|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FUP 6 months** | SWISS HIV COHORT  STUDY (MoCHiV) | | Page 1/5  V5 [06/17] | **Number child** | |  | |
|  | | | | |
| Please complete this questionnaire and send it to the local data manager.  **Keep a copy in the patient chart.** | | | | |

|  |  |
| --- | --- |
|  | **Stamp of reporting physician** |
|  |

**Date when the patient was seen** (dd/mm/yy): **\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A. Anthropometry and social situation at visit date**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Weight** |  |  |  | | |  | |  | **g** | **Percentiles[[1]](#footnote-1)\*** | |  |
|  | | | | | | | | | | |
| **Length** |  |  |  | | **cm** | | | | | **Percentiles\*** | |  |
|  | | | | | | | | | | |
| **Head circumference** |  |  | **,** |  | | | **cm** | | | **Percentiles\*** | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child lives with/in** |  | **Mother and father** |  | |
|  |  | **Mother alone** |  | |
|  |  | **Foster family** |  | |
|  |  | **Institution** |  | |
|  |  | **Other, please specify** | |  |

**B. Medication and breastfeeding**

**Antiretroviral treatment from birth until this visit**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Drug** | | **Dose:**  **Value:** | **Units\*\*:** | | | **Startdate**  (dd/mm/yy) | **Stopdate** (dd/mm/yy) |
|  |  |  | |  |  |  |  |
|  |  |  | |  |  |  |  |
|  |  |  | |  |  |  |  |
|  |  |  | |  |  |  |  |

\*\***1=mg/kg/day, 2= mg/m2/day**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Breastfed** | **No** | **Yes** | **if yes:** | **Until**  (dd/mm/yy) |  |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FUP 6 months** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 2/5  V5 [06/17] | **Number child** |  |

C. State of health:

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| Is child healthy? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Any abnormal findings between birth and this visit date? | | | |  |
|  | No | Yes | If yes, please specify: | Date of diagnosis |
| Developmental delay |  |  |  |  |
| Seizures |  |  |  |  |
| Other neurological symptoms |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Any other findings possibly related to ART exposure? |  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | No | Yes |  | | | Date of admission (dd/mm/yy) |
| Any hospital stays |  |  |  | if you answered yes, please fill in the additional checking chart: INFECTION |  |  |

D. Hematology

* Age 1 months

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of hematology tests** | | dd/mm/yy | | |  | | | | | |  | | |
|  | | |  | | |
|  |  | |  |  |  |  | |  | |  | | |  |
| **Leukocytes** | **(per μl)** | |  |  | **Lymphocytes** | **(per μl)** |  | | **(%) of Leuk.** | | |  | |
| **Hemoglobin** | **(g/dl)** | |  |  | **Neutrophils** | **(per μl)** |  | | **(%) of Leuk.** | | |  | |
| **Erythrocytes** | **(106/l)** | |  |  | **MCV** | **(fl)** |  | |  | | |  | |
| **Platelets** | **(109/l)** | |  |  | **MCH** | **(pg)** |  | |  | | |  | |

* Age 6 months:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of hematology tests** | | dd/mm/yy | | |  | | | | | |  | | |
|  | | |  | | |
|  |  | |  |  |  |  | |  | |  | | |  |
| **Leukocytes** | **(per μl)** | |  |  | **Lymphocytes** | **(per μl)** |  | | **(%) of Leuk.** | | |  | |
| **Hemoglobin** | **(g/dl)** | |  |  | **Neutrophils** | **(per μl)** |  | | **(%) of Leuk.** | | |  | |
| **Erythrocytes** | **(106/l)** | |  |  | **MCV** | **(fl)** |  | |  | | |  | |
| **Platelets** | **(109/l)** | |  |  | **MCH** | **(pg)** |  | |  | | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FUP 6 months** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 3/5  V5 [06/17] | **Number child** |  |

E. HIV testing:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | neg | pos | unclear | |  | Test date |
| Inno-Lia |  |  |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Around month 1 | | | | | Around month 6 | | | | | |
| Date of tests |  | | | | |  | | | | | |
|  | pos | |  | neg | | pos | |  | | neg | |
| HIV RNA-PCR |  |  |  |  |  |  |  | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is child HIV-1 infected? | No | Yes | Unknown | |
|  |  |  |  |  |

If child is not infected, that’s all –Thank you.

If the child is infected, please complete the following pages of this questionnaire and check the flow chart on the cover sheet!

