-04 <input type="checkbox"/>	16-10-04		49.3										1a(30)						
16-10-04 <input type="checkbox"/>	16-11-04		49.7										1a(30)						
16-11-04 <input type="checkbox"/>	16-12-04		50		A								1a(30)						
16-12-04 <input type="checkbox"/>	16-01-05		51.0										1a(30)						
16-01-05 <input type="checkbox"/>	16-02-05		52.0										1a(30)						
16-02-05 <input type="checkbox"/>	16-03-05		53.0										1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0007** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name L N Pt clinic # _____

Sex: M ☐ F ☒ Age 30 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-02-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

03-04-04 Enrolled in HIV care

COHORT:

May, 2004

24-03-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

13-05-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-05-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 43 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

02-06-04 **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # **SA0008** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G K Pt clinic # _____

Sex: M ☐ F ☒ Age 26 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	03-08-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-02-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

05-04-04 Enrolled in HIV care

COHORT:

May, 2004

26-03-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 150 ☐ TLC

15-05-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

20-05-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen 2a _____ Why _____

____ New regimen (8) 4/1/05 _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0008		HIV CARE/ART CARD				Name G K													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
20-05-04 <input type="checkbox"/>	20-06-04		51		A	3							1a(30)	150					
20-06-04 <input type="checkbox"/>	20-07-04		51.0										1a(30)						
20-07-04 <input type="checkbox"/>	20-08-04		51.0										1a(30)						
<input type="checkbox"/>													LOST						
20-09-04 <input type="checkbox"/>	20-10-04		51.0										1a(30)						
<input type="checkbox"/>													LOST						
20-11-04 <input type="checkbox"/>	20-12-04		51		A								1a(30)	190					
20-12-04 <input type="checkbox"/>	20-01-05		52.0										1a(30)						
20-01-05 <input type="checkbox"/>	20-02-05		53.0										2a						
20-02-05 <input type="checkbox"/>	20-03-05		54.1										2a						
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **NA0009** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name R E Pt clinic # _____

Sex: M ☒ F ☐ Age 31 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-02-04 Confirmed HIV+ test Where NA HIV 1 2 Ab / PCR
(if < 18 mo)

07-04-04 Enrolled in HIV care

COHORT:

May, 2004

28-03-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

17-05-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

22-05-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

New regimen 1c: (1) 3/7/04 Why _____

New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

New regimen _____ Why _____

New regimen _____ Why _____

New regimen _____ Why _____

Dead

03-12-04 **Transferred out** To where: Abomey

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # NA0009		HIV CARE/ART CARD				Name R E													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
22-05-04 <input type="checkbox"/>	22-06-04		50		A	3							1a(30)						
22-06-04 <input type="checkbox"/>	22-07-04		50.3										1a(30)						
22-07-04 <input type="checkbox"/>	22-08-04		50.7										1c						
22-08-04 <input type="checkbox"/>	22-09-04		51.0										1c						
22-09-04 <input type="checkbox"/>	22-10-04		51.3										1c						
22-10-04 <input type="checkbox"/>	22-11-04		51.7										1c						
22-11-04 <input type="checkbox"/>	22-12-04		52		A								1c						
22-12-04 <input type="checkbox"/>	22-01-05		53.0										T/O						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0010** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name D R Pt clinic # _____

Sex: M ☐ F ☒ Age 35 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-03-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

17-04-04 Enrolled in HIV care

COHORT:

June, 2004

07-04-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

27-05-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

01-06-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

12-01-05 **Transferred out** To where: Kibele

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Risk of pregnancy
- 4 Due to new TB
- 5 New drug available
- 6 Drug out of stock
- 7 Other reason (specify)

Reasons for SWITCH to 2nd-line regimen only:

- 8 Clinical treatment failure
- 9 Immunologic failure
- 10 Virologic failure

Unique # SA0010		HIV CARE/ART CARD				Name D		R							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
01-06-04 <input type="checkbox"/>	01-07-04		48		A	3							1a(30)	195	
01-07-04 <input type="checkbox"/>	01-08-04		48.7										1a(30)		
01-08-04 <input type="checkbox"/>	01-09-04		49.3										1a(30)		
01-09-04 <input type="checkbox"/>	01-10-04		50.0										1a(30)		
01-10-04 <input type="checkbox"/>	01-11-04		50.7										1a(30)		
01-11-04 <input type="checkbox"/>	01-12-04		51.3										1a(30)		
01-12-04 <input type="checkbox"/>	01-01-05		52		W								1a(30)	225	
01-01-05 <input type="checkbox"/>	01-02-05		53.0										1a(30)		
01-02-05 <input type="checkbox"/>	01-03-05		54.1										T/O		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/ E nceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0011** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G E Pt clinic # _____

Sex: M ☐ F ☒ Age 34 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-03-04 _____ Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

18-04-04 _____ Enrolled in HIV care

COHORT:

June, 2004

08-04-04 **ARV therapy**
Medically eligible Clinical stage 2

Why eligible: ☐ Clinical only ☒ CD4/% 170 ☐ TLC

28-05-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-06-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** A **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0011		HIV CARE/ART CARD				Name G E													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
02-06-04 <input type="checkbox"/>	02-07-04		49		A	2							1a(30)	170					
02-07-04 <input type="checkbox"/>	02-08-04		49.7										1a(30)						
02-08-04 <input type="checkbox"/>	02-09-04		50.3										1a(30)						
02-09-04 <input type="checkbox"/>	02-10-04		51.0										1a(30)						
02-10-04 <input type="checkbox"/>	02-11-04		51.7										1a(30)						
02-11-04 <input type="checkbox"/>	02-12-04		52.3										1a(30)						
02-12-04 <input type="checkbox"/>	02-01-05		53		W								1a(30)	230					
02-01-05 <input type="checkbox"/>	02-02-05		54.1										1a(30)						
02-02-05 <input type="checkbox"/>	02-03-05		55.1										1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0012** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name T H Pt clinic # _____

Sex: M ☐ F ☒ Age 23 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-03-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

24-04-04 Enrolled in HIV care

COHORT:

June, 2004

14-04-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

03-06-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

08-06-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 46 **Function** A **Clinical stage** 3

Substitute within 1st-line:

New regimen _____ Why _____

New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

New regimen 2b Why _____

New regimen (8) 15.10.04 Why _____

New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0012		HIV CARE/ART CARD				Name T H													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
08-06-04 <input type="checkbox"/>	08-07-04		46	22.8.04	A	3						1a(30)	190						
08-07-04 <input type="checkbox"/>	08-08-04		46.7									1a(30)							
08-08-04 <input type="checkbox"/>	08-09-04		47.3									1a(30)							
08-09-04 <input type="checkbox"/>	08-10-04		48.0									1a(30)							
08-10-04 <input type="checkbox"/>	08-11-04		48.7									2b							
08-11-04 <input type="checkbox"/>	08-12-04		49.3									2b							
08-12-04 <input type="checkbox"/>	08-01-05		50		A							2b	235						
08-01-05 <input type="checkbox"/>	08-02-05		51.0									2b							
08-02-05 <input type="checkbox"/>	08-03-05		52.0									2b							
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0013** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name E IT Pt clinic # _____

Sex: M ☒ F ☐ Age 36 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-03-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

26-04-04 Enrolled in HIV care

COHORT:

June, 2004

16-04-04 **ARV therapy**
Medically eligible Clinical stage 2

Why eligible: ☒ Clinical only ☐ CD4/% 195 ☐ TLC

05-06-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-06-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0013		HIV CARE/ART CARD								Name E IT									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
10-06-04 <input type="checkbox"/>	10-07-04		50		A	2						1a(30)	195						
10-07-04 <input type="checkbox"/>	10-08-04		50.5									1a(30)							
10-08-04 <input type="checkbox"/>	10-09-04		51.0									1a(30)							
10-09-04 <input type="checkbox"/>	10-10-04		51.5									1a(30)							
10-10-04 <input type="checkbox"/>	10-11-04		52.0									1a(30)							
10-11-04 <input type="checkbox"/>	10-12-04		52.5									1a(30)							
10-12-04 <input type="checkbox"/>	10-01-05		53		W							1a(30)	225						
10-01-05 <input type="checkbox"/>	10-02-05		54.1									1a(30)							
10-02-05 <input type="checkbox"/>	10-03-05		55.1									1a(30)							
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0014** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name U I Pt clinic # _____

Sex: M ☒ F ☐ Age 37 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-03-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

01-05-04 Enrolled in HIV care

COHORT:

