Version 6.2

DESCRIPTION OF SHCS VARIABLES

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Restricted use

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* required value
PK primary key
£ value changes are documented in table HISTO

PAT

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number for the cohort study	ZH=10'001-19'999 90'001-99'899 BS=20'001-29'999 BE=30'001-39'999 GE=40'001-45'999 48'001-49'999 VD=50'001-59'999 TI=60'001-69'999 SG=46'001-47'999	N(5)	yes
ALC	Anonymous Linkage Code	First letter and the number of letters for the patient's first name (= 0 if more than 9 letters)	C(2)	yes
variable introduced in July 2008				
£ D_BORN	day of birth (confidential data)	1 to 31	N(2)	no
£ M_BORN	month of birth (confidential data)	1 to 12	N(2)	no
2 variables introduced in 1996				
£ *BORN	year of birth	1900 onwards (must be older than 16 years)	N(4)	yes
£ *HEIGHT	use the measured height in cm or values from the passport or ID.	100 to 255 100=missing *this value is not reliable and must not be used for analysis*	N(3)	yes
variable introduced in 1993				
£ *SEX	Gender	1=male 2=female	N(1)	yes
£ *REGDATE	date of the registration visit when the patient was actually seen, not the date when the form was completed	dd/mm/yyyy yyyy>1980	D	yes

	(some patients were enrolled retrospectively before the cohort officially began).			
£ PHYSICIAN		see table VAR_PHYSICIAN	C(50)	yes
£ STUDYNURSE	if study forms are not completed by the treating physician, enter name of the person completing this form.	SURNAME	C(50)	yes
£ *CENTER1	center where participant was recruited	see table CENTER	N(2)	yes
£ *LAST_CENTER	center of last follow-up	see table CENTER	N(2)	yes
£ *SETTING	category of visit	1=outpatient visit 2=hospitalization 3=no visit	N(1)	yes
variable used between July 1995 and December 2009				
£ *SOURCE	source of information used to complete this form	1=from this cohort center 2=from other outpatient clinic or hospital 3=from private physician 4=other	N(1)	yes
variable introduced July 1995				
£ CONSENT_DATE	date when the patient has given his informed consent	dd/mm/yyyy < = INPUTDATE	D	yes
£ CONSENT_SIGN	signature of the person who confirms to have informed the patient about the methods and aims of the Cohort Study and that the patient has given his/her **verbal consent.** NB: a « late consent » is recorded in the FUP file.	name of signatory blank for a signed consent	C(20)	yes
2 variables introduced in July 1997, CONSENT_SIGN assessed until December 2016				
W_CONSENT	Has the patient signed a consent form?	1=yes blank =no	N(1)	no
variable introduced in July 2001				
CONSENT_D	date the patient gave general consent for genetic testing	dd/mm/yyyy	D	no

REFUSAL_D	date the patient refused any genetic testing	dd/mm/yyyy	D	no
GEN_INFORM	does the patient want to be informed about genetic analysis	text	C(100)	yes
variable for future use				
£ *NATION	nationality (confidential data) -enter XX for unknown -enter CHE for double nationality swiss-other	values see table VAR_NATION	C(5)	no
£ *CANTON	canton of residence (confidential data) -enter XX for canton if patient is not residing in CH or FL, and indicate country of residence in section 'Comments'; -enter YY when unknown	values see table VAR_CANTON	C(5)	no
£ *ETHNICITY		0=other 1=white 2=black 3=hispano-american 4=asian 9=unknown	N(1)	yes
variable introduced in July 1995				
£ *HIV_EARLIER	Have there been earlier HIV-tests?	1=yes 0=no 9=unknown	N(1)	yes
£ HIV_POSDATE	enter date of first positive test	dd/mm/yyyy yyyy>=1980	D	yes
£ HIV_POSDOCDATE	enter date of first documented positive test (information must be confirmed by written documents: reports from the laboratory, letter of referral from another hospital or the general practitioner with exact dates of the test).	dd/mm/yyyy yyyy>=1980	D	yes
HIV_NEG	has the test ever been negative?	1=yes 0=no 9=unknown	N(1)	yes
HIV_NEGDATE	enter date of last negative test	dd/mm/yyyy yyyy>=1980	D	yes

HIV_NEGDOC	information confirmed by written documents	1=yes 0=no	N(1)	yes
*IVD	information about drug injecting between 1980 and the first positive HIV test.	1=yes 0=no 9=unknown	N(1)	yes
*X_PREF	sexual preference	1=homosexual 2=bisexual 3=heterosexual 9=unknown	N(1)	yes
*RISK	most likely source of infection	1=homosexual contacts 2=heterosexual contacts 3=i.v.drug use (with needle sharing) 4=i.v. drugs/sexual contacts(unclear which one) 5=clotting factors against hemophilia 6=other blood products (e.g.transfusions) 7=perinatal transmission 0=other sources 9=unknown/inconclusive	N(1)	yes
RISK_DET	details about source of infection mandatory if risk=0	TEXT	C(100)	no
EDUCATION	highest **completed** educational degree (check only one).	1=no completed school or professional education 2=mandatory school(9 years in Switzerland) 3=finished apprenticeship 4=bachelor 5=higher professional education 6=higher technical or	N(1)	yes

		commercial school 7=university 0=other 9=no information		
EDUCATION_DET	if education=0(other), specify	TEXT	C(40)	no
PROFESSION	last held professional position (check only one): -if the cohort member has two jobs, then whichever occupies more time should be ticked, -if two jobs occupy equal time, then whichever is remunerated at the highest rate should be ticked. -if two jobs occupy equal time and are remunerated at equal rates, the 'other' category may be ticked and the names of both jobs written in PROFESSION_DET	1=self employed 2=working in a relatives firm or business 3=apprentice,trainee 4=director, manager 5=middle/lower staff 6=employee 7=houseman/-wife 8=student (university) 0=other 9=no information	N(1)	yes
PROFESSION_DET	if profession=0(other),specify	TEXT	C(40)	no
2 variables used until July 2008				
*VIRUS_TYPE	type of the virus detected	1=HIV1 2=HIV2 0=other blank=unknown	N(1)	yes
variable introduced in 1997				
INFECT_SOURCE	Is the patient aware of the source of his HIV infection?	0=no 1=yes 9=doesn't wish to answer	N(1)	yes
SEX_REGULAR	source of infection was sexual contact with a regular partner	1=male partner 2=female partner blank=does not apply	N(1)	yes
SEX_OCCAS	source of infection was sexual contact with one or more occasional partner(s)	1=male partner 2=female partner 3=partners of both sex blank=does not apply	N(1)	yes
SEX_ANONYM	source of infection was sexual contact	1= male partner	N(1)	yes

	with one or more anonymous partner(s)	2= female partner 3=partners of both sex blank=does not apply		
IV_REGULAR	source of infection was needle exchange with a regular partner	1=yes blank= does not apply	N(1)	yes
IV_OTHER	source of infection was needle exchange with other persons	1=yes blank= does not apply	N(1)	yes
INFECT_TIME	can the patient give information about the time of his HIV infection?	0=no 1=yes 9=doesn't wish to answer	N(1)	yes
SEX1_STARTDATE	Beginning of unprotected sexual activity with a HIV infected partner	dd/mm/yyyy	D	yes
SEX1_STOPDATE	End of unprotected sexual activity with a HIV infected partner	dd/mm/yyyy	D	yes
SEX2_STARTDATE	Beginning of unprotected sexual activity with partner of unknown HIV status	dd/mm/yyyy	D	yes
SEX2_STOPDATE	End of unprotected sexual activity with partner of unknown HIV status	dd/mm/yyyy	D	yes
IV1_STARTDATE	Beginning of needle exchange activity with a HIV infected person	dd/mm/yyyy	D	yes
IV1_STOPDATE	End of needle exchange activity with a HIV infected person	dd/mm/yyyy	D	yes
IV2_STARTDATE	Beginning of needle exchange activity with a person of unknown HIV status	dd/mm/yyyy	D	yes
IV2_STOPDATE	End of needle exchange activity with a person of unknown HIV status	dd/mm/yyyy	D	yes
OTHER_STARTDATE	Beginning of period of other risk exposure	dd/mm/yyyy	D	yes

OTHER_STOPDATE	End of period of other risk Exposure	dd/mm/yyyy	D	yes
INFECT_PLACE	Where did the infection most likely occurred?	1=in Switzerland 2=while temporarily abroad 3=as a resident abroad 9=unknown	N(1)	yes
INFECT_CANTON	Canton where the infection most likely occurred if INFECT_PLACE = 1 (confidential data)	values see table VAR_CANTON	C(5)	yes
INFECT_COUNTRY	Country where the infection most likely occurred if INFECT_PLACE = 2 or 3 (confidential data)	values see table VAR_NATION	C(5)	yes
20 variables introduced in April 2007				
COMMENTS		TEXT	C(500)	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
SUMMARY	Is a printout of the patient data wanted?	0=no 1=yes	N(1)	no
SUPDATE	date of follow-up visit when anamnesis of cardio-vascualar diseases and riskfactors have been assessed.	dd/mm/yyyy	D	yes
CV_POS_FAMILY	Has the patient a positive family history, myocardial infarction or stroke before age of 50 in any first degree relatives (genetic mother, father, brothers and sisters)?	0=no 1=yes 9=unknown	N(1)	yes
CV_DIAB_FAM	Positive family history of diabetes in any first degree of relatives	0=no 1=yes 9=unknown	N(1)	yes
CV_HYPER	known hypertension: blood pressure $\geq$ 160/95 mm Hg at least three measures on two different days, patient being in sitting position for at least three minutes.	0=no 1=yes 9=unknown	N(1)	yes

CV_HYPERDATE	date when hypertension was first diagnosed	dd/mm/yyyy	D	yes
CV_HYPER_TT	date when hypertension was first treated	dd/mm/yyyy	D	yes
CV_SMOKED	Has the patient ever smoked cigarettes?	0=no 1=yes 9=unknown	N(1)	yes
CV_SMOKED_PY	if yes: number in 'packyears', should be rounded to the upper integer value	1-999	N(3)	yes
7 variables introduced in April 2000				
PRETREAT	Has the patient ever received an anti-retroviral treatment before entering the SHCS (before REGDATE)?	0=no 1=yes 9=unknown	N(1)	yes
variable introduced in September 2000				
CHDRISK	randomization in the project 480	0=control 1=intervention	N(1)	no
CHDRISK_COMMENT	randomization history project 480		C(200)	no
ALU	Art and Laboratory Update 2008 and 2009	1=no change necessary 2=update has been performed 3=answer based on incomplete source documents 4=source documents are no longer available	N(1)	yes
variable introduced in october 2008				
REG_PHYSICIAN_USER_ID	Consulting physician at registration	see ENTRY_USERPROFILE	N(11)	no
REG_STUDY_NURSE_USER_ID	Consulting study nurse at registration	see ENTRY_USERPROFILE	N(11)	no
PHYSICIAN_USER_ID	Consulting physician at most recent follow-up	see ENTRY_USERPROFILE	N(11)	no
STUDY_NURSE_USER_ID	Consulting physician at most recent follow-up	see ENTRY_USERPROFILE	N(11)	no
REG_CLINIC_ID	Clinic where patient was registered	see VAR_CLINIC	N(11)	no
CLINIC_ID		see VAR_CLINIC	N(11)	no
GEN_FILLED_OUT	Internal field that is required to keep	0=no	N(1)	no

	track whether the genetic testing consent needs to be filled out	1=yes			
OPPORTUNISTIC_INFECTION	Are there any opportunistic diseases up to this point (replaces the former item ASY in the disease table)	0=no 1=yes		N(1)	yes

