|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FUP** | SWISS HIV COHORT STUDY (MoCHiV) | Page 1/3V4 [06/17] | **Number child** |  |

**This questionnaire has to be filled-out for an uninfected child (page 1) yearly and for an infected child
every 6 months (all pages). Send the form to the local data manager.**

**Note that an additional form has to be completed at the age of two years. 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)\*** |  |
|  |
|  **Height** |  |  |  | **cm** | **Percentiles\*** |  |
|  |
|  **Head circumference**  |  |  | **,** |  | **cm** | **Percentiles\*** |  |

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

B. State of health:

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

|  |  |
| --- | --- |
| Any abnormal findings since last visit? |  |
|  | No | Yes | If yes, please specify | Date of diagnosis (dd/mm/yy) |
| Developmental delay |  |  |  |  |  |  |
| Seizures |  |  |  |  |  |  |
| Other neurological symptoms |  |  |  |  |  |  |

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

Please don’t forget to add the form ‘2 years’ at the age of two years. Otherwise that’s all if the child is not infected. For an infected child, please complete the following pages!

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FUP** | SWISS HIV COHORT STUDY (MoCHiV) | Page 2/3V4 [06/17] | **Number child** | SHCS number mother |
|  |
| For infected child |

C. HIV-related symptoms and treatment:

|  |  |  |
| --- | --- | --- |
| Was there any HIV-associated disease since the last cohort visit? |  | No |
|  |
|  |  | Yes, please fill out separate disease form  |

|  |  |  |
| --- | --- | --- |
| Was child treated with ART (or other treatments listed in the treatment form) since the last cohort visit? |  | No |
|  |
|  |  | Yes, please fill out separate treatment form  |

D. Hematology and Virology since last visit

If more than two tests have been done, please use a copy of this form for the additional lab 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** | SWISS HIV COHORT STUDY (MoCHiV) | Page 3/3V4 [06/17] | **Number child** | SHCS number mother |

E. Biochemistry:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **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)