June, 2004

21-04-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-06-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-06-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0014		HIV CARE/ART CARD				Name U		I							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-06-04 <input type="checkbox"/>	15-07-04		55		W	3							1a(30)		
15-07-04 <input type="checkbox"/>	15-08-04		55.2										1a(30)		
15-08-04 <input type="checkbox"/>	15-09-04		55.3										1a(30)		
15-09-04 <input type="checkbox"/>	15-10-04		55.5										1a(30)		
15-10-04 <input type="checkbox"/>	15-11-04		55.7										1a(30)		
15-11-04 <input type="checkbox"/>	15-12-04		55.8										1a(30)		
15-12-04 <input type="checkbox"/>	15-01-05		56		W								1a(30)		
15-01-05 <input type="checkbox"/>	15-02-05		57.1										1a(30)		
15-02-05 <input type="checkbox"/>	15-03-05		58.2										1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/ E nceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RRIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0015** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name M Y Pt clinic # _____

Sex: M ☒ F ☐ Age 27 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-03-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

02-05-04 Enrolled in HIV care

COHORT:

June, 2004

22-04-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-06-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

16-06-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0015		HIV CARE/ART CARD				Name M Y													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
16-06-04 <input type="checkbox"/>	16-07-04		48		B	4				05.03.04			1a(30)						
16-07-04 <input type="checkbox"/>	16-08-04		48.3										1a(30)						
16-08-04 <input type="checkbox"/>	16-09-04		48.7										1a(30)						
16-09-04 <input type="checkbox"/>	16-10-04		49.0										1a(30)						
16-10-04 <input type="checkbox"/>	16-11-04		49.3										1a(30)						
16-11-04 <input type="checkbox"/>	16-12-04		49.7										1a(30)						
16-12-04 <input type="checkbox"/>	16-01-05		50		A								1a(30)						
16-01-05 <input type="checkbox"/>	16-02-05		51.0										1a(30)						
16-02-05 <input type="checkbox"/>	16-03-05		52.0										1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **YG0014** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name L T Pt clinic # _____

Sex: M ☐ F ☒ Age 25 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-03-04 Confirmed HIV+ test Where YG HIV 1 2 Ab / PCR
(if < 18 mo)

04-05-04 Enrolled in HIV care

COHORT:

June, 2004

24-04-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

13-06-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-06-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 43 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

30-12-04 **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Risk of pregnancy
- 4 Due to new TB
- 5 New drug available
- 6 Drug out of stock
- 7 Other reason (specify)

Reasons for SWITCH to 2nd-line regimen only:

- 8 Clinical treatment failure
- 9 Immunologic failure
- 10 Virologic failure

Unique # YG0014		HIV CARE/ART CARD				Name L		T								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days	
18-06-04 <input type="checkbox"/>			43		B	4	12.6.04 12.2.05			04.03.04			1a(30)			
<input type="checkbox"/>																
<input type="checkbox"/>																
<input type="checkbox"/>																
18-10-04 <input type="checkbox"/>			46.3										1a(30)			
18-11-04 <input type="checkbox"/>	18-12-04		47.2										1a(30)			
18-12-04 <input type="checkbox"/>	18-01-05		48		A								1a(30)			
<input type="checkbox"/>													DEAD			
<input type="checkbox"/>																
<input type="checkbox"/>																
<input type="checkbox"/>																
<input type="checkbox"/>																

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **IB0025** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G G Pt clinic # _____

Sex: M ☒ F ☐ Age 29 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-03-04 _____ Confirmed HIV+ test Where _____ GD HIV 1 2 Ab / PCR
(if < 18 mo)

06-05-04 _____ Enrolled in HIV care

COHORT:

June, 2004

26-04-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

15-06-04 _____ Medically eligible and ready for ART

_____ Transferred in from _____ ART started _____

20-06-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen 1c: (1) 4/1/05 Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # IB0025		HIV CARE/ART CARD				Name G G													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
20-06-04 <input type="checkbox"/>			51		A	3							1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
20-11-04 <input type="checkbox"/>	20-12-04		52.7										1a(30)						
20-12-04 <input type="checkbox"/>	20-01-05		53		A								1a(30)						
20-01-05 <input type="checkbox"/>	20-02-05		54.1										1c						
20-02-05 <input type="checkbox"/>	20-03-05		55.1										1c						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia AB dominal pain J aundice FAT changes CNS : dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Thrush —oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome W eight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0016** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name R YT Pt clinic # _____

Sex: M ☐ F ☒ Age 37 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-03-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

08-05-04 Enrolled in HIV care

COHORT:

June, 2004

28-04-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

17-06-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

22-06-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0016		HIV CARE/ART CARD				Name R		YT							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
22-06-04 <input type="checkbox"/>	22-07-04		50		A	3	22.6.04 23.2.05						1a(30)		
22-07-04 <input type="checkbox"/>	22-08-04		50.3										1a(30)		
22-08-04 <input type="checkbox"/>	22-09-04		50.7										1a(30)		
22-09-04 <input type="checkbox"/>	22-10-04		51.0										1a(30)		
22-10-04 <input type="checkbox"/>	22-11-04		51.3										1a(30)		
22-11-04 <input type="checkbox"/>	22-12-04		51.7										1a(30)		
22-12-04 <input type="checkbox"/>	22-01-05		52		A								1a(30)		
22-01-05 <input type="checkbox"/>	22-02-05		53.0										1a(30)		
22-02-05 <input type="checkbox"/>	22-03-05		54.1										1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0017** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name D U Pt clinic # _____

Sex: M ☒ F ☐ Age 40 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-04-04 _____ Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

17-05-04 _____ Enrolled in HIV care

COHORT:

July, 2004

07-05-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

26-06-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-07-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

14-09-04 **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0017		HIV CARE/ART CARD				Name D U													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
01-07-04 <input type="checkbox"/>	01-08-04		45		B	4				3.5.04			1a(30)						
01-08-04 <input type="checkbox"/>	01-09-04												1a(30)						
01-09-04 <input type="checkbox"/>	01-10-04												1a(30)						
<input type="checkbox"/>													DEAD						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
<p>Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results</p>																

Unique # **SA0018** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G G Pt clinic # _____

Sex: M ☐ F ☒ Age 45 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	17-07-04	1	14-11-04
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-04-04 _____ Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

18-05-04 _____ Enrolled in HIV care

COHORT:

July, 2004

08-05-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

27-06-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-07-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 40 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0018		HIV CARE/ART CARD				Name G		G							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
02-07-04 <input type="checkbox"/>	02-08-04		40		B	4				6.4.04 15.7.04			1a(30)		
02-08-04 <input type="checkbox"/>	02-09-04		40.8										STOP		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
02-12-04 <input type="checkbox"/>	02-01-05		44.2										RESTA		
02-01-05 <input type="checkbox"/>	02-02-05		45		A								1a(30)		
02-02-05 <input type="checkbox"/>	02-03-05		45.9										1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **HY0030** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name T R Pt clinic # _____

Sex: M ☒ F ☐ Age 26 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-04-04 Confirmed HIV+ test Where _____ HY HIV 1 2 Ab / PCR
(if < 18 mo)

24-05-04 Enrolled in HIV care

COHORT:

July, 2004

14-05-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

03-07-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-07-04 **Start ART 1st-line initial regimen:** 1b(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # HY0030		HIV CARE/ART CARD						Name T		R							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days	
08-07-04 <input type="checkbox"/>			50		A	3							1b(30)				
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
08-11-04 <input type="checkbox"/>			52.7										1b(30)				
08-12-04 <input type="checkbox"/>	08-01-05		53.3										1b(30)				
08-01-05 <input type="checkbox"/>	08-02-05		54		W								1b(30)	235			
08-02-05 <input type="checkbox"/>	08-03-05		55.1										1b(30)				
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0019** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name E O Pt clinic # _____

Sex: M ☒ F ☐ Age 6 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-04-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

26-05-04 Enrolled in HIV care

COHORT:

July, 2004

16-05-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

05-07-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-07-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 25 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0019		HIV CARE/ART CARD				Name E O													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
10-07-04 <input type="checkbox"/>	10-08-04		25		A	3							1a(30)						
10-08-04 <input type="checkbox"/>	10-09-04		25.8										1a(30)						
10-09-04 <input type="checkbox"/>	10-10-04		26.7										1a(30)						
10-10-04 <input type="checkbox"/>	10-11-04		27.5										1a(30)						
10-11-04 <input type="checkbox"/>	10-12-04		28.3										1a(30)						
10-12-04 <input type="checkbox"/>	10-01-05		29.2										1a(30)						
10-01-05 <input type="checkbox"/>	10-02-05		30		W								1a(30)	225					
10-02-05 <input type="checkbox"/>	10-03-05		30.6										1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Unique # **SA0020** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name U T Pt clinic # _____