8 variables introduced with the introduction of Django in August 2018

FUP

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
FUP_ID	automatically generated identifier for each record in FUP table		N(11)	no
£ **PK** FUPDATE	date of follow-up visit	dd/mm/yyyy yyyy > 1980	D	yes
£ EARNPRO	since last visit, part of income generated by Patient's job, including occasional jobs	1-100% blank=none	N(3)	yes
£ EARNINS	part of income provided by insurances *(up to December 1998 including unemployment benefits)*	1-100% blank=none	N(3)	yes
EARNUNE *variable introduced in January 1999*	part of income provided by unemployment benefits	1-100% blank=none	N(3)	yes
EARNREL	part of income provided by relatives (spouse, parents, children)	1-100% blank=none	N(3)	yes
EARNSAV	the patient lived from his savings	1-100% blank=none	N(3)	yes
EARNOTH	the patient had other sources of income	1-100% blank=none	N(3)	yes
£ EARNOTH_DET	specify which kind of other income the patient had	TEXT	C(40)	yes
EARN_NOI	part of income not specified	1-100% blank if 100% of resources known	N(3)	yes
* EARN_PERC *derived variable*	total (should sum up to 100%)	100%	N(3)	yes
£ ABILITY	ability to work, medical judgment,	0 to 100%	N(3)	yes

	average percentage during last month.			
ABILITY_NOI	when no information is available *(derived variable)*	1=no information	N(1)	yes
2 variables used until October 2012				
WORKED	number of hours the patient really worked during last month.	180 hours=42 hrs/week and 100% work 90 hours=50% work 36 hours=20% work Regular holidays are considered as worked hours	N(3)	yes
WORKED_NOI	when no information available *(derived variable)*	1=no information	N(1)	yes
2 variables no more recorded since January 1999				
£ *ND_HOSP	Was the patient hospitalized within the last six months?	1=yes 0=no 9=unknown	N(1)	yes
£ ND_CEN	number of hospitalization days at your center	0-200	N(3)	yes
ND_CEN_NOI	when no information is available *derived variable*	1=no information	N(1)	yes
£ ND_OTHER	number of hospitalization days in another institution	0-200	N(3)	yes
ND_OTHER_NOI	when no information is available *derived variable*	1=no information	N(1)	yes
£ ND_WHERE	if outside your center, specify where.	TEXT	C(30)	yes
5 variables used until July 2008				
ND_DRUG	was the hospitalization possibly due to severe toxicity of ART?	1=yes 0=no 9=unknown	N(1)	yes
ND_CVD	was the hospitalization due to cardiac or other vascular disease ?	1=yes 0=no	N(1)	yes

		9=unknown		
2 variables used between January 1999 and June 2008				
£ TAGS	special events and situations within the last six months(check all that applies) ***A*** *used until March 2007, succeeding* table = GYN ***B*** *used until August 2005, succeeding table = OBSTET_EVENT* ***C,D,E,F,G*** *used until March 2007, succeeding table = FUP* ***H*** *used from December 1998 until March 2000, succeeding table = CLINICAL* ***I*** *used from December 1998 until March 2000, succeeding table = CVRISK* ***X,Y*** *used from January 2001 until August 2005,* succeeding table = *OBSTET_EVENT* ***Z*** *used from August 2005 until March 2007, succeeding table = FUP*	A=presently pregnant B=given birth to a child C=psychiatric treatment D=legal problems E=in drug program (Methadone,Heroin,etc.) F=used i.v.drugs G=travel to tropics H=onset of diabetes I=lipodystrophy related to ART X=spontaneous abortion Y=induced abortion Z=fathered a child	C(7)	yes
£ *P_STEADY	steady partnership (with sexual intercourse) during the last six months.	1=yes 0=no 9=unknown	N(1)	no
£ P_NEG	if yes, with a known HIV-negative partner	1=yes 0=no	N(1)	no
£ P_STABLE_POS	with a known HIV-positive partner	1=yes 0=no	N(1)	no
P_XXX	with a partner with unknown HIV status	1=yes 0=no	N(1)	no
4 variables used between 1993 and March 2000				
P_NEG_CUSE	Did the patient use condoms with a known negative partner ?	1=yes,always 2=sometimes 3=rarely or never	N(1)	no
P_POS_CUSE	Did the patient use condoms with a known positive partner ?	1=yes,always 2=sometimes 3=rarely or never	N(1)	no

P_XXX_CUSE	Did the patient use condoms with a partner with unknown HIV status ?	1=yes,always 2=sometimes 3=rarely or never	N(1)	no
3 variables used between January 1999 and March 2000				
£ COMMENTS		TEXT	C(900)	no
FUP_A FUP_B - FUP_J	for additional center-specific variables	TEXT	C(16)	yes no
variables used until December 2016				
* S_ALONE	patient lives alone	1=applies 0=does not apply	N(1)	yes
S_SPOUSE	patient lives with his/her spouse	1=applies blank=does not apply	N(1)	yes
S_WOMAN	patient lives with his/her partner(woman)	idem	N(1)	yes
S_MAN	patient lives with his/her partner(man)	idem	N(1)	yes
S_FAMILY	patient lives with other members of the family	idem	N(1)	yes
S_CHILD	patient lives with a child/children less than 18 years old	idem	N(1)	yes
S_FRIENDS	patient lives with friends or in a community	idem	N(1)	yes
S_INSTITUTION	patient lives in an institution like a clinic or a prison	idem	N(1)	yes
8 variables introduced in April 2000				
* P_STABLE	steady partnership during the last six months	0=no 1=yes 9=refuse to answer blank=missing	N(1)	yes
P_STABLE_SEX	sexual intercourse (anal or vaginal)with the steady partner	0=no 1=yes 9=refuse to answer blank=missing	N(1)	yes

P_STABLE_CUSE	Did the patient use condoms with his/her steady partner?	a=yes,always b=sometimes c=rarely or never d=refuse to answer blank=missing	C(1)	yes
P_STABLE_POS	HIV status of his/her steady partner	a=HIV positive b=HIV negative c=unknown HIV status d=refuse to answer blank=missing	C(1)	yes
* P_OCCAS	occasional partners during the last six months	0=no 1=yes 9=refuse to answer blank=missing	N(1)	yes
P_OCCAS_SEX	sexual intercourse (anal or vaginal) with occasional partners	0=no 1=yes 9=refuse to answer blank=missing	N(1)	yes
P_OCCAS_CUSE	Did the patient use condoms with occasional partners?	a=yes,always b=sometimes c=rarely or never d=refuse to answer blank=missing	C(1)	yes
7 variables introduced in April 2000				
* STD_PARTNER	Treatment of STD since last follow-up due to infection from partner?	0=no 1=yes 9=unknown	N(1)	no
LIBIDO	Patient’s estimation about lack of sexual desire	1=often 2=sometimes 3=rarely 4=never 5=doesn’t know 6=refuse to answer	N(1)	yes
ERECTION	Frequency of erection problems	1=often 2=sometimes	N(1)	yes

		3=rarely 4=never 5=doesn't know 6=refuse to answer		
2 variables used between December 2009 and January 2013. References [1]				
ACTIVITY_H	Did the patient do housework during the last six months	0=no 1=yes 9=unknown	N(1)	yes
ACTIVITY_HH	If yes, number of hours in a week		N(2)	yes
2 variables used between December 2009 and January 2013.				
* ACTIVITY_W	Work related physical activity	1=doesn't work 2=sedentary activity 3=standing activity 4=walks often 5=intense activity 8=house wife/house husband	N(1)	yes
Until January 2013, house wife/house husband has been reported under code 1				
* ACTIVITY_L	Physical activity in free time (10-20 min. rapid walking or fitness training)	1=never 2=1-2 times in a month 3=3-4 times in a month 4=1-2 times in a week 5=3-4 times in a week 6=≥5 times in a week	N(1)	yes
YF_VACCIN	Has the patient been vaccinated against yellow fever since last follow up?	0=no 1=yes 9=unknown	N(1)	yes
3 variables introduced in December 2009, YF_VACCIN reported until December 2015				
ALCOHOL	Did the patient consume alcohol at least once a week during the last six months?	0=no 1=yes 9=refuses to answer	N(1)	yes
ALCOHOL_CONS	estimated average daily alcohol consumption (g/day)		N(6,3)	yes
2 variables reported between August 2005 and January 2013				
* ALC_FREQ	Frequency of alcohol consumption *(if this variable is answered "never", the variables ALC_QUANT and ALC_BINGE*	1=never 2=monthly or less 3=2-4 times monthly	N(1)	yes

	will not be reported)	4=2-3 times weekly 5=4 times or more weekly 9=no answer		
ALC_QUANT	Number of alcohol containing drinks on a typical day when the patient is drinking	1=1or2 2=3or4 3=5or6 4=7-9 5=10 or more	N(1)	yes
ALC_BINGE	Frequency of consuming six or more alcohol containing drinks on one occasion	1=never 2=less than monthly 3=monthly 4=weekly 5=daily or almost daily	N(1)	yes
3 variables introduced in January 2013. References [2]				
COG_FREQ	Is the patient aware of frequent memory loss in normal daily life?	0=never 1=hardly ever 2=yes, definitely	N(1)	yes
COG_CONC	Does the patient experience difficulties in paying attention in normal daily life?	0=never 1=hardly ever 2= yes, definitely	N(1)	yes
COG_SLOW	Is the patient aware of slowing down in reasoning or solving problems?	0=never 1=hardly ever 2= yes, definitely	N(1)	yes
3 variables introduced in February 2013. References [3]				
* FATHERED	Did the patient become the father of a child? (for women, systematically **0=no**)	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes
variable used until January 2020				
* PSYCHIATRIC	treatment by a psychiatrist	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes

* PRISON	imprisoned since last visit	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes
DRUG_PROG	in drug substitution program	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes
* TROPICS	traveled to the tropics	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes

5 variables introduced between January and April 2007 (replace Tags Z,C,D,E,G)
time of investigation is since six months in case of a recruitment or since last visit in case of a regular follow up

DEPRESSION	suffered from depression	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes
ANTIDEPRESS	treated with antidepressants	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes

variable used between July 2008 and January 2020

DIAG_PSY	depression diagnosed by psychiatrist	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes
DIAG_OTHER_PHYS	depression diagnosed by other physician	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes

