

HIDES Enrolment

Patient ID:

((XXXX-XXXXX))

Section A: Demography

Year of birth:

(MUST be between the age of 18 and 65)

((YYYY))

Gender:

- Male
 Female

Ethnicity:

- Caucasian
 Asian
 African
 Unknown

Section B: Indicator Disease

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

- Malignant lymphoma (irrespective of type)
 Cervical dysplasia/cancer (CIN II and above)
 Anal dysplasia/cancer
 Hepatitis B (acute or chronic - and irrespective of time of diagnosis relative to time of survey)
 Hepatitis C (acute or chronic - and irrespective of time of diagnosis relative to time of survey)
 Hepatitis B+C (acute or chronic - and irrespective of time of diagnosis relative to time of survey)
 Ongoing mononucleosis-like illness
 Unexplained leukocytopenia or thrombocytopenia lasting at least 4 weeks
 Seborrheic dermatitis/exanthema
 Pneumonia (admitted to hospital at least 24h)
 Unexplained lymphadenopathy
 Peripheral neuropathy of unknown cause (diagnosed by neurologist)
 Primary lung cancer
 Severe or recalcitrant psoriasis (newly diagnosed)
 Uveitis
 Periodontitis
 Acute coronary syndrome/myocardial infarction
 Pulmonary hypertension
 ((Only one box ticked allowed))

Section C: HIV Test Results

Previous HIV serological status (patients must NOT be known to be HIV infected at the time of survey)

Previously tested for HIV:

- Yes
 No
 Unknown

Most recent previous negative HIV test:

((DD-MM-YYYY))

Total number of previous negative HIV tests:

HIV test result:

- Positive
 Negative

Date of blood sample:

((DD-MM-YYYY))

Patient received test result:

- Yes
 No
 Unknown

Patient successfully transferred to HIV specialist care:

- Yes
 No
 Unknown

Section D: Setting

Setting patient was seen:

- Hospital out-patient department/clinic
 Hospital in-patient/ward
 Primary care

Section E: HIV Infected

CD4 cell counts (closest to diagnosis) value:

Date:

((DD-MM-YYYY))

HIV-RNA values:

((Units))

Date:

((DD-MM-YYYY))

Section F: Additional Data Items

Sexual orientation:

- Heterosexual
 Homosexual
 Bisexual
 Unknown

Active intravenous drug use:

- Yes
 No
 Unknown

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
- None

Diagnosed sexually transmitted diseases within the last 5 years:

- Gonorrhoea
- Syphilis
- Other ulcerative genital conditions
- Chlamydia
- Unspecified
- None

HBV

Any previous test of HBV:

- Yes
- No

Test result:

- Positive
- Negative

Date:

((DD-MM-YYYY))

HCV

Any previous test of HCV:

- Yes
- No

Test result:

- Positive
- Negative

Date:

((DD-MM-YYYY))

Hospitalization

Any hospitalization within the last 5 years:

- Yes
- No

Due to severe opportunistic infections (including AIDS defining):

Diagnose:

- BCNE
- CANO
- CMVR
- CMVO
- CRCO
- CRSP
- CRVC
- FBLS
- HERP
- HIST
- ISDI
- KS
- LEIS
- LEU
- MC
- MCP
- MCX
- MCXO
- NHLB
- NHLI
- NHLU
- NHLP
- PCP
- SAM
- TOX

Please specify:

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Other severe infections/cancers:

Diagnose:

- ALL
- AML
- ANUS
- BACT
- BLAD
- BRCA
- CERV
- CLL
- CML
- COLO
- COTC
- ENDO
- HDL
- KIDN
- LIVR
- LUNG
- LIPC
- MALM
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Date of diagnosis:

((DD-MM-YYYY))

Completed by and date

Completed by:

((investigator's initials))

Date completed:

((DD-MM-YYYY))