Sex: M ☐ F ☒ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-04-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

31-05-04 Enrolled in HIV care

COHORT:

July, 2004

21-05-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-07-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

15-07-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

26-01-05 **Transferred out** To where: Akwanga

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0020		HIV CARE/ART CARD				Name U T													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
15-07-04 <input type="checkbox"/>	15-08-04		50	12.9.04	A	3							1a(30)						
15-08-04 <input type="checkbox"/>	15-09-04		50.8										1a(30)						
15-09-04 <input type="checkbox"/>	15-10-04		51.7										1a(30)						
15-10-04 <input type="checkbox"/>	15-11-04		52.5										1a(30)						
15-11-04 <input type="checkbox"/>	15-12-04		53.3										1a(30)						
15-12-04 <input type="checkbox"/>	15-01-05		54.2										1a(30)						
15-01-05 <input type="checkbox"/>	15-02-05		55		W								1a(30)						
15-02-05 <input type="checkbox"/>	15-03-05		56.1										T/O						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
<p>Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results</p>																

Unique # **SA0021** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name M J Pt clinic # _____

Sex: M ☒ F ☐ Age 36 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	30-08-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-04-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

01-06-04 Enrolled in HIV care

COHORT:

July, 2004

22-05-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-07-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-07-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0021		HIV CARE/ART CARD				Name M J													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
16-07-04 <input type="checkbox"/>	16-08-04		51		A	3							1a(30)						
16-08-04 <input type="checkbox"/>	16-09-04		51.0										1a(30)						
<input type="checkbox"/>													LOST						
16-10-04 <input type="checkbox"/>	16-11-04		51.0										1a(30)						
<input type="checkbox"/>													LOST						
16-12-04 <input type="checkbox"/>	16-01-05		51.0										1a(30)						
16-01-05 <input type="checkbox"/>	16-02-05		51		A								1a(30)						
16-02-05 <input type="checkbox"/>	16-03-05		52.0										1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0022** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name L K Pt clinic # _____

Sex: M ☐ F ☒ Age 38 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-04-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

03-06-04 Enrolled in HIV care

COHORT:

July, 2004

24-05-04 **ARV therapy**
Medically eligible Clinical stage 2

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

13-07-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-07-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 47 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0022		HIV CARE/ART CARD						Name L K							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
18-07-04 <input type="checkbox"/>	18-08-04		47		W	2						1a(30)	185		
18-08-04 <input type="checkbox"/>	18-09-04		47.8									1a(30)			
18-09-04 <input type="checkbox"/>	18-10-04		48.7									1a(30)			
18-10-04 <input type="checkbox"/>	18-11-04		49.5									1a(30)			
18-11-04 <input type="checkbox"/>	18-12-04		50.3									1a(30)			
18-12-04 <input type="checkbox"/>	18-01-05		51.2									1a(30)			
18-01-05 <input type="checkbox"/>	18-02-05		52		W							1a(30)	245		
18-02-05 <input type="checkbox"/>	18-03-05		53.0									1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0023** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G J Pt clinic # _____

Sex: M ☒ F ☐ Age 29 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-04-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

05-06-04 Enrolled in HIV care

COHORT:

July, 2004

26-05-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

15-07-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

20-07-04 **Start ART 1st-line initial regimen:** 1b(30)

At start ART: Weight 57 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen 2a _____ Why _____

_____ New regimen (8) 10.11.04 _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0023		HIV CARE/ART CARD				Name G J													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
20-07-04 <input type="checkbox"/>	20-08-04		57		A	3						1b(30)	180						
20-08-04 <input type="checkbox"/>	20-09-04		57.0									1b(30)							
20-09-04 <input type="checkbox"/>	20-10-04		57.0									1b(30)							
20-10-04 <input type="checkbox"/>	20-11-04		57.0									1b(30)							
20-11-04 <input type="checkbox"/>	20-12-04		57.0									2a							
20-12-04 <input type="checkbox"/>	20-01-05		57.0									2a							
20-01-05 <input type="checkbox"/>	20-02-05		57		A							2a	200						
20-02-05 <input type="checkbox"/>	20-03-05		58.1									2a							
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0024** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name R R Pt clinic # _____

Sex: M ☐ F ☒ Age 30 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-04-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

07-06-04 Enrolled in HIV care

COHORT:

July, 2004

28-05-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 175 ☐ TLC

17-07-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

22-07-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0024		HIV CARE/ART CARD				Name <u>R</u>		R							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
22-07-04 <input type="checkbox"/>	22-08-04		49		A	3				22.7.04			1a(30)	175	
22-08-04 <input type="checkbox"/>	22-09-04		49.5										1a(30)		
22-09-04 <input type="checkbox"/>	22-10-04		50.0										1a(30)		
22-10-04 <input type="checkbox"/>	22-11-04		50.5										1a(30)		
22-11-04 <input type="checkbox"/>	22-12-04		51.0										1a(30)		
22-12-04 <input type="checkbox"/>	22-01-05		51.5										1a(30)		
22-01-05 <input type="checkbox"/>	22-02-05		52		A								1a(30)	210	
22-02-05 <input type="checkbox"/>	22-03-05		53.0										1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **YG0031** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name D B Pt clinic # _____

Sex: M ☒ F ☐ Age 40 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-05-04 _____ Confirmed HIV+ test Where _____ YG HIV 1 2 Ab / PCR
(if < 18 mo)

17-06-04 _____ Enrolled in HIV care

COHORT:

August, 2004

07-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% _____ ☐ TLC

27-07-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # YG0031		HIV CARE/ART CARD				Name D B													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
01-08-04 <input type="checkbox"/>			50		A	3							1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
01-11-04 <input type="checkbox"/>	01-12-04		50.5										1a(30)						
01-12-04 <input type="checkbox"/>			50.7										1a(30)						
01-01-05 <input type="checkbox"/>	01-02-05		50.8										1a(30)						
01-02-05 <input type="checkbox"/>	01-03-05		51		A								1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **NA0032** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G O Pt clinic # _____

Sex: M ☐ F ☒ Age 45 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-05-04 _____ Confirmed HIV+ test Where _____ NA HIV 1 2 Ab / PCR
(if < 18 mo)

18-06-04 _____ Enrolled in HIV care

COHORT:

August, 2004

08-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

28-07-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # NA0032		HIV CARE/ART CARD				Name G O													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
02-08-04 <input type="checkbox"/>			49		A	3							1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
02-01-05 <input type="checkbox"/>	02-02-05		50.7										1a(30)						
02-02-05 <input type="checkbox"/>	02-03-05		51		A								1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0025** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name T O Pt clinic # _____

Sex: M ☒ F ☐ Age 26 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	22-09-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-05-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

24-06-04 Enrolled in HIV care

COHORT:

August, 2004

14-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

03-08-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-08-04 **Start ART 1st-line initial regimen:** 1b(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0025		HIV CARE/ART CARD										Name T O			
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-08-04 <input type="checkbox"/>	08-09-04		55		A	3						1b(30)			
08-09-04 <input type="checkbox"/>	08-10-04		54.8									1b(30)			
<input type="checkbox"/>												LOST			
08-11-04 <input type="checkbox"/>	08-12-04		54.5									1b(30)			
<input type="checkbox"/>												LOST			
08-01-05 <input type="checkbox"/>	08-02-05		54.2									1b(30)			
08-02-05 <input type="checkbox"/>	08-03-05		54		A							1b(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0026** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name E J Pt clinic # _____

Sex: M ☒ F ☐ Age 27 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-05-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR (if < 18 mo)

26-06-04 Enrolled in HIV care

16-06-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

August, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

05-08-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-08-04 **Start ART 1st-line initial regimen:** 1a(40)

At start ART: Weight 60 **Function** A **Clinical stage** 3

Substitute within 1st-line:

New regimen _____ Why _____

New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

New regimen 2b Why _____

New regimen (8) 22.12.04 Why _____

New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0026		HIV CARE/ART CARD				Name E J													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
10-08-04 <input type="checkbox"/>	10-09-04		60		A	3						1a(40)							
10-09-04 <input type="checkbox"/>	10-10-04		60.0									1a(40)							
10-10-04 <input type="checkbox"/>	10-11-04		60.0									1a(40)							
10-11-04 <input type="checkbox"/>	10-12-04		60.0									1a(40)							
10-12-04 <input type="checkbox"/>	10-01-05		60.0									2b							
10-01-05 <input type="checkbox"/>	10-02-05		60.0									2b							
10-02-05 <input type="checkbox"/>	10-03-05		60		A							2b	210						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0027** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name U U Pt clinic # _____