4 variables introduced in July 2008

DEPR_FIRSTEVENT	First diagnosis of depression?	0=no 1=yes 9=unknown	N(1)	yes

DEPR_DIAGTOOL	Depression diagnostic tool that was used	1=Two question screening 2=DSM V criteria 3=Other approved tool 4=Other 9=Unknown	N(1)	yes
DIAG_SHCS_PHYS	Was depression diagnosed by SHCS physician?	0=no 1=yes 9=unknown	N(1)	yes
3 variables introduced in May 2016				
HERO_IV	Did the patient inject heroin?	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes
HERO_IV_F	indicates the frequency of heroin injection	d=daily w=weekly m=monthly l=less frequently u=unknown	C(1)	yes
COCA_IV	Did the patient inject cocaine? 1=yes	0=no 9=patient did not answer blank=physician did not reply	N(1)	yes
COCA_IV_F	indicates the frequency of cocaine injection	d=daily w=weekly m=monthly l=less frequently u=unknown	C(1)	yes
OTHER_IV	Did the patient inject other drugs?	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes
OTHER_IV_DRUG	name of other injected drug	Text	C(50)	yes

OTHER_IV_F	indicates the frequency of other drug injection	d=daily w=weekly m=monthly l=less frequently u=unknown	C(1)	yes
HERO_NI	Did the patient consume heroin by other way than injection?	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes
HERO_NI_F	indicates the frequency of non injected heroin consumption	d=daily w=weekly m=monthly l=less frequently u=unknown	C(1)	yes
COCA_NI	Did the patient consume cocaine by other way than injection?	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes
COCA_NI_F	indicates the frequency of non injected cocaine consumption	d=daily w=weekly m=monthly l=less frequently u=unknown	C(1)	yes
CANA_NI	Did the patient consume cannabis?	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes
CANA_NI_F	indicates the frequency of cannabis consumption	d=daily w=weekly m=monthly l=less frequently u=unknown	C(1)	yes

OTHER_NI	Did the patient consume other drugs?	0=no 1=yes 9=patient did not answer blank=physician did not reply	N(1)	yes
OTHER_NI_DRUG	name of other drug(s) consumed	Text	C(50)	yes
OTHER_NI_F	indicates the frequency of non injected other drug consumption	d=daily w=weekly m=monthly l=less frequently u=unknown	C(1)	yes

16 variables introduced in April 2007
period of investigation is for the last six months

* ANAL_CANCER	Has an Anal Cancer Screening been done Since last follow-up?	0=no 1=yes 9=unknown	N(1)	yes
ANAL_CANCER_METH	Method of Anal Cancer Screening	1=Cytology 2=Anoscopy 3=Cytology & Anoscopy 9=Unknown	N(1)	yes
ANAL_CANCER_DATE	Date of Anal Cancer Screening		D	yes

3 variables introduced in August 2010

ND_RESIST	Was a resistance test performed since last follow-up?	0=no 1=yes 9=unknown	N(1)	no
ND_DISEASE	Did the patient have a disease listed in VAR_DISEASE since last follow-up?	0=no 1=yes 9=unknown	N(1)	no
ND_SNOI	Did the patient have a SNOI (Serious Non-Opportunistic Infection) since last follow-up?	0=no 1=yes 9=unknown	N(1)	no
ND_STD	Did the patient have an STD since last follow-up?	0=no 1=yes 9=unknown	N(1)	no

ND_CLINICAL	Did the patient have a clinical event listed in VAR_CLINICAL since last follow-up?	0=no 1=yes 9=unknown	N(1)	no
ND_DEXA	Was a DEXA done since last follow-up?	0=no 1=yes 9=unknown	N(1)	no
ND_FIBROSCAN	Did the patient have a fibroscan since last follow-up?	0=no 1=yes 9=unknown	N(1)	no
ND_BIOPSY	Did the patient have a biopsy since last follow-up?	0=no 1=yes 9=unknown	N(1)	no
* MEDICATION_UPDATED	Has the medication been updated for this follow-up?	0=no 1=yes 9=unknown	N(1)	no
9 variables introduced with the introduction of Django in August 2018				
£ *PHYSICIAN, PHYSICIAN_USER_ID, STUDYNURSE, STUDY_NURSE_USER_ID, CENTER2, CLINIC_ID SETTING and SOURCE	These variables correspond to the situation at the present follow-up			yes
£ *CENTER1	center where participant was recruited	see table CENTER	N(2)	no
£ CONSENT2_DATE	date of late consent: if the patient has not given formal consent at registration; or if a patient who wanted to discontinue reenters the study; or if a patient confirms his /her consent by signature.	dd/mm/yyyy yyyy>=1980	D	yes
variable introduced in February 1996				
£ CONSENT2_SIGN	signature of the person who confirms to have informed the patient about the methods and aims of the Cohort Study and that the patient has given his/her **verbal consent.**	name of signatory	C(20)	yes
variable introduced in February 1996				
W_CONSENT	Has the patient signed this late consent?	1=yes	N(1)	no

		blank=no		
variable introduced in July 2001				
POINT	number of points attributed to this visit half price is paid for delayed data reporting of more than 4 months (129 days between FUPDATE and RECEPTIONDATE)	1 (full payment) 0.5 (half price)	N(2.1)	no
INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
INS_USER	data manager who entered the data	first letter of first name and up to 5 letters of name	C(50)	no
UPD_USER	data manager who modified the data	see INS_USER	C(50)	no
RECEPTIONDATE	date the form arrived at data center	dd/mm/yyyy	D	no
3 variables introduced in December 2009				
STATUS	indicates whether follow-up data is being filled in by physician/study nurse, being reviewed by research associate, submitted to the data center or approved by data manager	I=in progress R=in review S=submitted F=finalized	C(1)	no
MISSING_INFO	Did you ask the clinic for missing information? (used for Django ticketing system)	0=no 1=yes	N(1)	no
SUBMITTED_ON_PAPER	Is this follow-up filled out on paper?	0=no 1=yes	N(1)	no
3 variables introduced with the introduction of Django in August 2018				
P_STABLE_OSEX	During the last six months, did you have oral sexual intercourse with your steady partner?	0=no 1=yes 9=no answer	N(1)	yes
P_OCCAS_OSEX	Did you have oral sexual intercourse with occasional partners?	0=no 1=yes 9=no answer	N(1)	yes

P_OCCAS_NUMBER	How many occasional partners did you have sex with (oral/vaginal/anal, estimated number) within the last 3 months?		N(11)	yes

3 variables introduced in April 2020

ND_STD_SCREENING	Was an STD screening done?	0=no 1=yes 9=unknown	N(1)	yes

ALL_FUPS

Table added to Export in June 2020, contains all follow ups irrespective of status

Variable	DEFINITION	VALUES	TYPE	ACCESS
STATUS	current status of a given follow up	I=in progress R=in review S=submitted F=finalized	C(1)	yes
ID, FUPDATE, PHYSICIAN, STUDYNURSE, CENTER2, SOURCE		see table FUP		

COVID

Table introduced in April 2020, extracted from FUP

Variable	DEFINITION	VALUES	TYPE	ACCESS
ID	patient's personal identification number	see table PAT	N(5)	yes
FUPDATE	date of follow-up visit	dd/mm/yyyy yyyy > 1980	D	yes
COV_PCR_TEST	Did the patient have a PCR test for corona virus infection (SARS-CoV-2) since the last follow-up?	0=no 1=yes 9=unknown	N(1)	yes
COV_PCR_RESULT	What was the result of the PCR test?	P = positive N = negative B = borderline unknown	C(1)	yes
COV_PCR_DATE	PCR test date	dd/mm/yyyy	D	yes
COV_INFECTION_HOSP	Was the patient hospitalized (due to SARS-CoV-2)?	0=no 1=yes	N(1)	yes
COV_INFECTION_HOSP_INTENSIDAEC	Intensive care?	0=no 1=yes	N(1)	yes
COV_CONTACT	Had the patient contact with a person with a Documented SARS-CoV-2 infection?	0=no 1=yes 9=unknown	N(1)	yes
COV_AB_TEST	Did the patient have an antibody test for corona virus infection (SARS-CoV-2) since the last follow-up?	0=no 1=yes 9=unknown	N(1)	yes
COV_AB_RESULT	What was the result of the antibody test?	P = positive N = negative B = borderline	C(1)	yes

		unknown			
COV_AB_DATE	Antibody test date	dd/mm/yyyy	D	yes	

STIGMA

Table introduced in March 2020

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK STIGMA_ID	automatically generated identifier for each record in STIGMA table		N(11)	no
PK FUP_ID	links to follow-up during which STIGMA questionnaire was assessed		N(11)	no
STIGMA_DATE	Date of stigma questionnaire	dd/mm/yyyy	D	yes
QUES_GUILTY	"I feel guilty because I have HIV"	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes
QUES_ATTITUDE	"People's attitude about HIV makes me feel worse about myself"	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes
QUES_TELLING	"Telling someone I have HIV is risky"	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes
QUES_SECRET	"I work hard to keep my HIV a secret"	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes
QUES_GOOD_PERSON	"I feel I am not as good a person	1=strongly disagree	N(1)	yes

	as others because I have HIV”	2=disagree 3=agree 4=strongly agree 5=not applicable		
QUES_OUTCAST	“People with HIV are treated like outcasts”	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes
QUES_BELIEVE	“Most people believe that a person who has HIV is ‘dirty’”	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes
QUES_CAREFUL	“I am very careful who I tell that I have HIV”	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes
QUES_UNCOMFORTABLE	“Most people are uncomfortable around someone with HIV”	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes
QUES_TOUCHING	“Some people avoid touching me once they know I have HIV”	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes
QUES_CALLING	“People I care about have stopped calling after learning I have HIV”	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes

QUES_LOST_FRIENDS	"I have lost friends by telling them I have HIV"	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes
QUES_DISCRIMINAION	Have you ever felt discriminated against through having HIV when receiving medical care (e.g. from the way the treating doctors or nurses spoke to you, in the Emergency Department, by your dentist, your gynecologist, your family doctor, etc.)	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes
QUES_WORRY	Are you worried that your HIV status might be divulged by medical personnel to others? (e.g. to other doctors/nurses, your dentist your gynecologist, your family, friends or employer)	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes
QUES_DISCUSS	"I am glad to have been able to discuss this subject with my doctor today"	1=strongly disagree 2=disagree 3=agree 4=strongly agree 5=not applicable	N(1)	yes
COMMENTS			C(500)	yes
INPUTDATE	date of input	dd/mm/yyyy	D	no
AMENDDATE	date of last modification	dd/mm/yyyy	D	no

LAB

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK LAB_ID	automatically generated identifier for each record in LAB table		N(11)	no
£ PK LABDATE	date of laboratory tests, use the date of hematology The laboratory test date corresponding to the cohort visit must be within 30 days of the visit date	dd/mm/yyyy yyyy > 1980	D	yes
FUP_ID	links lab results to follow-up visit		N(11)	no
£ *CD4DATE	date of CD3/4/8 counts, must be within 30 days of the LABDATE.	dd/mm/yyyy yyyy > 1980	D	yes
LAB0	codes defining laboratory where HIV-RNA and CD4 were analyzed; if these items have been analyzed in different laboratories, choose HIV-RNA lab. *(warning: spelling of LABO is LABzero)*	see table VAR_LABORATORY	N(2)	no
£ LEU	Leucocytes **[cells per µl]**	Warning:<1001 or >13643 Error:<81 or >87060 blank=missing	N	yes
£ HEM	Hemoglobin [g/dl]	Warning:<7.1 or >17.4 Error:<3.7 or >21.6 blank=missing	N	yes
£ PLA	Platelets [10^9/l]	Warning:<8 or >485 Error:=0 or >2106 blank=missing	N	yes

£ LYM	Lymphocytes **[cells per µl]**	Warning:<101 or >5299 Error:=0 or >84450 blank=missing	N	yes
£ LYMP	Lymphocytes as % of leucocytes	0-120% blank=missing	N	yes
£ CD3	CD3 [cells per µl]	Warning:<41 or >4274 Error:>14270 blank=missing	N	yes
£ CD3P	CD3 as % of Lymphocytes	0-120% blank=missing	N	yes
£ CD4	CD4 [cells per µl]	Warning:>1482 Error:>3692 blank=missing	N	yes
£ CD4P	CD4 as %of Lymphocytes	0-120% blank=missing	N	yes
£ CD8	CD8 [cells per µl]	Warning:<33 or >3527 Error:>12760 blank=missing	N	yes
£ CD8P	CD8 as % of lymphocytes	0-120% blank=missing	N	yes

To compare CD3, CD4 and CD8 values measured prior to 1995 with more recent data you might have to apply a correction factor.

