

Projeto



FEDERAL UNIVERSITY OF RIO GRANDE DO NORTE
CENTER OF HEALTH SCIENCES
VIVER+ RESEARCH PROJECT

EVALUATION FORM

Anamnesis

Name: _____ ID Code: _____

Birth date / Age (years): _____ Evaluation date: _____

Diagnostic time (HIV/AIDS): _____ ART Therapy Time: _____

Current ART Combination: _____

For how long has it been in use? _____

Comorbidities _____

Other medications in use: _____

Work () Yes () No

Alcohol consumption () Yes () No

Smoke? () Yes () No

Education level: () Middle school () High School () College

Family income: _____