

HIV Indicator Diseases Enrolment	FORM A
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Section A. Demography

A1. Year of Birth (yyyy): _____	A2. Gender: <input type="checkbox"/> male <input type="checkbox"/> female
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Section B. Indicator Disease

Patient presenting with: *(based on treating physician's clinical or microbiological diagnosis)*

Please only tick one box in either A,B,C,D,E,F,G or H

<input type="checkbox"/> A. Sexually transmitted disease <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"><input type="checkbox"/> Gonorrhoea</div> <div style="width: 30%;"><input type="checkbox"/> Syphilis</div> <div style="width: 30%;"><input type="checkbox"/> Other ulcerative genital conditions</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"><input type="checkbox"/> Chlamydia</div> <div style="width: 30%;"><input type="checkbox"/> Unspecified</div> </div>
<input type="checkbox"/> B. Malignant lymphoma <i>(Irrespective of type)</i>
<input type="checkbox"/> C. Cervical or anal dysplasia or cancer <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"><input type="checkbox"/> Cervical dysplasia</div> <div style="width: 45%;"><input type="checkbox"/> Cervical cancer</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"><input type="checkbox"/> Anal dysplasia</div> <div style="width: 45%;"><input type="checkbox"/> Anal cancer</div> </div> <div style="margin-top: 10px;"><input type="checkbox"/> Unspecified</div>
<input type="checkbox"/> D. Herpes zoster
<input type="checkbox"/> E. Hepatitis B or C virus infection <i>(Acute or chronic – and irrespective of time of diagnosis relative to time of survey)</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"><input type="checkbox"/> Hep B</div> <div style="width: 30%;"><input type="checkbox"/> Hep C</div> <div style="width: 30%;"><input type="checkbox"/> Unspecified</div> </div>
<input type="checkbox"/> F. Ongoing mononucleosis-like illness
<input type="checkbox"/> G. Unexplained leukocytopenia or thrombocytopenia lasting at least 4 weeks
<input type="checkbox"/> H. Seborrheic dermatitis / exanthema

Section C. HIV Test Results

C1. Previous HIV serological status (patients must <u>not</u> be known to be HIV infected at the time of survey) Previously tested for HIV <input type="checkbox"/> yes <input type="checkbox"/> no If yes: Most recent previous negative HIV test (dd-mm-yyyy): ____-____-_____ Total number of previous negative tests: _____
C2. HIV test result: <input type="checkbox"/> positive <input type="checkbox"/> negative Date of blood sample (dd-mm-yyyy): ____-____-_____
C3. Patient returned for test result: <input type="checkbox"/> yes <input type="checkbox"/> no

Completed by (investigator's initials)	Date Completed (dd-mm-yyyy)
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HIV Indicator Diseases Enrolment

FORM B

Section D. HIV Infected (optional)

CD4 cell counts (closest to diagnosis): value: _____

Date (dd-mm-yyyy): __-__-____

HIV-RNA values: _____ units

Date (dd-mm-yyyy): __-__-____

Section E. Additional Data Items (optional)

E1. Ethnicity

- white
 asian
 black
 unknown

E2. Sexual orientation

- heterosexual
 homosexual
 bisexual
 unknown

E3. Active intravenous drug use: yes no

E4. Has the patient had any signs of less serious HIV related symptoms within the last 5 years:

- Mononucleosis-like illness
 Oral candidiasis
 Herpes Zoster
 Unexplained leukocytopenia or thrombocytopenia
 Seborrheic dermatitis / exanthema

E5. Visits to sexually transmitted diseases clinic within the last 5 years:

- 0 visits
 1-3 visit
 3-5 visits
 >5 visits

Due to:

- Gonorrhoea
 Syphilis
 Other ulcerative genital conditions
 Chlamydia
 Unspecified

E6. Any previous test of HBV: yes no

If yes: Test result: positive negative When: (dd-mm-year) __-__-____

E7. Any previous test of HCV: yes no

If yes: Test result: positive negative When: (dd-mm-year) __-__-____

E8. Any hospitalization within the last 5 years: yes no

Due to: **Severe opportunistic infections (including AIDS defining):**

Please use codes below or write the full type for any severe opportunistic infection not listed

Diagnose	Date of diagnosis (dd-mm-yyyy)
_____	__-__-____
_____	__-__-____
_____	__-__-____

BCNE: Bacterial pneumonia, recurrent (>2 episodes within 1 year)	ISDI: Isosporiasis diarrhoea (duration >1 month)	NHLI: Non-Hodgkin lymphoma Diffuse large B-cell lymphoma (Immunoblastic or Centroblastic)
CANO: Candidiasis, oesophageal	KS: Kaposi's sarcoma	NHLU: Non-Hodgkin lymphoma Unknown/other histology
CMVR: Cytomegalovirus (CMV) chorioretinitis	LEIS: Leishmaniasis, visceral	NHLP: Non-Hodgkin lymphoma Primary brain lymphoma (at diagnosis, involvement of the central nervous system without other organ affection - regardless of histology)
CMVO: CMV - other location, specify	LEU: Progressive multifocal leucoencephalopathy	PCP: Pneumocystis jiroveci pneumonia (PCP)
CRCO: Cryptococcosis, extrapulm.	MC: Mycobact. avium complex (MAC) or Kansaii, extrapulm	SAM: Salmonella bacteriaemia (non-typhoid) (>2 episodes)
CRSP: Cryptosporidiosis (duration > 1 month)	MCP: Mycobact. tuberculosis, pulm.	PCP: Pneumocystis jiroveci pneumonia (PCP)
CRVC: Cervical cancer	MCX: Mycobact. tuberculosis, extrapulm.	
FBLS: Focal brain lesion	MCXO: Mycobact. extrapulm., other type, specify	
HERP: Herpes simplex virus ulcers (duration >1 month) or pneumonitis/esophagitis	NHLB: Non-Hodgkin lymphoma Burkitt (Classical or Atypical)	
HIST: Histoplasmosis, extrapulm.		

Due to: **Other severe infections/cancers:**

Please use codes below or write the full type for any severe infection/cancer not listed

Diagnose	Date of diagnosis (dd-mm-yyyy)
_____	__-__-____
_____	__-__-____
_____	__-__-____

ALL: Acute lymphoid leukemia	ENDO: Endocarditis	MULM: Multiple myeloma
AML: Acute myeloid leukemia	HDL: Hodgkin lymphoma	PENC: Penile cancer
ANUS: Anus cancer	KIDN: Kidney cancer	PERI: Peritonitis
BACT: Bacteremia	LIVR: Liver cancer	PNEU: Pneumonia
BLAD: Bladder cancer	LUNG: Lung cancer	PROS: Prostate cancer
BRCA: Breast cancer	LIPC: Lip cancer	PYEL: Pyelonephritis
CERV: Cervical dysplasia/carcinoma in situ	MALM: Malignant melanoma	OSTI: Otitis
CLL: Chronic lymphoid leukemia	MEAC: Metastasis of adenocarcinoma	RECT: Rectum cancer
CML: Chronic myeloid leukemia	MENI: Meningitis	STOM: Stomach cancer
COLO: Colon cancer	MEOC: Metastasis of other cancertype	TESE: Testicular seminoma
COTC: Connective tissue cancer	MESC: Metastasis of squamous cell carcinoma	UTER: Uterus cancer

Completed by (investigator's initials)

Date Completed (dd-mm-yyyy)