£ RNA *variable introduced in July 1995*	HIV-1 Viral load (copies/ml) measured within 10 days of the LABDATE (for method 2: RNA values below 50 c/ml might not be reliable. For statistical analysis we recommend to treat them as "<50 c/ml")	Warning:>1.6 Mio Error:>600 Mio 0=undetectable blank=missing	N	yes
£ RNA_LIMIT *variable introduced in April 1998*	Detection limit	1-1000 blank = unknown	N	yes
£ RNA_METHOD	Method used to measure HIV viral load	1=Amplicor standard 2=local ultrasensitive (based on Amplicor)	N(1)	yes

		3=Cobas-TaqMan 96 (version 1 2005) 4=Abbott real time 5=Cobas-Taqman (version 2 2009) 6=Cobas 4800 and 6800/8800 8=PERT Assay blank=missing 9= unknown"		
variable introduced in January 1999				
£ WEIGHT	weight in kg, decimal points should be rounded up or down to the nearest even number.	30-150kg blank=missing	N(3)	yes
since April 2000 this item is documented in table CVRISK				
£ CELLS_TAKEN	blood taken for cell storage	1=yes 0=no	N(1)	yes
£ SERUM_TAKEN	blood taken for serum storage	1=yes 0=no	N(1)	yes
£ PLASMA_TAKEN *variable introduced*	blood taken for plasma storage *July 1995*	1=yes 0=no	N(1)	yes
PELLET_TAKEN *variable introduced*	blood taken and cell pellet stored *July 1995*	1=yes 0=no	N(1)	yes
DNA_TAKEN *variable introduced*	blood taken for DNA extraction *October 2014*	1=yes 0=no	N(1)	yes
£ SAMPLE_DAY	date of blood sampling, the SAMPLE_DAY must be within 30 days of the LABDATE	dd/mm/yyyy	D	yes
£ SAMPLE_TIME	time of blood sampling (midnight as a default value)	hh/mm	D	yes
£ TBC	tuberculin skin reactivity	N=negative B=borderline P=positive, blank=missing	C(1)	yes
£ TBC_TSR	diameter of skin induration	5-80mm	N	yes
£ TBC_TESTDATE	date when the tuberculin test was performed; the test must be performed within 365 days before the corresponding LABDATE or within	dd/mm/yyyy	D	yes

	30 days after this LABDATE			
TBI	Result of Interferon based screening test of TBC	N=negative B=borderline P=positive, blank=missing	C(1)	yes
TBI_METHOD	method of the test	1=Quantiferon in-tube 2=Quantiferon liquid 3=Tbspot 4=Other 9=Unknown	N(1)	yes
TBI_TESTDATE	date when the interferon test was performed	dd/mm/yyyy	D	yes
3 variables introduced in July 2008				
Hepatitis B				
£ AGHBS	qualitative result of Ag-HBs-test	N=negative B=borderline P=positive, blank=missing	C(1)	yes
£ ANTIHBS	qualitative result of Anti-HBs-test	N=negative B=borderline P=positive, blank=missing	C(1)	yes
£ ANTIHBC	qualitative result of Anti-HBc-test	N=negative B=borderline P=positive, blank=missing	C(1)	yes
£ HEB_DATE	date of test	dd/mm/yyyy	D	yes
4 variables introduced in April 1998				
AGHBE	qualitative result of HBe-Ag-test	N=negative B=borderline P=positive, blank=missing	C(1)	yes
AGHBE_DATE	date of test	dd/mm/yyyy	D	yes
ANTIHBE	qualitative result of Anti-HBe-test	N=negative B=borderline P=positive, blank=missing	C(1)	yes
ANTIHBE_DATE	date of test	dd/mm/yyyy	D	yes

ANTIHDV	qualitative result of Anti-HDV	N=negative B=borderline P=positive, blank=missing	C(1)	yes
ANTIHDV_DATE	date of test	dd/mm/yyyy	D	yes
HBVDNA	Hepatitis B DNA viral load, result from quantitative test	0=undetectable	N	yes
HBVDNA_LIMIT	If HBVDNA is undetectable in quantitative test, indicate detection limit of the test		N	yes
HBVDNA_DATE	date of HBVDNA test	dd/mm/yyyy	D	yes
HBVDNA_METH	method of the HBVDNA test	1=Amplicor 3=Cobas-Taqman 4=Abbott 5=Cobas-Taqman version 2	N	yes
HBVDNA_UNIT	units used for HBVDNA and HBVDNA_LIMIT	1=copies/ml 2=IU/ml	N(1)	yes
HBVDNA_QUAL	Hepatitis B DNA result from qualitative test	N=negative B=borderline P=positive, blank=missing	C(1)	yes
12 variables introduced in August 2005				
HBV_GEN	HBV genotype and subtype		C(5)	not yet
HBV_GEN_DATE	date of the HBV genotype test	dd/mm/yyyy	D	not yet
2 variables for future use				
SYPH_METHOD	method of syphilis screening	1=TPHA/TPPA 2=Liaison (CLIA) 3=Architect (CMIA)	N(1)	yes
Variable introduced in July 2008		4=IgG/IgM (Elecsys Syphilis Immunoassay))		
£ SYPH_Q	qualitative result of screening test and interpretation of quantitative result	N=negative B=borderline, traces P=positive, blank=missing	C(1)	yes
SYPH	quantitative result of screening test	ex.: if 1:320, enter 320	N	yes

Variable introduced in August 2004

£ VDRL_Q	qualitative result of VDRL test	N=negative B=borderline P=positive, blank=missing R=reactive	C(1)	yes
£ VDRL	VDRL-Titre	ex.: if 1:64, enter 64	N(15)	yes
VDRL_METHOD	method for serologic test for syphilis	1=VDRL (Veneral Disease Research Laboratory) 2=RPR (Rapid Plasma Reagin)	N(1)	yes
£ SYPH_DATE	date of screening test	dd/mm/yyyy	D	yes
£ CMV	qualitative result of CMV IgG test	N=negative B=borderline P=positive, blank=missing	C(1)	yes
£ CMV_DATE	date of test	dd/mm/yyyy	D	yes
£ TOXO	qualitative result of Toxo IgG test	N=negative B=borderline P=positive, blank=missing	C(1)	yes
£ TOXO_DATE	date of test	dd/mm/yyyy	D	yes
Hepatitis C				
£ ANTIHCV	qualitative result of Anti-HCV-test (even from first generation tests)	N=negative B=borderline P=positive, blank=missing	C(1)	yes
£ HEC_DATE	date of test	dd/mm/yyyy	D	yes
2 variables introduced in April 1998				
HCV_GEN	HCV genotype and subtype The genotype is represented here by a number between 1 and 6 and the subtype by a capital letter. If the subtypes cannot be identified precisely, mention all options separated by a slash. If the subtype is indeterminable:	ex :1A ex : 4C/4D indet	C(8)	yes

HCV_GEN_DATE	date of the genotype test	dd/mm/yyyy	D	yes
HCV_RNA_QUAL	Hepatitis C RNA, result from qualitative test	N=negative P=positive blank=missing	C(1)	yes
HCV_RNA	Hepatitis C RNA viral load, result from quantitative test	0=undetectable	N	yes
HCV_RNA_LIMIT	If HCV_RNA is undetectable in quantitative test, indicates detection limit of the test		N	yes
HCV_RNA_UNIT	units used for HCV_RNA and HCV_RNA_LIMIT	1=copies/ml 2=IU/ml	N(1)	yes
HCV_RNA_DATE	date of the HCV_RNA or HCV_RNA_QUAL result *If missing, use LABDATE*	dd/mm/yyyy	D	yes
HCV_RNA_METH	methods of the HCV_RNA or HCV_RNA_QUAL test commercial branched DNA tests are 'Quantiplex' from Chiron and 'Versant' from Bayer TMA stands for transcription-mediated amplification	0=other **quantitative :** 1=RT-PCR Amplicor 2=branched DNA 3=Cobas_TaqMAN 4=Abbott Realtime HCV 5=Cobas_Taqman version 2 **qualitative :** 6=Cobas 4800 and 6800/8800 7=RT-PCR Amplicor 8=TMA 9=unknown	N(1)	yes
7 variables introduced in February 2002 and HCV_RNA_QUAL in June 2002				
£ AGP24_Q	qualitative result of AntigenP24	N=negative B=borderline P=positive, blank=missing	C(1)	yes
variable introduced in February 1996				
£ AGP24	p24 Antigen [pg/ml]	0-99999 blank=missing	N	yes
£ ICDP24_Q	qualitative result of ICDP24	N=negative P=positive	C(1)	yes

variable introduced in February 1996		B=borderline blank=missing		
£ ICDP24 *variable introduced in July 1995* *2 variables reported until August 2005*	ICD p24 Antigen [pg/ml]	0-9999 blank=missing	N	yes
LAB_A	for center specific data	TEXT	C(20)	yes
LAB_B - LAB_J			C(20)	no
£ COMMENTS		TEXT	C(200)	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
£ *PHYSICIAN,PHYSICIAN_USER_ID,STUDYNURSE,STUDY_NURSE_USER_ID,CENTER2,SETTING and SOURCE	these variables correspond to the situation of the current record			yes
*CENTER1	center where participant was recruited		N(2)	no
STATUS_REC	Indicates if values are in range. *derived variable*	0=usual range for HIV patients 1=unusual range 2=impossible range	N(1)	yes
FLAG		1=from systematic update 1996 blank=routine	N(2)	no
FUP_LAB	Indicates if the laboratory test corresponds to a cohort visit or not.	0=no 1=yes	N(1)	yes
IMPORT		A=electronic transfer without modification B=electronic transfer modified by Data Center X=import excel files blank=manual entry	C(1)	yes

