



HBV/HIV Follow-Up (or Special Visit) Evaluation

Patient ID _____ - _____ - _____

Date of Evaluation: ___ / ___ / ___

Protocol timepoint (see codes): _____

SECTION I: MEDICAL HISTORY

- 1. HIV Stage: 1 2 3 4 Unknown
- 2. Opportunistic infection: Yes No Unknown If Yes, complete the Opportunistic Infections Log

SECTION II: PHYSICAL EXAM

- 1. Current grade of Lipodystrophy/Lipoatrophy: 0 1 2 3 Not done

SECTION III: HBV/HIV TREATMENT

- 1. Has there been any change in the HBV or HIV antiviral therapy since the previous visit? Yes No
If Yes, update the HBV/HIV Antiviral Therapy Log (AH).
- 2. Has the patient missed any doses of their HIV medications since the last protocol visit? Yes No
If Yes, how many days were missed since the last visit? _____ days

SECTION IV: RISK ASSESSMENT

- 1. Has the patient recently or currently used injection drugs except as prescribed by a physician?
 Yes No Unknown
- 2. Has the patient recently or currently used intra-nasal illicit drugs? Yes No Unknown

SECTION V: SEROLOGIES

Instructions: Record the RNA quantitative result (since last evaluation) or check "Not Done".

- 1. HIV-1 RNA quant: _____ copies/mL Date of Sample: ___ / ___ / ___ Not Done
 - 2. HCV RNA quant: _____ Date of Sample: ___ / ___ / ___ Not Done
- Method/Unit: 1 IU/mL 2 copies/mL Lower limit of detection: _____

SECTION VI: LABS

Instructions: Record the most recent result for each (since last evaluation) or check "Not Done".

Fasting labs should be performed at annual visits: optimal is 12 hours, minimum of 8 hours

Date of sample (mm/dd/yy): ___ / ___ / ___

			Date of sample (If different from above) mm/dd/yy	Not Done
a. CD4	_____	cells/mm ³	___ / ___ / ___	<input type="checkbox"/>
b. CD4%	_____	%	___ / ___ / ___	<input type="checkbox"/>
c. CD8	_____	cells/mm ³	___ / ___ / ___	<input type="checkbox"/>
d. CD8%	_____	%	___ / ___ / ___	<input type="checkbox"/>
e. Calcium	_____	mg/dL	___ / ___ / ___	<input type="checkbox"/>
f. Phosphate	_____	mg/dL	___ / ___ / ___	<input type="checkbox"/>
g. HbA1c	_____	%	___ / ___ / ___	<input type="checkbox"/>
h. Urine calcium	_____	mg/dL	___ / ___ / ___	<input type="checkbox"/>
i. Urine creatinine	_____	mg/dL	___ / ___ / ___	<input type="checkbox"/>
24 hour collection	_____	mg/24 hrs	___ / ___ / ___	<input type="checkbox"/>
j. Urine phosphate	_____	mg/dL	___ / ___ / ___	<input type="checkbox"/>
k. Urine albumin	_____	mg/dL	___ / ___ / ___	<input type="checkbox"/>
l. Urine protein	<input type="checkbox"/> Neg <input type="checkbox"/> Trace <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	mg/dL	___ / ___ / ___	<input type="checkbox"/>
24 hour collection	_____	g/24 hrs	___ / ___ / ___	<input type="checkbox"/>
m. Urine glucose	<input type="checkbox"/> Neg <input type="checkbox"/> Trace <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	mg/dL	___ / ___ / ___	<input type="checkbox"/>



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SECTION VII: BIOSPECIMENS (applies to weeks 96 and 192, and special visits)

1. Was a serum sample obtained using a Bumble Bee top tube? Yes No

SECTION VIII: FRAX (WHO Fracture Risk Assessment Tool) Scores

- | | Without BMD (required) | With BMD (if available) |
|------------------------|------------------------|-------------------------|
| 1. Major osteoporotic: | _____ | _____ |
| 2. Hip fracture: | _____ | _____ |