**Seroconverter Follow-up Medical History Visit Month \_\_ .\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Screening ID:   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Screening Number* | Participant ID:   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Couple I/P Chk* | Visit Date:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   *dd mm yy* |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | **Indicate the most advanced WHO stage:** | | | | | | | | | | | |
| a | *Stage 1* | | | | | Yes | | No | |  | | |
| b | *Stage 2* | | | | | Yes | | No | |
| c | *Stage 3* | | | | | Yes | | No | |
| d | *Stage 4* | | | | | Yes | | No | |
| 2 | **Is the participant followed in an HIV care program?** | | | | | Yes | | No | |
| 3 | **In the last month, has the participant been too sick to work or do daily activities?** | | | | | Yes | | No | | If no go to 4 | | |
| a | Number of days missed: | | | | | \_\_\_\_\_\_\_ days | | | | | | |
| 4 | **In the past week, has the participant used a bednet?** | | | | | Yes | | No | |  | | |
| 5 | **Since the last visit, has the participant taken any ARVs...** | | | | | | | | | | | |
| 5a | For treatment? | | | | | Yes | | No | | If no go to 5d | | |
| 5b | for PMTCT? | | | | | Yes | | No | | If no go to 5d | | |
| 5c | Date when ARV was started | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   *dd mm yy* | | | | | | |
| 5d | List ARVs taken, ***then go to item 6***: | | | | |  | | | | | | |
| 5e | **Why is the participant not taking ARVs?** *Mark all that apply.* | | | | | | | | | | | |
|  | not eligible for ARVs | | Yes | No | | repeat CD4 count > 350 or clinic said wasn’t eligible | | | | | Yes | No |
|  | Stigma | | Yes | No | | adherence was too difficult | | | | | Yes | No |
|  | Feeling healthy | | Yes | No | | pre-treatment processing(in queue at ART center) | | | | | Yes | No |
|  | fears / has experienced bad side effects | | Yes | No | | *transportation costs* | | | | | Yes | No |
|  | clinic was not supportive | | Yes | No | | Newly diagnosed | | | | | Yes | No |
|  | no ART slots at the clinic | | Yes | No | | Others | | | | |  | |
| 6 | **Is the participant currently taking co-trimoxazole?** | | | | | Yes | No | |  | | | |
| 6a | **Reason for taking co-trimoxazole: *Mark all that apply.*** | | | | | | | | | | | |
|  | *Prophylaxis* |  | *toxoplasmosis treatment* | | | | | | | |  | |
|  | *PCP treatment* |  | Others (specify | | | | | | | | | |
| 7 | **Is the participant currently taking isoniazid or another medication as *prophylaxis* for TB?** | | | | Yes | | No | |  | | | |
| 8 | **Is the participant currently being treated for TB?** | | | | Yes | | No | | *yyyyy* | | | |
| 9 | ***Female only:* Is the participant currently pregnant?** | | | | Yes | | No | | If yes complete pregnancy report | | | |
| 10 | ***Male only*: Since the last visit, has the participant been circumcised?** | | | | Yes | | No | |  | | | |

**Completed by:** *(initials/date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Forms Instruction**

The **Seroconverter follow-up Medical History** is not an interviewer-administered CRF. Do not read all items to the participant. This CRF should be completed by a clinician.

**Item-specific Instructions:**

|  |  |
| --- | --- |
| **Screening ID** | Screening IDs will be assigned from the site list and are unique to the individual. They are numeric and should be assigned sequentially. The Index Screening ID is assigned to the HIV-positive participant, and the Partner Screening ID is assigned to the HIV-negative participant. |
| **Participant ID** | Participant IDs are assigned from a list provided by the PROJECT. They are assigned once eligibility has been determined and the subject has been enrolled. The Participant ID should be left blank until the eligibility status of the participant is known. If eligible, the Participant ID should be entered and initialed and dated (if being added on a different date). If the participant is not eligible, then the Participant ID should be left blank. |
| **CRF not**  **administered** | If this form is not administered at a required visit, then it must still be faxed with the “CRF not administered” box marked. It is not necessary to line through the entire form and write “not administered.” |
| **Item 1** | Indicate the most advanced stage in which ***any*** box has been marked in Items 1-4 on the **WHO Adult HIV Staging System (WHO)** CRF. |
| **Item 2** | An HIV care program is any HIV primary care program (Comprehensive Care Center, Basic Care Package, etc.). These can take place at either a public, private, or NGO facility. |
| **Item 3** | “In the last month” refers to behavior occurring during the last thirty days. |
| **Item 5** | If the participant is currently taking ARVs for reasons other than PMTCT, he/she is ineligible for the study. |
| **Item 5a** | Choose “no” if the participant had been eligible for ARVs but did not use them. |
| **Item 5b** | PMTCT refers to prevention of mother to child transmission of HIV. |
| **Item 5c** | Please list either generic name of the ARVs or abbreviation. |
| **Item 5d** | Choose “not eligible for ARVs” if the participant has never been eligible for ARVs. |
| **Item 6a** | Mark all that apply based on review of participant’s medical history. The choices do not need to be read aloud to the participant. |
| **Item 7** | Please mark yes only if participant is taking prophylaxis and is not being treated for active TB. |
| **Item 8** | If the participant has been treated for TB multiple times, write the year of the most recent treatment. |
| **Item 9** | Female index participants are not tested for pregnancy at every quarterly visit, but are asked if they are pregnant. If clinically indicated, a pregnancy test should be conducted. Record the positive result on the Pregnancy Report CRFs.  If this pregnancy has already been recorded on the Pregnancy Report, it is not necessary to complete new Pregnancy Report CRFs for the same pregnancy. Mark “already reported” and write the visit month at which the pregnancy was first reported on the PREG. If the participant is no longer pregnant, confirm that Pregnancy Outcome CRFs have already been completed and faxed. |
| **Item 10** | This question only applies to the time since the participant’s last visit. Review the chart notes and CRFs. |