INS_USER	Name of data manager who inserted data	C(50)	no

HIV2_RNA

Table introduced in March 2010 (with import of historic data)

Variable	DEFINITION	VALUES	TYPE
PK ID	patient's personal identification number	see table PAT	N(5)
PK RNA_DATE	Date of analysis		D
RNA_VALUE	Result of HIV 2 viral load measurement or estimation based on PERT assay	0=undetectable	N(9)
RNA_LIMIT	Detection limit		N(3)
RNA_METHOD	Method used to measure HIV 2 viral load	1=PCR (non commercial) 8=PERT assay	N(1)
RNA_UNIT	units used for RNA_VALUE and RNA_LIMIT	1=copies/ml	N(1)
ACTIVITY	reverse Transcriptase activity (nU/ml)		N(9)
COMMENTS			C(250)

LAB2

Table introduced in April 2000

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK LAB2_ID	automatically generated identifier for each record in LAB2 table		N(11)	no
£ PK LABDATE	date of test	dd/mm/yyyy	D	yes
£ PK ITEM	type of test	see table VAR_LAB2	C(5)	yes
FUP_ID	links lab results to follow-up visit		N(11)	no
£ FASTING	was the patient fasting ? if there is any doubt as to whether the patient was fasting at the time when blood was drawn, code 'no'.	0=no 1=yes	N(1)	yes
£ *VALUE	test result for urine strip tests:	 0=normal 1= corresponds to result + 2 = ++; 3 = +++ 9=undetermined	N	yes
Until summer 2015, any positive result was often coded = 1				
£ NORM_SUP	superior limit of the normal range		N	yes
£ NORM_INF	inferior limit of the normal range		N	yes
*INPUTDATE	date of input (automatic)	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
£ * PHYSICIAN,PHYSICIAN_USER_ID,STUDYNURSE,STUDY_NURSE_USER_ID,CENTER2,SETTING and SOURCE	these variables correspond to the situation of the current record			yes
*CENTER1	center where participant was recruited	see table CENTER	N(2)	no

IMPORT		A=electronic transfer without modification B=electronic transfer modified by Data Center F=electronic import using the FIRE tool X=import excel files blank=manual entry	C(1)	no
COMMENTS		TEXT	C(200)	yes
INS_USER	Name of data manager who inserted data		C(50)	no

BLOOD

Export into Access only for available samples

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK BLOOD_ID	automatically generated identifier for each record in BLOOD table		N(11)	no
£ PK LABDATE	It has to correspond to the date of a laboratory test made at a cohort visit.	dd/mm/yyyy	D	yes
£ PK S_TYPE		S=serum P=plasma C=viable blood mononuclear cells D=cell pellet T=temporarely thawed cells X=sample for DNA extraction	C(1)	yes
£ PK S_ID	blood sample identification number allowing the localization of the sample in the laboratory		C(20)	yes
LAB	links blood samples to lab results, equivalent to LAB_ID in LAB table		N(11)	no
FUP_ID	links blood samples to follow-up visit		N(11)	no
£ S_TIME	time when the freezing was done (in the ORACLE database as seconds)	hh/mm	N	yes
£ *S_NRAL	number of aliquots		N	yes
£ *S_SIZE	size of the aliquot	for S_TYPE=S,P,D in ml for S_TYPE=C in mio of peripheral mononuclear cells for S_TYPE=X in microlitres	N	yes
£ S_ND	shows when the freezing was done: the same	0=same day	N(1)	yes

	day or the day after the blood sampling	1=next day		
IN_STOCK	number of aliquots still available	derived variable	N	yes
variable introduced in 1997				
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
£ * PHYSICIAN,PHYSICIAN_USER_ID,STUDYNURSE,STUDY_NURSE_USER_ID,CENTER2,SETTING and SOURCE	these variables correspond to the situation of the current record			no
*CENTER1	center where participant was recruited	see table CENTER	N(2)	no
TUBE	tube used for blood sampling	C=CPT (**c**ell **p**reparation **t**ube) E=EDTA P=PPT (plasma preparation tube)(since 07/2009)	C(1)	yes
LAB_STOCK	codes defining laboratory where sample is stored	see table VAR_LABORATORY	N(2)	yes
variable introduced in November 2012				
COMMENTS	We recommend including the COMMENT field in requests of blood samples.	TEXT	C(200)	no
variable introduced in August 2010				
S_CONCENTRATION	Concentration of the DNA sample in stock		N	no
S_VOLUME	Volume of the DNA		N	no
S_REF	Identification number allowing for the concentration in DNA		C(50)	no
3 *variables introduced in June 2015*				
S_TIME_DJANGO	Technical variable to generate S_TIME	dd/mm/yyyy hh:mm:ss	D	no
3 *variables introduced with the introduction of Django in August 2018*				

BLOODOUT

Variable	DEFINITION	VALUES	TYPE	ACCESS
*ID	patient's personal identification number	see table PAT	N(5)	no
*S_DATEOUT	date when sample has been used	dd/mm/yyyy	D	no
*S_ID	blood sample identification number allowing the localization of the sample in the laboratory		C(20)	no
*S_TYPE		S=serum P=plasma C=cells D=cell pellet (DNA) X=sample for DNA extraction	C(1)	no
S_WHO	principal investigator	SURNAME	C(30)	no
S_COM	the project, sample has been used for	TEXT	C(150)	no
S_SIZE	size of the aliquot	see table BLOOD	N(4)	no
*S_OUT	number of aliquots used		N(4)	no
LABDATE	date of laboratory test when blood has been drawn for blood storage	dd/mm/yyyy	D	no
*INPUTDATE	date of input	dd/mm/yyyy	D	no
AMENDDATE	date of last modification	dd/mm/yyyy	D	no
OK	technical variable	0=no corresponding sample in BLOOD 1=import successful 2=variable in stock updated	N(1)	no
IMP_FILES	link to original file		C(100)	no

S_CONCENTRATION	concentration of DNA samples	in ng/µL	N	no
S_VOLUME	volume of DNA sample	in µL	N	no

two variables introduced in 2015

DIS

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK £ DISEASE	every disease has a three letter code; code KAC (cachexia) and MUD (numerous multiple diseases) are registered on the STOP-form.	see list in table VAR_DISEASE	C(5)	yes
PK DISEASE_ID	automatically generated identifier for each record in DIS table		N(11)	no
PK £ NEWDATE	date when the disease first appeared.	dd/mm/yyyy (must be greater or equal to year of birth)	D	yes
FUP_ID	links to follow-up visit when disease was Diagnosed		N(11)	no
£ DIAGNOSIS	quality of diagnosis	D=definitive P=presumptive null=not relevant	C(1)	yes
£ COMMENTS		TEXT	C(200)	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
FLAG		1=from systematic update 1996 blank=routine	N(2)	no
£ * PHYSICIAN,PHYSICIAN_USER_ID,STUDYNURSE,STUDY_NURSE_USER_ID,CENTER2,SETTING and SOURCE	these variables correspond to the current record			yes
*CENTER1	center where participant was recruited	see table CENTER	N(2)	no

CHECK_DATE	the date the checking chart for the non-Aids defining cancers has been sent to D.A.D.	dd/mm/yyyy	D	yes
PAID_DATE	Date when the checking chart has been paid	dd/mm/yyyy	D	yes
CHECK_CHART	Check chart for patient not in DAD	1=checking chart to be paid 2=checking chart not to be paid	N	yes
RELAPSE	Diagnosis is a relapse	0=no 1=yes 9=unknown	N(1)	no

variable introduced in August 2018 (the two tables DIS_REL and DIS were merged)

DIS_REL (since August 2018 VIEW, no TABLE anymore)

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK DISEASE	Relapses of diseases already documented in the table DIS. Every disease has a three letter code. Relapses can only be noted for specific diseases (see FLAG1 in VAR_DISEASE)	see list in table VAR_DISEASE	C(5)	yes
£ PK RELDATE	date when relapse appeared	dd/mm/yyyy > NEWDATE	D	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
*PHYSICIAN, STUDYNURSE, CENTER2, SETTING and SOURCE	these variables correspond to the current record.			yes
*CENTER1	center where participant was recruited	see table CENTER	N(2)	no
COMMENTS		TEXT	C(200)	no

STD

Table introduced in September 2017 (STD = sexually transmitted disease)

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK STD_ID	automatically generated identifier for each record in STD table		N(11)	no
PK STD_DATE	Date of infection diagnosis	dd/mm/yyyy	D	yes
PK TYPE	Type of infection	1=Gonorrhea 2=Syphilis 3=Chlamydia 4=Other	N(1)	yes
FUP_ID	links to follow-up visit in FUP table when assessment of STD was done)		N(11)	no
OTH_SPEC	if TYPE = 4, specification of infection type	TEXT	C(100)	yes
SYPH_TYPE	Subtype of infection if TYPE = 2	1=Primary 2=Secondary 3=Tertiary 4=Latent 9=Unknown	N(1)	yes
CHLAM_LGV	LGV infection if TYPE = 3	0=no 1=yes	N(1)	yes
STD_SYMPTOMS	Symptoms of the STD	0=Asymptomatic 1=Symptomatic 9=Unknown	N(1)	yes
SITE_KNOWN	Is site of infection known?	0=no 1=yes	N(1)	yes
SITE_ORAL	Oral infection	0=no	N(1)	yes

		1=yes		
SITE_GENITAL	Genital infection	0=no 1=yes	N(1)	yes
SITE_ANAL	Anal infection	0=no 1=yes	N(1)	yes
SITE_DISS	Disseminated infection	0=no 1=yes	N(1)	yes
COMMENTS		Text	C(250)	yes
INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
PRESUMPTIVE	Is the diagnosis presumptive? (That means: A syndromic approach, no or negative diagnostic)	0=no 1=yes 9=unknown	D	yes

variable introduced in January 2020

SNOI

Table introduced in September 2017 (SNOI = serious non-opportunistic infection)

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	Patient's personal identification number	see table PAT	N(5)	yes
PK SNOI_DATE	Date of SNOI	dd/mm/yyyy	D	yes
PK SNOI_ID	automatically generated identifier for each record in SNOI table		N(11)	no
FUP_ID	links to follow-up visit in FUP table		N(11)	no
HOSP_STAY	Stay in hospital	0=no 1=yes	N(1)	yes
ICU_STAY	If yes, stay in intensive care?	0=no 1=yes	N(1)	yes
SITE_KNOWN	Is site of infection known?	0=no 1=yes	N(1)	yes
SITE_DISS	Disseminated, e.g. bacteria	0=no 1=yes	N(1)	yes
SITE_URT	Upper respiratory tract	0=no 1=yes	N(1)	yes
SITE_LRT	Lower respiratory tract	0=no 1=yes	N(1)	yes
SITE_URI	Urinary tract	0=no 1=yes	N(1)	yes
SITE_FRT	Female reproduction tract	0=no 1=yes	N(1)	yes
SITE_ENDO	Endocarditis	0=no	N(1)	yes