Sex: M ☐ F ☒ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-05-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

01-07-04 Enrolled in HIV care

COHORT:

August, 2004

21-06-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-08-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 41 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0027		HIV CARE/ART CARD				Name <u>U</u>		U							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-08-04 <input type="checkbox"/>	15-09-04		41		B	4				3.6.04 9.8.04			1a(30)		
15-09-04 <input type="checkbox"/>	15-10-04		42.5										1a(30)		
15-10-04 <input type="checkbox"/>	15-11-04		44.0										1a(30)		
15-11-04 <input type="checkbox"/>	15-12-04		45.5										1a(30)		
15-12-04 <input type="checkbox"/>	15-01-05		47.0										1a(30)		
15-01-05 <input type="checkbox"/>	15-02-05		48.5										1a(30)		
15-02-05 <input type="checkbox"/>	15-03-05		50		W								1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0028** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name M H Pt clinic # _____

Sex: M ☒ F ☐ Age 36 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	30-09-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-05-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

02-07-04 Enrolled in HIV care

COHORT:

August, 2004

22-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

11-08-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

16-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 57 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0028		HIV CARE/ART CARD					Name <u>M</u> <u>H</u>								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-08-04 <input type="checkbox"/>	16-09-04		57		W	3						1a(30)	185		
16-09-04 <input type="checkbox"/>	16-10-04											1a(30)			
<input type="checkbox"/>												LOST			
16-11-04 <input type="checkbox"/>	16-12-04											1a(30)			
<input type="checkbox"/>												LOST			
16-01-05 <input type="checkbox"/>	16-02-05											1a(30)			
<input type="checkbox"/>												LOST			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0029** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name L G Pt clinic # _____

Sex: M ☐ F ☒ Age 38 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-05-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

04-07-04 Enrolled in HIV care

COHORT:

August, 2004

24-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

13-08-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 43 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0029		HIV CARE/ART CARD				Name L G													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
18-08-04 <input type="checkbox"/>	18-09-04		43		A	3						1a(30)							
18-09-04 <input type="checkbox"/>	18-10-04		43.8									1a(30)							
18-10-04 <input type="checkbox"/>	18-11-04		44.7									1a(30)							
18-11-04 <input type="checkbox"/>	18-12-04		45.5									1a(30)							
18-12-04 <input type="checkbox"/>	18-01-05		46.3									1a(30)							
18-01-05 <input type="checkbox"/>	18-02-05		47.2									1a(30)							
18-02-05 <input type="checkbox"/>	18-03-05		48		W							1a(30)							
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0030** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G R Pt clinic # _____

Sex: M ☒ F ☐ Age 29 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-05-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

06-07-04 Enrolled in HIV care

COHORT:

August, 2004

26-06-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

15-08-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

20-08-04 **Start ART 1st-line initial regimen:** 1b(30)

At start ART: Weight 54 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0030		HIV CARE/ART CARD						Name G R							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
20-08-04 <input type="checkbox"/>	20-09-04		54		A	3						1b(30)	180		
20-09-04 <input type="checkbox"/>	20-10-04		54.5									1b(30)			
20-10-04 <input type="checkbox"/>	20-11-04		55.0									1b(30)			
20-11-04 <input type="checkbox"/>	20-12-04		55.5									1b(30)			
20-12-04 <input type="checkbox"/>	20-01-05		56.0									1b(30)			
20-01-05 <input type="checkbox"/>	20-02-05		56.5									1b(30)			
20-02-05 <input type="checkbox"/>	20-03-05		57		W							1b(30)	220		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0031** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name R G Pt clinic # _____

Sex: M ☐ F ☒ Age 30 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-05-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

08-07-04 Enrolled in HIV care

28-06-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

August, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

17-08-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

22-08-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0031		HIV CARE/ART CARD						Name R G							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
22-08-04 <input type="checkbox"/>	22-09-04		50		A	3						1a(30)	190		
22-09-04 <input type="checkbox"/>	22-10-04		50.3									1a(30)			
22-10-04 <input type="checkbox"/>	22-11-04		50.7									1a(30)			
22-11-04 <input type="checkbox"/>	22-12-04		51.0									1a(30)			
22-12-04 <input type="checkbox"/>	22-01-05		51.3									1a(30)			
22-01-05 <input type="checkbox"/>	22-02-05		51.7									1a(30)			
22-02-05 <input type="checkbox"/>	22-03-05		52		W							1a(30)	240		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0032** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name D F Pt clinic # _____

Sex: M ☒ F ☐ Age 40 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-06-04 _____ Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

18-07-04 _____ Enrolled in HIV care

COHORT:

September, 2004

08-07-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

27-08-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

16-10-04 **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0032		HIV CARE/ART CARD				Name D F													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
01-09-04 <input type="checkbox"/>	01-10-04		45		B	4				18.6.04 02.8.04			1a(30)						
01-10-04 <input type="checkbox"/>	01-11-04												1a(30)						
<input type="checkbox"/>													DEAD						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0033** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G H Pt clinic # _____

Sex: M ☐ F ☒ Age 45 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	16-11-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-06-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

19-07-04 Enrolled in HIV care

09-07-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

September, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

28-08-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

02-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 41 **Function** B **Clinical stage** 4

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0033		HIV CARE/ART CARD						Name G H							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
02-09-04 <input type="checkbox"/>	02-10-04		41		B	4				23.6.04			1a(30)		
02-10-04 <input type="checkbox"/>	02-11-04												1a(30)		
02-11-04 <input type="checkbox"/>	02-12-04												1a(30)		
<input type="checkbox"/>													LOST		
02-01-05 <input type="checkbox"/>	02-02-05												1a(30)		
02-02-05 <input type="checkbox"/>	02-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0034** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name T H Pt clinic # _____

Sex: M ☒ F ☐ Age 26 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-06-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

25-07-04 Enrolled in HIV care

15-07-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

September, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

03-09-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

08-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0034		HIV CARE/ART CARD					Name T H								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-09-04 <input type="checkbox"/>	08-10-04		50		A	3						1a(30)			
08-10-04 <input type="checkbox"/>	08-11-04											1a(30)			
08-11-04 <input type="checkbox"/>	08-12-04											1a(30)			
08-12-04 <input type="checkbox"/>	08-01-05											1a(30)			
08-01-05 <input type="checkbox"/>	08-02-05											1a(30)			
08-02-05 <input type="checkbox"/>	08-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0035** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name E I Pt clinic # _____

Sex: M ☒ F ☐ Age 27 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-06-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

27-07-04 Enrolled in HIV care

COHORT:

September, 2004

17-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

05-09-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen 2a _____ Why _____

_____ New regimen (8) 5.1.05 _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0035		HIV CARE/ART CARD						Name E I							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
10-09-04 <input type="checkbox"/>	10-10-04		55		A	3						1a(30)	195		
10-10-04 <input type="checkbox"/>	10-11-04											1a(30)			
10-11-04 <input type="checkbox"/>	10-12-04											1a(30)			
10-12-04 <input type="checkbox"/>	10-01-05											1a(30)			
10-01-05 <input type="checkbox"/>	10-02-05											2a			
10-02-05 <input type="checkbox"/>	10-03-05											2a			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0036** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name U I Pt clinic # _____

Sex: M ☐ F ☒ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-06-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

01-08-04 Enrolled in HIV care

COHORT:

September, 2004

22-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

10-09-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

15-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0036		HIV CARE/ART CARD				Name U		I							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-09-04 <input type="checkbox"/>	15-10-04		48		A	3							1a(30)	180	
15-10-04 <input type="checkbox"/>	15-11-04												1a(30)		
15-11-04 <input type="checkbox"/>	15-12-04												1a(30)		
15-12-04 <input type="checkbox"/>	15-01-05												1a(30)		
15-01-05 <input type="checkbox"/>	15-02-05												1a(30)		
15-02-05 <input type="checkbox"/>	15-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0037** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name M J Pt clinic # _____

Sex: M ☒ F ☐ Age 36 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-06-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

02-08-04 Enrolled in HIV care

COHORT:

September, 2004

23-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

11-09-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0037		HIV CARE/ART CARD				Name M J													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
16-09-04 <input type="checkbox"/>	16-10-04		50		A	3							1a(30)	185					
16-10-04 <input type="checkbox"/>	16-11-04												1a(30)						
16-11-04 <input type="checkbox"/>	16-12-04												1a(30)						
16-12-04 <input type="checkbox"/>	16-01-05												1a(30)						
16-01-05 <input type="checkbox"/>	16-02-05												1a(30)						
16-02-05 <input type="checkbox"/>	16-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **IB0040** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name L I Pt clinic # _____

