

SECTION C: HIV PATIENTS



Where were you tested for HIV _____ PR Case Manager _____ Case Active? _____
Most Recent T-Cell Count _____ Date _____ Most Recent Viral Load _____ Date _____

OPPORTUNISTIC/SEXUALLY TRANSMITTED INFECTION HISTORY:

Have you ever had any of the following Opportunistic Infections?

- | | | |
|--|---|---|
| <input type="checkbox"/> CMV Retinitis | <input type="checkbox"/> Pneumocystis Pneumonia | <input type="checkbox"/> Pneumonia (any other type) |
| <input type="checkbox"/> MAC or MAI | <input type="checkbox"/> Meningitis (Brain Infection) | <input type="checkbox"/> Toxoplasmosis |
| <input type="checkbox"/> Recurrent Thrush/Yeast Infections | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Frequent Infections |

Have you ever had any of the following Sexually Transmitted Diseases (STD)?

- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Gonorrhea ('Clap') | <input type="checkbox"/> Syphilis | <input type="checkbox"/> Pelvis Inflammatory Disease (PID) |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Hepatitis (A, B, or C) | <input type="checkbox"/> Venereal Warts | |

ANTIRETROVIRAL HISTORY:

Please list any Antiretroviral Drugs (**HIV Meds**) you have taken in the past (include research and/or study drugs):

| Drug | Dose | Date Started | Date Stopped |
|------|------|--------------|--------------|
|------|------|--------------|--------------|

EXPOSURE RISK:

Do you have any of these HIV Risks (**now or in the past**)?

- | | | |
|--|---|--|
| <input type="checkbox"/> HIV+ Sexual Partner | <input type="checkbox"/> IV Drug Use | <input type="checkbox"/> No Known Risk |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Occupational Exposure | <input type="checkbox"/> Blood Transfusion _____ |
| <input type="checkbox"/> Frequent change of sex partners | <input type="checkbox"/> Partner with IV Drug Use | <input type="checkbox"/> Bisexual Partner |
| <input type="checkbox"/> Prostitution or Sex Worker | <input type="checkbox"/> Contact with Prostitute | <input type="checkbox"/> (Men) any sexual contacts other men |
| | | <input type="checkbox"/> Sexual Partner with Unknown Risks |

How do you believe you became exposed to the HIV virus? _____

COMMUNITY STATUS:

Usual Occupation _____ Disability? Yes No Applied

Working: Full-time Part-time Migrant Seasonal No

I am currently Single Married Divorced In a relationship with a Significant Partner (Male / Female)

I feel that my current relationship is: Supportive Abusive (Physical/Verbal) Not in a relationship

I currently live Alone With Significant Partner (Male or Female) With Friends Relatives _____

Living Arrangements: Apartment Transitional Private Home Institution Homeless Other _____

My living situation is: Permanent/Stable Permanent/Unstable Temporary/Stable Temporary/Unstable

I have the following in my home: Stove Microwave Fridge Water Power

Do you have pets? Yes No Type _____ How many: _____

Do you have your own or available transportation? Yes No If YES, what type: _____

SEXUAL HEALTH ASSESSMENT:

I identify myself as Heterosexual Gay Lesbian Bisexual

How old were you when you had sex for the first time: _____

How many people have you had sex with in the past year _____ Past 5 years _____

When did you have sex last? _____ Was the person HIV positive? Yes No

Do you consider any of the people you have sex with to be your main partner? Yes No

How many of your sex partners knew of your HIV status before you had sex? All Some None

How often do you use condoms now? None of the time A few times Most of the times Every time

How often did you use condoms in past? None of the time A few times Most of the times Every time

How often do you have sex when drunk or high? None of the time A few times Most of the times Every time

Are you interested in participating in any Drug Studies or Research at ARTC? Yes No