Antiretroviral Treatment History

Purpose: To record the date the patient first started Highly Active AntiRetroviral Therapy (HAART).
When: This form should be completed just once at:
1) The baseline visit for newly enrolled patients; or
2) The upcoming followup visit for patients who are already enrolled; or
3) In a timely manner for patients who are deceased or who missed the last 3 consecutive in-person visits. In this case, the visit ID code should be "N" and the date of visit should be the date the form was completed.

By Whom: Clinic coordinator.
Instructions: Using information from the patient **confirmed by medical records or medical records only**, obtain the date the patient first started HAART prior to enrollment into LSOCA. HAART is defined as combination therapy of 3 or more currently FDA approved antiretroviral drugs, including those that were taken by the patient in the past under Investigational New Drug status. Note, combination preparations should be considered as the number of antiretroviral drugs included in the preparation given at therapeutic levels (e.g., Combivir® is 2 antiretroviral drugs; Trizivir® is 3 antiretroviral drugs; Kaletra® is 1 antiretroviral drug).

A. Clinic, patient, and visit identification

1. Clinic ID: ___ ___ ___ ___

2. Patient ID#: ___ ___ ___ ___

3. Patient name code: ___ ___ ___ ___ ___

4. Date of visit: ___ ___ - ___ ___ ___ - ___ ___
day month year

5. Visit ID code: ___ ___ ___

B. HAART information

6. Was the patient ever on HAART prior to enrollment into LSOCA:

Yes (1)

No (2) → 9.

Don't know - unable to access medical records (3) → 9.

Don't know - other reason *(specify)*: (4) → 9.

_____
other reason

7. Date patient first started on HAART:

___ ___ - ___ ___ ___ - ___ ___
day month year

8. Did the patient ever take a protease inhibitor as part of HAART prior to enrollment into LSOCA:

Yes (1)

No (2)

Don't know (3)

C. Administrative information

9. Date of review:

___ ___ - ___ ___ ___ - ___ ___
day month year

10. Clinic coordinator ID: ___ ___

11. Clinic coordinator signature:

_____