Sex: M ☐ F ☒ Age 38 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-06-04 Confirmed HIV+ test Where _____ GD HIV 1 2 Ab / PCR (if < 18 mo)

04-08-04 Enrolled in HIV care

COHORT:

September, 2004

25-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

13-09-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-09-04 **Start ART 1st-line initial regimen:** 1c

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

31-01-05 **Transferred out** To where: Yambio

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # IB0040		HIV CARE/ART CARD					Name L I								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
18-09-04 <input type="checkbox"/>	18-10-04		50		A	3						1c			
18-10-04 <input type="checkbox"/>	18-11-04											1c			
18-11-04 <input type="checkbox"/>	18-12-04											1c			
18-12-04 <input type="checkbox"/>	18-01-05											1c			
18-01-05 <input type="checkbox"/>	18-02-05											1c			
18-02-05 <input type="checkbox"/>	18-03-05											T/O			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0038** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G R Pt clinic # _____

Sex: M ☒ F ☐ Age 29 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-06-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

06-08-04 Enrolled in HIV care

COHORT:

September, 2004

27-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

15-09-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

20-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** W **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0038		HIV CARE/ART CARD				Name G R													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
20-09-04 <input type="checkbox"/>	20-10-04		55		W	3							1a(30)						
20-10-04 <input type="checkbox"/>	20-11-04												1a(30)						
20-11-04 <input type="checkbox"/>	20-12-04												1a(30)						
20-12-04 <input type="checkbox"/>	20-01-05												1a(30)						
20-01-05 <input type="checkbox"/>	20-02-05												1a(30)						
20-02-05 <input type="checkbox"/>	20-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0039** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name R DF Pt clinic # _____

Sex: M ☐ F ☒ Age 14 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-06-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

08-08-04 Enrolled in HIV care

COHORT:

September, 2004

29-07-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

17-09-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

22-09-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 35 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0039		HIV CARE/ART CARD				Name R DF													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
22-09-04 <input type="checkbox"/>	22-10-04		35		A	3						1a(30)							
22-10-04 <input type="checkbox"/>	22-11-04											1a(30)							
22-11-04 <input type="checkbox"/>	22-12-04											1a(30)							
22-12-04 <input type="checkbox"/>	22-01-05											1a(30)							
22-01-05 <input type="checkbox"/>	22-02-05											1a(30)							
22-02-05 <input type="checkbox"/>	22-03-05											1a(30)							
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0040** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name D L Pt clinic # _____

Sex: M ☒ F ☐ Age 40 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-07-04 _____ Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

17-08-04 _____ Enrolled in HIV care

07-08-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

October, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

26-09-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0040		HIV CARE/ART CARD					Name D L								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
01-10-04 <input type="checkbox"/>	01-11-04		50		A	3						1a(30)			
01-11-04 <input type="checkbox"/>	01-12-04											1a(30)			
01-12-04 <input type="checkbox"/>	01-01-05											1a(30)			
01-01-05 <input type="checkbox"/>	01-02-05											1a(30)			
01-02-05 <input type="checkbox"/>	01-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0041** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G Y Pt clinic # _____

Sex: M ☐ F ☒ Age 45 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-07-04 _____ Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

18-08-04 _____ Enrolled in HIV care

COHORT:

October, 2004

08-08-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

27-09-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0041		HIV CARE/ART CARD				Name G Y													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
02-10-04 <input type="checkbox"/>	02-11-04		51		A	3				22.06.04			1a(30)	185					
02-11-04 <input type="checkbox"/>	02-12-04												1a(30)						
02-12-04 <input type="checkbox"/>	02-01-05												1a(30)						
02-01-05 <input type="checkbox"/>	02-02-05												1a(30)						
02-02-05 <input type="checkbox"/>	02-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0042** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name T K Pt clinic # _____

Sex: M ☒ F ☐ Age 14 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-07-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

24-08-04 Enrolled in HIV care

14-08-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

October, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

03-10-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

08-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 34 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0042		HIV CARE/ART CARD					Name T K								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-10-04 <input type="checkbox"/>	08-11-04		34		A	3						1a(30)	190		
08-11-04 <input type="checkbox"/>	08-12-04											1a(30)			
08-12-04 <input type="checkbox"/>	08-01-05											1a(30)			
08-01-05 <input type="checkbox"/>	08-02-05											1a(30)			
08-02-05 <input type="checkbox"/>	08-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0043** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name E GR Pt clinic # _____

Sex: M ☒ F ☐ Age 27 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-07-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

26-08-04 Enrolled in HIV care

16-08-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

October, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

05-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

10-10-04 **Start ART 1st-line initial regimen:** 1b(40)

At start ART: Weight 60 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0043		HIV CARE/ART CARD				Name E		GR							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
10-10-04 <input type="checkbox"/>	10-11-04		60		A	3							1b(40)	195	
10-11-04 <input type="checkbox"/>	10-12-04												1b(40)		
10-12-04 <input type="checkbox"/>	10-01-05												1b(40)		
10-01-05 <input type="checkbox"/>	10-02-05												1b(40)		
10-02-05 <input type="checkbox"/>	10-03-05												1b(40)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0044** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name U Y Pt clinic # _____

Sex: M ☐ F ☒ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-07-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

31-08-04 Enrolled in HIV care

COHORT:

October, 2004

21-08-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-10-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0044		HIV CARE/ART CARD				Name U Y													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
15-10-04 <input type="checkbox"/>	15-11-04		45		W	3							1a(30)						
15-11-04 <input type="checkbox"/>	15-12-04												1a(30)						
15-12-04 <input type="checkbox"/>	15-01-05												1a(30)						
15-01-05 <input type="checkbox"/>	15-02-05												1a(30)						
15-02-05 <input type="checkbox"/>	15-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0045** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name M HM Pt clinic # _____

Sex: M ☒ F ☐ Age 36 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-07-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

01-09-04 Enrolled in HIV care

COHORT:

October, 2004

22-08-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

16-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0045		HIV CARE/ART CARD				Name M		HM							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-10-04 <input type="checkbox"/>	16-11-04		45		B	4				4.5.04			1a(30)		
16-11-04 <input type="checkbox"/>	16-12-04												1a(30)		
16-12-04 <input type="checkbox"/>	16-01-05												1a(30)		
16-01-05 <input type="checkbox"/>	16-02-05												1a(30)		
16-02-05 <input type="checkbox"/>	16-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0046** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name L G Pt clinic # _____

Sex: M ☐ F ☒ Age 38 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-07-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

03-09-04 Enrolled in HIV care

COHORT:

October, 2004

24-08-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

13-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 42 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0046		HIV CARE/ART CARD				Name L		G							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
18-10-04 <input type="checkbox"/>	18-11-04		42		B	4				17.6.04			1a(30)		
18-11-04 <input type="checkbox"/>	18-12-04												1a(30)		
18-12-04 <input type="checkbox"/>	18-01-05												1a(30)		
18-01-05 <input type="checkbox"/>	18-02-05												1a(30)		
18-02-05 <input type="checkbox"/>	18-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **NA0041** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G T Pt clinic # _____

Sex: M ☒ F ☐ Age 29 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-07-04 Confirmed HIV+ test Where NA HIV 1 2 Ab / PCR
(if < 18 mo)

05-09-04 Enrolled in HIV care

COHORT:

October, 2004

26-08-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

15-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

20-10-04 **Start ART 1st-line initial regimen:** 1c

At start ART: Weight 55 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # NA0041		HIV CARE/ART CARD				Name G T													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
20-10-04 <input type="checkbox"/>	20-11-04		55		W	3							1c						
20-11-04 <input type="checkbox"/>	20-12-04												1c						
20-12-04 <input type="checkbox"/>	20-01-05												1c						
20-01-05 <input type="checkbox"/>	20-02-05												1c						
20-02-05 <input type="checkbox"/>	20-03-05												1c						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **IB0042** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name R Y Pt clinic # _____

Sex: M ☐ F ☒ Age 30 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-07-04 Confirmed HIV+ test Where _____ GD HIV 1 2 Ab / PCR
(if < 18 mo)

07-09-04 Enrolled in HIV care

28-08-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

October, 2004

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

17-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

22-10-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

05-01-05 **Transferred out** To where: Abomey

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # IB0042		HIV CARE/ART CARD						Name <u>R</u> <u>Y</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
22-10-04 <input type="checkbox"/>	22-11-04		50		A	3							1a(30)		
22-11-04 <input type="checkbox"/>	22-12-04												1a(30)		
22-12-04 <input type="checkbox"/>	22-01-05												1a(30)		
22-01-05 <input type="checkbox"/>	22-02-05												T/O		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **HY0050** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name D F Pt clinic # _____