		1=yes		
SITE_INTRA	Other intravascular infection	0=no 1=yes	N(1)	yes
SITE_CNS	CNS infection	0=no 1=yes	N(1)	yes
SITE_SKIN	Skin, soft tissue	0=no 1=yes	N(1)	yes
SITE_JOINT	Joint	0=no 1=yes	N(1)	yes
SITE_BONE	Bone	0=no 1=yes	N(1)	yes
SITE_ABDO	Abdominal infection	0=no 1=yes	N(1)	yes
SITE_OTH	Other	0=no 1=yes	N(1)	yes
SITE_OTH_SPEC	If SITE_OTH = 1, specify other site of infection	TEXT	C(100)	yes
AGENT_BACT	Is it a bacterial infection?	0=no 1=yes	N(1)	yes
BACT_AUREUS	S. aureus	0=not present 1=MRSA 2=MSSA 9=present, but resistance unknown	N(1)	yes
BACT_PNEU	S. pneumonia	0=not present 1=peni-resistant 2=peni-intermediate 3=peni-susceptible 9=present but resistance	N(1)	yes

		unknown		
BACT_COCC_GP	Gram-positive cocci	0=not present 1=present	N(1)	yes
BACT_OTH_GP	Other gram-positive	0=not present 1=present	N(1)	yes
BACT_AER	P. aeruginosa	0=not present 1=MDR 2=XDR 3=PDR 4=not MDR 9=present but resistance unknown	N(1)	yes
BACT_ENTERO	Enterobacteriaceae	0=not present 1=MDR 2=XDR 3=PDR 4=not MDR 9=present but resistance unknown	N(1)	yes
BACT_OTH_GN	Other gram_negatives	0=not present 1=MDR 2=XDR 3=PDR 4=not MDR 9=present but resistance unknown	N(1)	yes
BACT_LEGIO	Legionella sp	0=not present 1=present	N(1)	yes
BACT_MYCO	Non-tuberculosis Mycobacteria not fulfilling OI definition	0=not present 1=present	N(1)	yes
BACT_UNK	Most probable bacteria but unknown	0=not present 1=present	N(1)	yes

AGENT_VIRAL	Viral	0=no 1=yes	N(1)	yes
AGENT_FUNGAL	Fungal	0=no 1=yes	N(1)	yes
AGENT_PARA	Parasitic	0=no 1=yes	N(1)	yes
AGENT_UNK	Unknown	0=no 1=yes	N(1)	yes
OUTCOME	Outcome	1=cured 2=treatment ongoing 3=treatment failed 4=no treatment 9=unknown	N(1)	yes
COMMENTS		Text	C(200)	yes
INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes

PNEUMOVACC

Table introduced in August 2017

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK FUP_ID	links to follow-up visit in FUP table		N(11)	no
PNEUMOVACC	Vaccination against Streptococcus pneumonia	0=no 1=yes 9=unknown	N(1)	yes
POLYSACC	Polysaccharide vaccine	0=no 1=yes 9=unknown	N(1)	yes
NB_POLYSACC	Number of polysaccharide vaccination in total	1=1 vaccine 2=2 vaccines 3=3 vaccines 4=4 vaccines 9=unknown	N(1)	yes
POLYSACC_DATE1	Date of first polysaccharide vaccination	dd/mm/yyyy	D	yes
POLYSACC_DATE1_UNK	Date of first vaccination unknown	0=no 1=yes	N(1)	yes
POLYSACC_DATE2	Date of second polysaccharide vaccination	dd/mm/yyyy	D	yes
POLYSACC_DATE2_UNK	Date of second vaccination unknown	0=no 1=yes	N(1)	yes
POLYSACC_DATE3	Date of third polysaccharide vaccination	dd/mm/yyyy	D	yes
POLYSACC_DATE3_UNK	Date of third vaccination unknown	0=no 1=yes	N(1)	yes
POLYSACC_DATE4	Date of fourth polysaccharide vaccination	dd/mm/yyyy	D	yes

POLYSACC_DATE4_UNK	Date of fourth vaccination unknown	0=no 1=yes	N(1)	yes
CONJUGATED	Conjugated vaccine	0=no 1=yes 9=unknown	N(1)	yes
NB_CONJUGATED	Number of conjugated vaccines in total	1=1 vaccine 2=2 vaccines 9=unknown	N(1)	yes
CONJUGATED_DATE1	Date of first conjugated vaccination	dd/mm/yyyy	D	yes
CONJUGATED_DATE1_UNK	Date of first vaccination unknown	0=no 1=yes	N(1)	yes
CONJUGATED_DATE2	Date of second polysaccharide vaccination	dd/mm/yyyy	D	yes
CONJUGATED_DATE2_UNK	Date of second vaccination unknown	0=no 1=yes	N(1)	yes
QUEST_DATE	Date when the questionnaire was filled in	dd/mm/yyyy	D	yes
COMMENTS		Text	C(500)	yes
INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
IN_WEB_MED	Are ALL conjugated and polysaccharide vaccines already added to WebMED database?	0=no 1=yes 9=unknown	N(1)	yes

FOPH

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK FOPH_ID	automatically generated identifier for each record in FOPH table		N(11)	no
PK FOPH_DATE	date of the declaration	dd/mm/yyyy yyyy>=1980	D	yes
FUP_ID	links to records in FUP table		N(11)	no
FOPH_REPORT	number of the form «Déclaration complémentaire SIDA/ Ergänzungsmeldung AIDS» from the **F**ederal **O**ffice of **P**ublic **H**ealth (FOPH)	99-9999=unknown	C(8)	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
*PHYSICIAN,PHYSICIAN_USER_ID,STUDYNURSE,STUDY_NURSE_USER_ID,CENTER2,SETTING and SOURCE	these variables correspond to the current record			no
*CENTER1	center where participant was recruited	see table CENTER	N(2)	no

IRIS

Table introduced in August 2005

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK IRIS_ID	automatically generated identifier for each record in IRIS table		N(11)	no
PK DISEASE	IRIS**(I**mmune **R**econstitution **I**nflammatory **S**yndrome)for diseases also documented in the table DIS. Every disease has a three letter code. IRIS can only be noted for specific diseases	see list in table VAR_DISEASE	C(5)	yes
PK IRISDATE	date when IRIS appeared	dd/mm/yyyy ≥ NEWDATE(table disease)	D	yes
FUP_ID	links to follow-up visit		N(11)	no
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
COMMENTS		TEXT	C(200)	yes

DRUG

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK DRUG_ID	automatically generated identifier for each record in DRUG table		N(11)	no
PK £ DRUG	drug taken	see list in table VAR_DRUG and VAR_CVD_DRUG	C(5)	yes
PK £ STARTDATE *up to December 1998*	date when treatment was started *day coded as '01'*	dd/mm/yyyy	D	yes
£ STARTS	two possibilities: a) STARTDATE is known b) STARTDATE is not known, but treatment was started sometime before the indicated date.	= at this date < before this date	C(1)	yes
£ STOPS	two possibilities: a) STOPDATE is known b) STOPDATE is not known, but treatment was stopped sometime after the indicated date.	= at this date > after this date	C(1)	yes
£ STOPDATE	date when treatment was stopped *up to December 1998 day coded as '01'*	dd/mm/yyyy	D	yes
STOP_WHY *variable introduced*	predominant cause of ART interruption *in January 1999*	see list in table VAR_STOPDRUG	C(4)	yes
£ REGULAR *this variable is no*	frequency of application according to prescription. Regular: at least once a week. Intermittent: less than once a week. *more recorded since April 1998*	R=regular I=intermittent	C(1)	no

DRUG_ID_CODE

Variable	DEFINITION	VALUES	TYPE	ACCESS
DRUG_ID	links to SUBSTANCE_ID in table MED_SUBSTANCE		C(30)	yes
DRUG	code used in SHCS for a given drug, as used in table DRUG (see data base structure medication)	eg.”3TC”	C(30)	yes
DRUG_TYPE	gives information about type of antiretroviral drug class (where applicable)	C=CCR5 antagonist F=fusion inhibitor I=integrase inhibitor N=NNRTI P=protease inhibitor R=NRTI T=NTRTI	C(2)	yes
INDICATION	indication when a substance is administered		C(1)	yes
RELEVANCE	gives information whether or not a substance is relevant for SHCS	skip/keep	C(4)	yes
VAR_DESC	description of a drug		C(200)	yes

DOSE

To be used for antiretroviral treatments where exact dosage is known *Table introduced in May 2003*

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient’s personal identification number	see table PAT	N(5)	yes
PK DRUG	drug taken	see list in table VAR_DRUG	C(5)	yes
PK STARTDATE	date when treatment was started	dd/mm/yyyy	D	yes
PK STARTDOSE	describes period of a given dosage (Startdate)	dd/mm/yyyy	D	yes
STOPDOSE	describes period of a given dosage (Stopdate)	dd/mm/yyyy	D	yes
FREQUENCY	number of drug administrations per day		N(3)	yes

DOSE	dose per administration in milligrams		N	yes
PILLS	number of pills per administration (alternative to report dose for drugs containing multiple active substances)		N(3)	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
COMMENTS			C(200)	yes

BRAND

Active substances of drugs (one line per active substance) *Table introduced in January 2015*

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK BRAND	Code of brand-name	ATC-code_Pharmacode see list in table VAR_BRAND	C(20)	yes
PK DRUG	Code of active substance	see list in table VAR_DRUG	C(5)	yes
PK DOSE	dose of active substance		N	yes
UNIT	units used to express DOSE	g, mg, mg/ml, mg/dose, drops	C(10)	yes
INPUTDATE	date of registration	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes

BRAND_DOSE

replaced by table MED_TREATMENT *Table introduced in January 2015*

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see list in table PAT	N(5)	yes
PK BRAND	Code of brand-name	see list in table VAR_BRAND	C(40)	yes
PK BRAND_DOSE_ID	automatically generated identifier for each record in BRAND_DOSE table		N(11)	no
PK STARTDATE	date when treatment was started	dd/mm/yyyy	D	yes
STARTS	accuracy of STARTDATE	= at this date ~ around this date < before this date	C(1)	yes
STOPS	accuracy of STOPDATE	= at this date ~ around this date > after this date	C(1)	yes
STOPDATE	date when treatment was stopped	dd/mm/yyyy	D	yes
STOP_WHY	predominant cause of stop	see list in table VAR_STOPDRUG	C(5)	yes
FREQUENCY	frequency of administration		N(3)	yes
UNITY	denominator of FREQUENCY	1="per day", 2="per week" 3="per month", 4="per year" 5="single dose"	N(1)	yes
NB_PILLS	number of pharmaceutical forms (pills, tablets, drops…) per administration		N	yes
MORNING	number of pharmaceutical forms in the morning		N	yes
NOON	number of pharmaceutical forms at noon		N	yes
EVENING	number of pharmaceutical forms in the evening		N	yes

NIGHT	number of pharmaceutical forms at night		N	yes
INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
*PHYSICIAN, CENTER2,	SETTING, STUDYNURSE and SOURCE these variables correspond to the current record			yes
*CENTER1	center where participant was recruited	see table CENTER	N(2)	no
COMMENTS			C(200)	yes