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FUP 6 months** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 4/5  V5 [06/17] | **Number child** |  |

For infected child

F. HIV-related symptoms:

|  |  |  |
| --- | --- | --- |
| Was there any HIV-associated disease from birth till this visit date? |  | No |
|  |
|  |  | Yes, please fill out separate disease form |

G. Hematology and Virology

If more than two tests have been done, please use a copy of this form for the additional results

* First tests:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of hematology tests** | | dd/mm/yy | | | **Date** of CD4 counts if different from hematology\* | | | | | | dd/mm/yy | | |
|  | | |  | | |
|  |  | |  |  |  |  | |  | |  | | |  |
| **Leukocytes** | **(per μl)** | |  |  | **Lymphocytes** | **(per μl)** |  | | **(%) of Leuk** | | |  | |
| **Hemoglobin** | **(g/dl)** | |  |  | **CD3** | **(per μl)** |  | | **(%) of Lym.** | | |  | |
| **Platelets** | **(109/l)** | |  |  | **CD4** | **(per μl)** |  | | **(%) of Lym**. | | |  | |
|  |  | |  |  | **CD8** | **(per μl)** |  | | **(%) of Lym**. | | |  | |

HIV-Viral load \*\* RNA copies (c/ml) Limit (c/ml)Method:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | if undetectable detection limit | |  | **TaqMan** | | **other** |
|  | | |  | | | | |
| Laboratory that performed viral load test | | |  | | |

* Second tests:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of hematology tests** | | dd/mm/yy | | | **Date** of CD4 counts if different from hematology\* | | | | | | dd/mm/yy | | |
|  | | |  | | |
|  |  | |  |  |  |  | |  | |  | | |  |
| **Leukocytes** | **(per μl)** | |  |  | **Lymphocytes** | **(per μl)** |  | | **(%) of Leuk** | | |  | |
| **Hemoglobin** | **(g/dl)** | |  |  | **CD3** | **(per μl)** |  | | **(%) of Lym.** | | |  | |
| **Platelets** | **(109/l)** | |  |  | **CD4** | **(per μl)** |  | | **(%) of Lym**. | | |  | |
|  |  | |  |  | **CD8** | **(per μl)** |  | | **(%) of Lym**. | | |  | |

HIV-Viral load \*\* RNA copies (c/ml) Limit (c/ml)Method:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | if undetectable detection limit | |  | **TaqMan** | | **other** |
|  | | |  | | | | |
| Laboratory that performed viral load test | | |  | | |

\* Lymphocytes and RNA measured within +/- 10 days

\*\* If the RNA’s are undetectable, write into the first result box ’0’ and the detection limit into the second result box

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FUP 6 months** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 5/5  V5 [06/17] | **Number child** |  |

H. Biochemistry: If more than two tests have been done, please use a copy of this form for the additional results.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Value** |  | **Fasting[[2]](#footnote-2)\***  **Yes No** | |  | **Date** (dd/mm/yy) |
| **Total Cholesterol (mmol/l)** |  |  |  |  |  |  |
| **HDL Cholesterol (mmol/l)** |  |  |  |  |  |  |
| **Triglycerides (mmol/l)** |  |  |  |  |  |  |
| **Glucose (mmol/l)** |  |  |  |  |  |  |
| **Uric acid (mol/l)** |  |  |  |  |  |  |
| **ALT[[3]](#footnote-3)\*\* (U/l)** |  |  |  |  |  |  |
| **Alk. Phosphatase (U/l)** |  |  |  |  |  |  |
| **Creatinine (mol/l)** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Value** |  | **Fasting\***  **Yes No** | |  | **Date** (dd/mm/yy) |
| **Total Cholesterol (mmol/l)** |  |  |  |  |  |  |
| **HDL Cholesterol (mmol/l)** |  |  |  |  |  |  |
| **Triglycerides (mmol/l)** |  |  |  |  |  |  |
| **Glucose (mmol/l)** |  |  |  |  |  |  |
| **Uric acid (mol/l)** |  |  |  |  |  |  |
| **ALT\*\* (U/l)** |  |  |  |  |  |  |
| **Alk. Phosphatase (U/l)** |  |  |  |  |  |  |
| **Creatinine (mol/l)** |  |  |  |  |  |  |

Comments:

|  |
| --- |
|  |

1. \* use official Swiss percentiles [↑](#footnote-ref-1)
2. \* If there is any doubt as to whether the patient was fasting at the time when blood was drawn, please tick no [↑](#footnote-ref-2)
3. \*\* Alanine aminotransferase [↑](#footnote-ref-3)