Sex: M ☒ F ☐ Age 40 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-08-04 Confirmed HIV+ test Where _____ HY HIV 1 2 Ab / PCR
(if < 18 mo)

17-09-04 Enrolled in HIV care

COHORT:

November, 2004

07-09-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

27-10-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

01-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

16-12-04 **Dead**

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # HY0050		HIV CARE/ART CARD				Name D F													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
01-11-04 <input type="checkbox"/>	01-12-04		50		B	4				18.5.04			1a(30)						
01-12-04 <input type="checkbox"/>	01-01-05												1a(30)						
<input type="checkbox"/>													DEAD						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0047** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G Y Pt clinic # _____

Sex: M ☐ F ☒ Age 45 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-08-04 _____ Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

18-09-04 _____ Enrolled in HIV care

08-09-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

November, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

28-10-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 40 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0047		HIV CARE/ART CARD				Name G Y													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
02-11-04 <input type="checkbox"/>	02-12-04		40		B	4				24.6.04			1a(30)						
02-12-04 <input type="checkbox"/>	02-01-05												1a(30)						
02-01-05 <input type="checkbox"/>	02-02-05												1a(30)						
02-02-05 <input type="checkbox"/>	02-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0048** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name T Y Pt clinic # _____

Sex: M ☒ F ☐ Age 26 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-08-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

24-09-04 Enrolled in HIV care

COHORT:

November, 2004

14-09-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 175 ☐ TLC

03-11-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

08-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0048		HIV CARE/ART CARD					Name T Y								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
08-11-04 <input type="checkbox"/>	08-12-04		51		A	3						1a(30)	175		
08-12-04 <input type="checkbox"/>	08-01-05											1a(30)			
08-01-05 <input type="checkbox"/>	08-02-05											1a(30)			
08-02-05 <input type="checkbox"/>	08-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
<p>Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results</p>																

Unique # **SA0049** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name E K Pt clinic # _____

Sex: M ☒ F ☐ Age 27 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-08-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

26-09-04 Enrolled in HIV care

16-09-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

November, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

05-11-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-11-04 **Start ART 1st-line initial regimen:** 1b(30)

At start ART: Weight 58 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Risk of pregnancy
- 4 Due to new TB
- 5 New drug available
- 6 Drug out of stock
- 7 Other reason (specify)

Reasons for SWITCH to 2nd-line regimen only:

- 8 Clinical treatment failure
- 9 Immunologic failure
- 10 Virologic failure

Unique # SA0049		HIV CARE/ART CARD					Name E K								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
10-11-04 <input type="checkbox"/>	10-12-04		58		A	3						1b(30)	185		
10-12-04 <input type="checkbox"/>	10-01-05											1b(30)			
10-01-05 <input type="checkbox"/>	10-02-05											1b(30)			
10-02-05 <input type="checkbox"/>	10-03-05											1b(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0050** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name U G Pt clinic # _____

Sex: M ☐ F ☒ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-08-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

01-10-04 Enrolled in HIV care

21-09-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

November, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-11-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0050		HIV CARE/ART CARD				Name U		G							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-11-04 <input type="checkbox"/>	15-12-04		50	13.2.05	A	3							1a(30)		
15-12-04 <input type="checkbox"/>	15-01-05												1a(30)		
15-01-05 <input type="checkbox"/>	15-02-05												1a(30)		
15-02-05 <input type="checkbox"/>	15-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia AB dominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Th rush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome W eight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0051** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name M N Pt clinic # _____

Sex: M ☒ F ☐ Age 36 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost	31-12-04		
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-08-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

02-10-04 Enrolled in HIV care

22-09-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

November, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-11-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

16-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 58 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0051		HIV CARE/ART CARD				Name <u>M</u> <u>N</u>													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
16-11-04 <input type="checkbox"/>	16-12-04		58		W	3						1a(30)							
16-12-04 <input type="checkbox"/>	16-01-05											1a(30)							
<input type="checkbox"/>												LOST							
16-02-05 <input type="checkbox"/>	16-03-05											1a(30)							
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0052** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name L J Pt clinic # _____

Sex: M ☐ F ☒ Age 38 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-08-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

04-10-04 Enrolled in HIV care

COHORT:

November, 2004

24-09-04 **ARV therapy**
Medically eligible Clinical stage 2

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

13-11-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0052		HIV CARE/ART CARD				Name L J													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
18-11-04 <input type="checkbox"/>	18-12-04		51		W	2				2.8.04			1a(30)	190					
18-12-04 <input type="checkbox"/>	18-01-05												1a(30)						
18-01-05 <input type="checkbox"/>	18-02-05												1a(30)						
18-02-05 <input type="checkbox"/>	18-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0053** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G I Pt clinic # _____

Sex: M ☒ F ☐ Age 29 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-08-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

06-10-04 Enrolled in HIV care

26-09-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

November, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

15-11-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

20-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

New regimen 1c: (1) 14.1.05 Why _____

New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

New regimen _____ Why _____

New regimen _____ Why _____

New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0053		HIV CARE/ART CARD					Name G I								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
20-11-04 <input type="checkbox"/>	20-12-04		55		A	3						1a(30)			
20-12-04 <input type="checkbox"/>	20-01-05											1a(30)			
20-01-05 <input type="checkbox"/>	20-02-05											1c			
20-02-05 <input type="checkbox"/>	20-03-05											1c			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0054** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name R G Pt clinic # _____

Sex: M ☐ F ☒ Age 30 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-08-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

08-10-04 Enrolled in HIV care

28-09-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

November, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

17-11-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

22-11-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0054		HIV CARE/ART CARD				Name R G													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
22-11-04 <input type="checkbox"/>	22-12-04		48		A	3						1a(30)							
22-12-04 <input type="checkbox"/>	22-01-05											1a(30)							
22-01-05 <input type="checkbox"/>	22-02-05											1a(30)							
22-02-05 <input type="checkbox"/>	22-03-05											1a(30)							
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0055** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name D U Pt clinic # _____

Sex: M ☐ F ☒ Age 35 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-09-04 _____ Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

17-10-04 _____ Enrolled in HIV care

07-10-04 **ARV therapy**
Medically eligible Clinical stage 4

COHORT:

December, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

26-11-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

01-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0055		HIV CARE/ART CARD				Name D U													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
01-12-04 <input type="checkbox"/>	01-01-05		45		B	4				19.11.04			1a(30)						
01-01-05 <input type="checkbox"/>	01-02-05												1a(30)						
01-02-05 <input type="checkbox"/>	01-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
CAT changes
FNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0056** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G T Pt clinic # _____

Sex: M ☐ F ☒ Age 40 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-09-04 _____ Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

18-10-04 _____ Enrolled in HIV care

COHORT:

December, 2004

08-10-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

27-11-04 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 45 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0056		HIV CARE/ART CARD				Name G T													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
02-12-04 <input type="checkbox"/>	02-01-05		45		B	4				28.11.04			1a(30)						
02-01-05 <input type="checkbox"/>	02-02-05												1a(30)						
02-02-05 <input type="checkbox"/>	02-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0057** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name T T Pt clinic # _____

Sex: M ☐ F ☒ Age 23 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
☐ Earlier ARV but not a transfer in
☒ PMTCT only
☐ None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-09-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

24-10-04 Enrolled in HIV care

COHORT:

December, 2004

14-10-04 **ARV therapy**
 Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☐ CD4/% ☒ TLC

03-12-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0057		HIV CARE/ART CARD						Name T		T									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
08-12-04 <input type="checkbox"/>	08-01-05		50	14.3.05	A	3							1a(30)						
08-01-05 <input type="checkbox"/>	08-02-05												1a(30)						
08-02-05 <input type="checkbox"/>	08-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **YG0054** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name E L Pt clinic # _____

Sex: M ☒ F ☐ Age 30 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☒ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-09-04 Confirmed HIV+ test Where YG HIV 1 2 Ab / PCR
(if < 18 mo)

26-10-04 Enrolled in HIV care

16-10-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

December, 2004

Why eligible: ☐ Clinical only ☐ CD4/% ☐ TLC

05-12-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 55 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # YG0054		HIV CARE/ART CARD					Name E L								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
10-12-04 <input type="checkbox"/>	10-01-05		55		A	3						1a(30)			
10-01-05 <input type="checkbox"/>	10-02-05											1a(30)			
10-02-05 <input type="checkbox"/>	10-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0058** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name U KL Pt clinic # _____