ADHERENCE

Table introduced in May 2003

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK AD_DATE	date of adherence reporting	dd/mm/yyyy	D	yes
ADHERENCE_ID	automatically generated identifier for each record in ADHERENCE table		N(11)	
FUP_ID	links to follow-up visit when adherence was assessed		N(11)	no
* MISSED	indicates how often a dose of ART has been missed in the 4 weeks preceeding AD_DATE	A=every day B=more than 1/week C=once a week D=once every two weeks E=Once a month F=Never Z=not applicable	C(1)	yes
IN_ROW	indicates whether the patient has missed more than one dose in a row	no = 0 yes= 1	N(1)	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes

RESIST

Table introduced in May 2003

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK RESIST_ID	automatically generated identifier for each record in RESIST table		N(11)	no
PK RESISTDATE	date of blood sampling for HIV drug resistance test	dd/mm/yyyy	D	yes
FUP_ID	links to follow-up visit when resistance testing was performed		N(11)	no
*TYPE	kind of HIV drug resistance test ordered by physician	1=genotype 2=phenotype 3=genotype and phenotype	N(1)	yes
LABO	code of laboratory where HIV drug resistance test has been ordered *(warning: spelling of LAB0 is LABzero)*	see table VAR_LABORATORY	N(2)	yes
Variable introduced in August 2004				
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDATE	date of last modification	dd/mm/yyyy	D	yes

GYN

Table introduced in April 2001

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK GYNDATE	date of follow-up	dd/mm/yy	D	yes
PK GYN_ID	automatically generated identifier for each record in GYN table		N(11)	no
FUP_ID	links to follow-up visit in FUP table		N(11)	no
EXAM	Gynaecological examination since last follow-up visit.In case of a Start, during last six months.	0=no 1=yes 9=unknown	N(1)	yes
EXAM_RESULT	result of the gynaecological examination	A=everything is ok B=there is a problem C=unknown	C(1)	yes
SMEAR	performance of cervical smear	0=no 1=yes 9=unknown 8=not applicable	N(1)	yes
SURGICAL_PR	gynaecological-surgical procedures since last follow-up visit.	0=no 1=yes 9=unknown	N(1)	yes
SURGICAL_TYPE	Type of gynaecological-surgical procedure. If multiple answers, then enter one value by order of priority : H,C,R,O.	H=hysterectomy C=conization R=removal of condyloma acc. O=other intervention	C(1)	yes
CENTER_FIELDS	center-specific field; used to indicate surgical procedures		C(300)	yes
PREGNANCY	Pregnancy since the last visit?	0=no	N(1)	no

variable introduced in June 2007		1=yes 9=unknown		
HORMONE	hormone substitution therapy or hormonal contraception	0=no 1=yes 9=doesn't know	N(1)	yes
MENSES	Estimated number of menses during the last 6 months	0=absence of menses	N(2)	yes
MENSES_UNKNOWN	If number of menses unknown	1	N(1)	yes
MENSES_REASON	Reason for absence of menses	H=hysterectomy P=pregnancy M=menopause O=other	C(1)	yes
REASON_OTHER	Specification if MENSES_REASON is "other"		C(100)	yes
5 variables introduced in December 2009				
*INPUTDATE	date of input	dd/mm/yy	D	yes
AMENDDATE	date of last modification	dd/mm/yy	D	yes
* PHYSICIAN,PHYSICIAN_USER_ID,STUDYNURSE,STUDY_NURSE_USER_ID,CENTER2,SETTING and SOURCE *these variables correspond to the situation of the current record*				yes
CENTER1	center where participant was recruited		N(2)	yes

OBSTET_EVENT

Table introduced in August 2005

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's perfsonal identification number	see table PAT	N(5)	yes
PK OBSTET_EVENT	obstetric event occurred within the last six months or since last fup visit (reported in table fup under TAGS *B,Y,X until April 2007)*	1=given birth to a child 2=spontaneous abortion 3=induced abortion	N(1)	yes
PK O_EVENT_DATE	date of obstetric event	dd/mm/yyyy	D	yes
PK OBSTET_EVENT_ID	automatically generated identifier for each record in OBSTET_EVENT table		N(11)	no
GYN_ID	links to gynecological examination in GYN table when obstetric events were assessed		N(11)	no
*INPUTDATE	date of input	dd/mm/yy	D	yes
AMENDDATE	date of last modification	dd/mm/yy	D	yes
*PHYSICIAN	reporting physician	see table VAR_PHYSICIAN		yes
CENTER2	reporting center	see table CENTER		yes
COMMENTS		Text	C(300)	yes

CVRISK

Table introduced in April 2000

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK CARDIO_ID	automatically generated identifier for each record in CVRISK table		N(11)	no
PK FUP_ID	links to follow-up visit in FUP table when cardiovascular risk factors were assessed		N(11)	no
PK CARDIODATE	date of visit when form was completed	dd/mm/yyyy	D	yes
SMOKE	Does the patient smoke cigarettes? (if less than 1 cig/day = no)	0=no 1=yes blank=missing	N(1)	yes
SMOKE_NB	If yes: number of cigarettes per day. If a range is given, compute the average.	1-99	N(2)	yes
E_SMOKE	Does the patient smoke e-cigarettes? (if less than 1 e-cig/day = no)	0=no 1=yes	N(1)	no
E_SMOKE_NB	If yes: number of e-cigarettes per day If a range is given, compute the average	1-99	N(2)	no
2 Variables introduced in May 2016, E_SMOKE_NB was used until March 2019				
WEIGHT	weight in kg, decimal points should be rounded up or down to the nearest even number	Warning:<41 or >110. Error:<30 or >150 blank=missing	N(3)	yes
until March 2000 WEIGHT was documented in table LAB				
CURRENT_HEIGHT	height measured at the present visit (at least one measure in a year)	cm	N(3)	yes
variable introduced in December 2009				
WAIST	measurement of the circumference at a level midway between the lower rib margin and iliac crest (rounded to the nearest centimeter)	40-170 cm blank= missing	N(3)	yes

HIP	measurement of maximum circumference over the buttocks (rounded to the nearest centimeter)	50-160 cm blank=missing	N(3)	yes
SYSTOLIC	systolic blood pressure in mmHg	0-999 blank=missing	N(3)	yes
DIASTOLIC	diastolic blood pressure in mmHg	30-130 blank=missing	N(3)	yes
FAT_LOSS	fat loss in any of the following regions: face, arms,legs,buttocks,abdomen,breasts,neck.	0=no 1=yes 9=unknown	N(1)	yes
FAT_ACCU	fat accumulation in any of the following regions: face,arms,legs,buttocks,abdomen,breasts,neck	0=no 1=yes 9=unknown	N(1)	yes
COMMENTS			C	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
* PHYSICIAN,PHYSICIAN_USER_ID,STUDYNURSE,STUDY_NURSE_USER_ID,CENTER2,SETTING and SOURCE	these variables correspond to the situation at this Follow-up			yes
*CENTER1	center where participant was recruited	see table CENTER	N(2)	no

CLINICAL

Table introduced in July 2008. Some events have been imported from the former version of the table "CVRISK" where they were documented since April 2000 under the following codes: AMI, ANG, BYP, CEH, CEI, END, PRO, DIA

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK CLIN_ID	code of disease or procedure	see table VAR_CLINICAL	C(4)	yes
PK CLIN_DATE	date of diagnosis	dd/mm/yyyy	D	yes
PK CLINICAL_ID	automatically generated identifier for each record in CLINICAL table		N(11)	no
FUP_ID	links to follow-up visit in FUP table when clinical events were assessed		N(11)	no
RELIABILITY	reliability of diagnosis	D=definitif P=presumptif blank=unknown or does not apply	C(1)	yes
SEND_DATE	the date, the corresponding EVENT form has been sent to D.A.D.	dd/mm/yyyy	D	yes
CHECK_DATE	the date the corresponding EVENT CHECKING CHART has been sent to D.A.D.	dd/mm/yyyy	D	yes
PAID_DATE	Date when the checking chart has been paid	dd/mm/yyyy	D	yes
CHECK_CHART	A check chart has been filled in	1 = chart to be paid 2 = chart not to be paid	N(1)	yes
COMMENTS			C	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
* PHYSICIAN,PHYSICIAN_USER_ID,STUDYNURSE,STUDY_NURSE_USER_ID,CENTER2,SETTING and SOURCE				yes

	these variables correspond to the situation at this Follow-up			
*CENTER1	center where participant was recruited	see table CENTER	N(2)	yes

HOSPITAL

Table introduced in July 2008

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	Patient's personal identification number	see values in table PAT	N(5)	yes
PK HOSPITALIZATION_ID	automatically generated identifier for each record in HOSPITAL table		N(11)	no
PK IN_DATE	Date of hospitalization	dd/mm/yyyy	D	yes
OUT_DATE	Date of discharge	dd/mm/yyyy	D	yes
FUP_ID	links to follow-up visit in FUP table when hospitalization was assessed		N(11)	no
REASON	Reason of hospitalization	A = Antiretroviral drug toxicity B = Other acute somatic illness C = Injury D = Long-term care / hospice E = Psychiatric morbidity F = Other G = Unknown H = Pregnancy	C(1)	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
CENTER2	reporting center	see table CENTER	N(2)	yes
COMMENTS			C	yes

FRAX
Table introduced in December 2009

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	Patient's personal identification number	see table PAT	N(5)	yes
PK FRAX_DATE	Date of assessment	dd/mm/yyyy	D	yes
PK FRAX_ID	automatically generated identifier for each record in FRAX table		N(11)	no
FUP_ID	links to follow-up visit in FUP table when fracture was reported		N(11)	no
PATHOLOGICAL	Previous pathological fracture	0=no 1=yes 9=unknown	N(1)	yes
PARENT_HIP	A parent of the patient suffered from fractured hip	0=no 1=yes 9=unknown	N(1)	yes
CORTICOIDS	Exposal to oral or parenteral Glucocorticoids for more than 3 months	0=no 1=yes 9=unknown	N(1)	yes
ARTHRITIS	Confirmed diagnosis of rheumatoid arthritis	0=no 1=yes 9=unknown	N(1)	yes
DISORDERS	Disorders associated with osteoporosis	0=no 1=yes 9=unknown	N(1)	yes
*INPUTDATE	Date of input	dd/mm/yyyy	D	yes
AMENDATE	Date of last modification	dd/mm/yyyy	D	yes
COMMENTS			C(250)	yes