Sex: M ☒ F ☐ Age 34 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-09-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

31-10-04 Enrolled in HIV care

21-10-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

December, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-12-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 53 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0058		HIV CARE/ART CARD				Name U		KL							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-12-04 <input type="checkbox"/>	15-01-05		53		A	3							1a(30)		
15-01-05 <input type="checkbox"/>	15-02-05												1a(30)		
15-02-05 <input type="checkbox"/>	15-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
CAT changes
FNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0059** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name M T Pt clinic # _____

Sex: M ☒ F ☐ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-09-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

01-11-04 Enrolled in HIV care

22-10-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

December, 2004

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-12-04 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 52 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0059		HIV CARE/ART CARD				Name <u>M</u> <u>T</u>													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
16-12-04 <input type="checkbox"/>	16-01-05		52		A	3							1a(30)						
16-01-05 <input type="checkbox"/>	16-02-05												1a(30)						
16-02-05 <input type="checkbox"/>	16-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP= Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0060** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name L D Pt clinic # _____

Sex: M ☒ F ☐ Age 29 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

18-09-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

03-11-04 Enrolled in HIV care

COHORT:

December, 2004

24-10-04 **ARV therapy**
Medically eligible Clinical stage 2

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

13-12-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

18-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

01-02-05 **Transferred out** To where: Savalou

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0060		HIV CARE/ART CARD					Name L D								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
18-12-04 <input type="checkbox"/>	18-01-05		50		A	2						1a(30)	195		
18-01-05 <input type="checkbox"/>	18-02-05											1a(30)			
18-02-05 <input type="checkbox"/>	18-03-05											T/O			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0061** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G R Pt clinic # _____

Sex: M ☐ F ☒ Age 29 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

20-09-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

05-11-04 Enrolled in HIV care

COHORT:

December, 2004

26-10-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

15-12-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

20-12-04 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0061		HIV CARE/ART CARD				Name G R													
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days				
20-12-04 <input type="checkbox"/>	20-01-05		49		A	3						1a(30)	180						
20-01-05 <input type="checkbox"/>	20-02-05											1a(30)							
20-02-05 <input type="checkbox"/>	20-03-05											1a(30)							
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice CAT changes FNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
<p>Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results</p>																

Unique # **SA0062** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name R YI Pt clinic # _____

Sex: M ☒ F ☐ Age 13 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-09-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

07-11-04 Enrolled in HIV care

28-10-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

December, 2004

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

17-12-04 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

22-12-04 **Start ART 1st-line initial regimen:** 1a(40)

At start ART: Weight 40 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0062		HIV CARE/ART CARD					Name R		YI									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
22-12-04 <input type="checkbox"/>	22-01-05		40		A	3						1a(40)	185					
22-01-05 <input type="checkbox"/>	22-02-05											1a(40)						
22-02-05 <input type="checkbox"/>	22-03-05											1a(40)						
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		
<input type="checkbox"/>																		

Pregnancy/family planning status if woman is of childbearing age:
P = Pregnant
 If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT
FP = Not pregnant and on family planning
 If using FP, note methods (note: more than 1 method may be recorded)
No FP = Not pregnant and not using FP

Codes for TB status (check on each visit):
No signs = no signs or symptoms of TB
TB refer = TB suspected and referred for evaluation
INH = currently on INH prophylaxis (IPT)
TB Rx = currently on TB treatment. Record TB card #
Sputums = TB suspected and sputum sample sent or record results

Codes for potential side effects or other problems:
Nausea
Diarrhoea
Fatigue
Headache
BN
 burning/numb/tingling
Rash
Anaemia
ABdominal pain
Jaundice
FAT changes
CNS: dizzy, anxiety, nightmare, depression

Codes for new OI or other problems:
Zoster
Pneumonia
DEmentia/**Enceph**
Thrush—oral/vaginal
FEVER
COUGH
DB difficult breathing
IRIS Immune reconstitution inflammatory syndrome
Weight loss
UD urethral discharge
PID pelvic inflammatory disease
GUD genital ulcer disease
Ulcers—mouth or other

Codes for why poor/ fair adherence:
1 Toxicity/side effects
2 Share with others
3 Forgot
4 Felt better
5 Too ill
6 Stigma, disclosure or privacy issues
7 Drug stock out—dispensary
8 Patient lost/ran out of pills
9 Delivery/travel problems
10 Inability to pay
11 Alcohol
12 Depression
13 Other _____

Codes for ART adherence. Estimate adherence for twice daily ART using the table below:

Adherence	%	Missed doses per month
G (good)	≥ 95%	≤ 3 doses
F (fair)	85-94%	4-8 doses
P (poor)	< 85%	≥ 9 doses

Unique # **SA0063** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name T R Pt clinic # _____

Sex: M ☐ F ☒ Age 23 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-10-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

24-11-04 Enrolled in HIV care

14-11-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

January, 2005

Why eligible: ☐ Clinical only ☒ CD4/% 195 ☐ TLC

03-01-05 Medically eligible *and* ready for ART

Transferred in from _____ ART started _____

08-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 51 **Function** W **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0063		HIV CARE/ART CARD						Name T		R									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
08-01-05 <input type="checkbox"/>	08-02-05		51		W	3							1a(30)	195					
08-02-05 <input type="checkbox"/>	08-03-05												1a(30)						
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
<p>Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results</p>																

Unique # **SA0064** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name E U Pt clinic # _____

Sex: M ☒ F ☐ Age 30 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-10-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

26-11-04 Enrolled in HIV care

16-11-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

January, 2005

Why eligible: ☐ Clinical only ☐ CD4/% ☒ TLC

05-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 54 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0064		HIV CARE/ART CARD						Name E U							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
10-01-05 <input type="checkbox"/>	10-02-05		54		A	3							1a(30)		
10-02-05 <input type="checkbox"/>	10-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0065** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name U Y Pt clinic # _____

Sex: M ☒ F ☐ Age 34 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-10-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

01-12-04 Enrolled in HIV care

COHORT:

January, 2005

21-11-04 **ARV therapy**
Medically eligible Clinical stage 4

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

10-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** B **Clinical stage** 4

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0065		HIV CARE/ART CARD						Name U Y							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
15-01-05 <input type="checkbox"/>	15-02-05		50		B	4				12.12.04			1a(30)		
15-02-05 <input type="checkbox"/>	15-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache B N burning/numb/tingling R ash A naemia A Bdominal pain J aundice F AT changes C NS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia D Ementia/Enceph T hrush—oral/vaginal F EVER C OUGH D B difficult breathing I RIS Immune reconstitution inflammatory syndrome W eight loss U D urethral discharge P ID pelvic inflammatory disease G UD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0066** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name M U Pt clinic # _____

Sex: M ☒ F ☐ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-10-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

02-12-04 Enrolled in HIV care

COHORT:

January, 2005

22-11-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 57 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0066		HIV CARE/ART CARD						Name M U							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-01-05 <input type="checkbox"/>	16-02-05		57		A	3						1a(30)			
16-02-05 <input type="checkbox"/>	16-03-05											1a(30)			
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0067** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name R Y Pt clinic # _____

Sex: M ☒ F ☐ Age 45 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-10-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

08-12-04 Enrolled in HIV care

28-11-04 **ARV therapy**
Medically eligible Clinical stage 2

COHORT:

January, 2005

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

17-01-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

22-01-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 58 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0067		HIV CARE/ART CARD						Name <u>R</u> <u>Y</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
22-01-05 <input type="checkbox"/>	22-02-05		58		W	2							1a(30)	190	
22-02-05 <input type="checkbox"/>	22-03-05												1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache BN burning/numb/tingling R ash A naemia AB dominal pain J aundice FAT changes CNS: dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Thrush —oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome W eight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **SA0068** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name D R Pt clinic # _____

Sex: M ☐ F ☒ Age 35 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

01-11-04 _____ Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

18-12-04 _____ Enrolled in HIV care

08-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

27-01-05 _____ Medically eligible and ready for ART

_____ Transferred in from _____ ART started _____

01-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0068		HIV CARE/ART CARD						Name <u>D</u> <u>R</u>							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
01-02-05 <input type="checkbox"/>			50		A	3							1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache BN burning/numb/tingling R ash A naemia AB dominal pain J aundice FAT changes CNS : dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Thrush —oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome W eight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														
Codes for TB status (check on each visit): No signs = no signs or symptoms of TB TB refer = TB suspected and referred for evaluation INH = currently on INH prophylaxis (IPT) TB Rx = currently on TB treatment. Record TB card # Sputums = TB suspected and sputum sample sent or record results																

Unique # **SA0069** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name G J Pt clinic # _____

Sex: M ☐ F ☒ Age 40 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

02-11-04 _____ Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

19-12-04 _____ Enrolled in HIV care

09-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

28-01-05 _____ Medically eligible *and* ready for ART

_____ Transferred in from _____ ART started _____

02-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0069		HIV CARE/ART CARD						Name G J							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
02-02-05 <input type="checkbox"/>			50		A	3							1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP = Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP	Codes for potential side effects or other problems: N ausea D iarrhoea F atigue H eadache BN burning/numb/tingling R ash A naemia AB dominal pain J aundice FAT changes CNS : dizzy, anxiety, nightmare, depression	Codes for new OI or other problems: Z oster P neumonia DE mentia/ Enceph Th rush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome W eight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease U lcers—mouth or other	Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____	Codes for ART adherence. Estimate adherence for twice daily ART using the table below: <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0070** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name T H Pt clinic # _____

Sex: M ☐ F ☒ Age 23 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☒ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

08-11-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

25-12-04 Enrolled in HIV care

15-12-04 **ARV therapy**
Medically eligible Clinical stage 2

COHORT:

February, 2005

Why eligible: ☐ Clinical only ☒ CD4/% 185 ☐ TLC

03-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

08-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** W **Clinical stage** 2

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0070		HIV CARE/ART CARD						Name T		H							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days	
08-02-05 <input type="checkbox"/>			49	22.4.05	W	2							1a(30)	185			
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0071** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name E E Pt clinic # _____

Sex: M ☒ F ☐ Age 30 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

10-11-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

27-12-04 Enrolled in HIV care

17-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☐ Clinical only ☒ CD4/% 180 ☐ TLC

05-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

10-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 54 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0071		HIV CARE/ART CARD						Name E E							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
10-02-05 <input type="checkbox"/>			54		A	3						1a(30)	180		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0072** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name U U Pt clinic # _____

Sex: M ☒ F ☐ Age 34 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

15-11-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

01-01-05 Enrolled in HIV care

COHORT:

February, 2005

22-12-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☐ Clinical only ☒ CD4/% 190 ☐ TLC

10-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

15-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 50 **Function** A **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

_____ **Transferred out** To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0072		HIV CARE/ART CARD						Name <u>U</u>		U									
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed		CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days			
15-02-05 <input type="checkbox"/>			50		A	3							1a(30)	190					
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			
<input type="checkbox"/>																			

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0073** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name M FK Pt clinic # _____

Sex: M ☒ F ☐ Age 28 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

16-11-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

02-01-05 Enrolled in HIV care

COHORT:

February, 2005

23-12-04 **ARV therapy**
Medically eligible Clinical stage 3

Why eligible: ☒ Clinical only ☐ CD4/% ☐ TLC

11-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

16-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 49 **Function** B **Clinical stage** 3

Substitute within 1st-line:

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

_____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0073		HIV CARE/ART CARD				Name M		FK							
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
16-02-05 <input type="checkbox"/>			49		B	3				1.12.04			1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														

Unique # **SA0074** **HIV CARE/ART CARD** _____

District Collines Health unit Savalou District clinician/team _____

Name R J Pt clinic # _____

Sex: M ☐ F ☒ Age 45 DOB _____ Marital status _____

Address _____

Telephone (whose): _____

Prior ART:

- ☐ Transfer in with records
Earlier ARV but not a transfer in
☐ PMTCT only
None

Care entry point:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> PMTCT | <input type="checkbox"/> Private/Co | <input type="checkbox"/> Self-refer |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Inpatient | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Under5 | <input type="checkbox"/> IDU | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TB | <input type="checkbox"/> Adol | |
| <input type="checkbox"/> STI | <input type="checkbox"/> Sex | |
- } Outpatient } Outreach

Treatment supporter/med pick-up if ill: _____

Address _____

Telephone (whose): _____

Home-based care provided by: _____

Names of family members and partners	Age	HIV +/-	HIV care Y/N	Unique no.

Drug allergies

ART treatment interruptions

Stop Lost (circle)	Date	Why	Date if Restart:
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			
Stop Lost			

Date

22-11-04 Confirmed HIV+ test Where Savalou HIV 1 2 Ab / PCR
(if < 18 mo)

08-01-05 Enrolled in HIV care

29-12-04 **ARV therapy**
Medically eligible Clinical stage 3

COHORT:

February, 2005

Why eligible: ☐ Clinical only ☐ CD4/% ☒ TLC

17-02-05 Medically eligible and ready for ART

Transferred in from _____ ART started _____

22-02-05 **Start ART 1st-line initial regimen:** 1a(30)

At start ART: Weight 48 **Function** A **Clinical stage** 3

Substitute within 1st-line:

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Switch to 2nd-line (or substitute within 2nd-line):

____ New regimen _____ Why _____

____ New regimen _____ Why _____

____ New regimen _____ Why _____

Dead

Transferred out To where: _____

Why STOP codes:

- 1 Toxicity/side effects
- 2 Pregnancy
- 3 Treatment failure
- 4 Poor adherence
- 5 Illness, hospitalization
- 6 Drugs out of stock
- 7 Patient lacks finances
- 8 Other patient decision
- 9 Planned Rx interruption
- 10 Other

Why SUBSTITUTE or SWITCH codes:

- 1 Toxicity/side effects
 - 2 Pregnancy
 - 3 Risk of pregnancy
 - 4 Due to new TB
 - 5 New drug available
 - 6 Drug out of stock
 - 7 Other reason (specify)
- Reasons for SWITCH to 2nd-line regimen only:**
- 8 Clinical treatment failure
 - 9 Immunologic failure
 - 10 Virologic failure

Unique # SA0074		HIV CARE/ART CARD					Name <u>R</u> <u>J</u>								
Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt	If Pregnant EDD?PMTCT? FP/no FP If FP write method(s) If child write height	Function Work Amb Bed	WHO clinical stage	TB status	Potential SIDE EFFECTS	New OI, Other PROBLEMS	Cotri-moxazole Adhere Dose	Other meds dispensed	ARV drugs Adhere/ Why Regimen/ Dose dispensed	CD4	Hgb, RPR, TLC, other lab	Refer or consult or link/ provide If hospitalized, # of days
22-02-05 <input type="checkbox"/>			48		A	3							1a(30)		
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															

<p>Pregnancy/family planning status if woman is of childbearing age: P = Pregnant If pregnant, give estimated due date (EDD) and write PMTCT if referred to PMTCT FP= Not pregnant and on family planning If using FP, note methods (note: more than 1 method may be recorded) No FP = Not pregnant and not using FP</p>	<p>Codes for potential side effects or other problems: Nausea Diarrhoea Fatigue Headache BN burning/numb/tingling Rash Anaemia ABdominal pain Jaundice FAT changes CNS: dizzy, anxiety, nightmare, depression</p>	<p>Codes for new OI or other problems: Zoster Pneumonia DEmentia/Enceph Thrush—oral/vaginal FEVER COUGH DB difficult breathing IRIS Immune reconstitution inflammatory syndrome Weight loss UD urethral discharge PID pelvic inflammatory disease GUD genital ulcer disease Ulcers—mouth or other</p>	<p>Codes for why poor/ fair adherence: 1 Toxicity/side effects 2 Share with others 3 Forgot 4 Felt better 5 Too ill 6 Stigma, disclosure or privacy issues 7 Drug stock out—dispensary 8 Patient lost/ran out of pills 9 Delivery/travel problems 10 Inability to pay 11 Alcohol 12 Depression 13 Other _____</p>	<p>Codes for ART adherence. Estimate adherence for twice daily ART using the table below:</p> <table border="1"> <thead> <tr> <th>Adherence</th> <th>%</th> <th>Missed doses per month</th> </tr> </thead> <tbody> <tr> <td>G(good)</td> <td>≥ 95%</td> <td>≤ 3 doses</td> </tr> <tr> <td>F(fair)</td> <td>85-94%</td> <td>4-8 doses</td> </tr> <tr> <td>P(poor)</td> <td>< 85%</td> <td>≥ 9 doses</td> </tr> </tbody> </table>	Adherence	%	Missed doses per month	G (good)	≥ 95%	≤ 3 doses	F (fair)	85-94%	4-8 doses	P (poor)	< 85%	≥ 9 doses
Adherence	%	Missed doses per month														
G (good)	≥ 95%	≤ 3 doses														
F (fair)	85-94%	4-8 doses														
P (poor)	< 85%	≥ 9 doses														