DEXA
Table introduced in December 2009

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	Patient's personal identification number	see table PAT	N(5)	yes
PK DEXA_DATE	Date of osteodensitometry	dd/mm/yyyy	D	yes
PK DEXA_ID	automatically generated identifier for each record in DEXA table		N(11)	no
INSTITUTION	Institution where the osteodensitometry has been performed		C(50)	yes
METHOD	Method of oesteodenitometry	1=Hologic 2=Lunar 3=Medilink 4=other 9=unknown	N(1)	yes
LUMBAR_BMD	Bone mineral density of lumbar spine (lumbar vertebrae 1-4 or 2-4) (g/cm^2)	between 0.2 and 2.0	N	yes
NECK_BMD	Bone mineral density of femoral neck (g/cm^2)	between 0.2 and 2.0	N	yes
HIP_TOTAL_BMD	Total bone mineral density of hip (neck, trochanteric, and inter-trochanteric) (g/cm^2)	between 0.2 and 2.0	N	yes
LUMBAR_T	Difference to the average for a young adult at peak bone density in lumbar spine expressed as multiples of the standard deviation	between -6 and +3	N	yes
NECK_T	Difference to the average for a young adult at peak bone density in lumbar spine expressed as multiples of the standard deviation	between -6 and +3	N	yes
HIP_TOTAL_T	Difference to the average for a young	between -6 and +3	N	yes

	adult at peak bone density in lumbar spine expressed as multiples of the standard deviation			
LUMBAR_Z	Difference to the average of bone density of persons of the same age in lumbar spine expressed as multiples of the standard deviation	between -6 and +3	N	yes
NECK_Z	Difference to the average of bone density of persons of the same age in lumbar spine expressed as multiples of the standard deviation	between -6 and +3	N	yes
HIP_TOTAL_Z	Difference to the average of bone density of persons of the same age in lumbar spine expressed as multiples of the standard deviation	between -6 and +3	N	yes
HIP_SIDE	Body side where the Dexa scan has been performed	1=right 2=left	N	yes
COMMENTS		TEXT	C(250)	yes
*INPUTDATE	Date of input	dd/mm/yyyy	D	yes
AMENDATE	Date of last modification	dd/mm/yyyy	D	yes

HCV

Table used between April 2002 and January 2013

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
HCV_DATE	date of initial assessment	dd/mm/yyyy	D	yes
SCCS_PART	Does the patient participate in the Swiss Hepatitis C Cohort Study (SCCS)?	0=no 1=yes	N(1)	yes
SCCS_ID	If yes, SCCS identification number		N(5)	yes
AGREES	If yes, does the patient agree to merge SHCS and SCCS databases?	0=no 1=yes blank=patient has not yet been asked	N(1)	yes
*INPUTDATE	date of input (automatic)	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification (automatic)	dd/mm/yyyy	D	yes
*PHYSICIAN, STUDYNURSE, CENTER2, SETTING and SOURCE	these variables correspond to the situation of the current record			yes
*CENTER1	center where participant was recruited	see table CENTER	N(2)	yes

BIOPSY

Table introduced in July 2008

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	Patient's personal identification number	see values in table PAT	N(5)	yes
PK BIOPDATE	date of liver biopsy	dd/mm/yyyy	D	yes
PK BIOPSY_ID	automatically generated identifier for each record in BIOPSY table		N(11)	no
FUP_ID	links to follow-up visit in FUP table		N(11)	no
INSTITUTION	Name of the institution		C(50)	yes
METAVIR_A	METAVIR for chronic hepatitis (optional)	score 0 to 4	N(1)	yes
METAVIR_F	METAVIR for fibrosis(optional)	score 0 to 4	N(1)	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
* PHYSICIAN,PHYSICIAN_USER_ID,STUDYNURSE,STUDY_NURSE_USER_ID,CENTER2,SETTING and SOURCE	these variables correspond to the situation at this Follow-up			yes
*CENTER1	center where participant was recruited	see table CENTER	N(2)	yes
COMMENTS		TEXT	C(200)	no

Variable introduced in August 2010

FIBROSCAN

Table introduced in July 2008

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	Patient's personal identification number	see values in table PAT	N(5)	yes
PK FIBROSCAN_ID	automatically generated identifier for each record in FIBROSCAN table		N(11)	no
PK FIBRODATE	date of fibroscan	dd/mm/yyyy	D	yes
FUP_ID	links to follow-up visit in FUP table when fibroscan was performed		N(11)	no
LIVER_S	Liver stiffness mean (kPa)		N	yes
IQR	Inter quartile range (kPa)		N	yes
NB_TEST	Number of tests		N(2)	yes
NB_VALID_TEST	Number of valid tests		N(2)	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
COMMENTS			C	yes
CAP	Steatosis CAP median (dB/m) (CAP = controlled attenuation parameter)		N(5)	yes
CAP_IQR	CAP inter quartile range (dB/m)		N(5)	yes

2 Variables introduced in March 2017

INFLUENZA
Table introduced in July 2008

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	Patient's personal identification number	see table PAT	N(5)	
PK FLU_DATE	Date of interview	dd/mm/yyyy	D	
SEASON	Did the patient receive a vaccine against seasonal influenza?	0=no 1=yes 9=doesn't know	N(1)	
SEASON_DATE	Date of vaccination against seasonal influenza	dd/mm/yyyy	D	
H1N1	Did the patient receive vaccine against swine influenza?	0=no 1=yes, 1 injection 2=yes, 2 injections 9=doesn't know	N(1)	
H1N1_DATE1	Date of first injection against swine influenza	dd/mm/yyyy	D	
H1N1_DATE2	Date of second injection against swine influenza	dd/mm/yyyy	D	
ILLNESS	Patient suffered from influenza like illness	0=no 1=yes 9=doesn't know	N(1)	
ILLNESS_DATE	Date when the influenza like symptoms appeared	dd/mm/yyyy	D	
HOSP	Hospitalization due to influenza like illness	0=no 1=yes	N(1)	
HOSP_IN_DATE	Date of hospitalization	dd/mm/yyyy	D	

HOSP_OUT_DATE	Date of discharge	dd/mm/yyyy	D
DRUG	Treatment with Tamiflu	0=no 1=yes 9=doesn't know	N(1)
DRUG_START_DATE	Date when treatment was initiated	dd/mm/yyyy	D
DRUG_STOP_DATE	Date when treatment was stopped	dd/mm/yyyy	D
*INPUTDATE	date of input	dd/mm/yyyy	D
AMENDDATE	date of last modification	dd/mm/yyyy	D
COMMENTS			C(200)

VACCIN

Table introduced in December 2009 and used until December 2015 (information is newly in WebMED/MED_TREATMENT table)

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	Patient's personal identification number	see table PAT	N(5)	yes
PK VAC_TYPE	Type of vaccine	YF=yellow fever	C(3)	yes
PK VAC_DATE	date of vaccination	dd/mm/yyyy	D	yes
INJECTION	type of injection	1=first vaccination 2=booster 9=unknown	N(1)	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
COMMENTS			C(250)	yes

PHA_IDENTIF

Table introduced in August 2005 (with import of historic data)

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	in PHA_RESULTS
PK PHA_IDENTIF_ID	automatically generated identifier for each record in PHA_IDENTIF table		N(11)	
PK TUBE	sample identification number (attributed by laboratory)		N(10)	in PHA_RESULTS
FUP_ID	links to follow-up visit in FUP when drug concentration was assessed		N(11)	
LAB_PHARMA	code of laboratory where drug concentration was measured	see table VAR_LABORATORY	N(2)	in PHA_RESULTS

PHA_RESULT

A view in SHCS_MGR showing plasma concentrations of antiretroviral drugs using data from PHA_IDENTIF and PHA_RESULT
View introduced in August 2005

Variable	DEFINITION	VALUES	TYPE	ACCESS
ID	patient's personal identification number	see table PAT	N(5)	yes
PK TUBE	sample identification number (attributed by laboratory)		N(10)	yes
PK DRUG	drug analyzed	see list in table VAR_DRUG	C(5)	yes
LAB_PHARMA	code of laboratory where drug concentration was measured	see table VAR_LABORATORY	N(2)	yes
DATEARR	reception date of sample in laboratory	dd/mm/yyyy	D	yes
DHPRELV	date and time of blood sampling	dd/mm/yyyy hh24/mi/ss	D	yes
DOSE[1]	dose of last drug administration in milligrams		N	yes
FREQ[1]	number of drug administrations per day		N	yes
DHDOSE	date and time of last drug administration	dd/mm/yyyy hh24/mi/ss	D	yes
DATECONC	date when the analysis was performed	dd/mm/yyyy	D	yes
CONC	measured plasma concentration in µg/l		N	yes

[1] If missing, extract data from table DOSE

PHA_COMEDICS

A view in SHCS_MGR showing co medication, needed for interpretation of measured plasma concentrations of antiretroviral drugs, using data from PHA_IDENTIF and PHA_COMEDIC
View introduced in July 2005

Variable	DEFINITION	VALUES	TYPE	ACCESS
ID	patient's personal identification number	see table PAT	N(5)	yes
TUBE	sample identification number (attributed by laboratory)		N(10)	yes
LAB_PHARMA	code of laboratory where drug concentrations were measured	see table VAR_LABORATORY	N(2)	yes
DRUG_DESC	Trade Mark name of co-medication other than ART		C(255)	yes
OTHER	other substance, pharmacologically active		C(50)	no
ATC	ATC code for mediation	see table VAR_DRUG	C(20)	yes

STOP

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK FUP_ID	links to last follow-up visit in FUP table		N(11)	no
£ *STOPDATE	if a patient is lost from follow up, this is the date when the information has been received In case of death, this is the date when the patient died. Reminder: This date should not be used for survival analysis since it corresponds to an administrative procedure	dd/mm/yyyy hh:mm:ss > FUPDATE	D	yes
£ *STOP	reasons for drop-out if a patient was lost from follow up and dies later on, STOP and STOP_DATE will not be changed	0=patient died (continue with sect.C) 1=patient moved to foreign country and cannot continue 2=patient wanted to discontinue 3=patient did not respond to several written invitations 4=patient changed address without notice 6=care by non cohort physician 5=other (specify under STOP_OTH)	N(1)	yes
STOP_OTH	specify for which other reason the patient stops the study		C(80)	yes
variable introduced in 1997				
LIVEDATE	if patient is stopped for reason other than death, indicate latest date known to be alive	dd/mm/yyyy (=patient's year of birth)	D	yes
variable introduced in February 1996				

LIFE_INFO	Information about LIVEDATE comes from:	**Residents registration office** 1=person is a resident 2=person left with unknown destination (or was never a resident 3=person has left Switzerland 6=**the medical care system** (hospital report, laboratory…) 0=other source blank=unknown	N(1)	yes
variable introduced in November 2005				
£ EXITDATE	date of death: mandatory if reason for a stop=0;	dd/mm/yyyy,yyyy > 1980 EXITDATE>=STOPDATE EXITDATE>=last FUPDATE EXITDATE>=last LABDATE EXITDATE>=last DISEASE DATE EXITDATE>=last DRUG STOPDATE	D	yes
$ EXIT_WHY	cause of death	see table VAR_EXIT_WHY	C(5)	yes
£ EXIT_WHY_OTH	specification if cause of death is coded OTH	TEXT	C(200)	yes
To be used if EXIT_WHY = 'HIV' or 'OTH'				
ICD10_MC	ICD-10 code for main cause of death	ICD-10 codes	C(5)	yes
ICD10_SC1 ICD10_SC2 ICD10_SC3	ICD-10 code for secondary causes of death	ICD-10 codes	C(5)	yes
4 variables introduced in January 1999				
ICD10_MC_VERBOSE	Verbose ICD-10 code for main cause of death	TEXT	C(200)	yes
ICD10_SC1_VERBOSE ICD10_SC2_VERBOSE ICD10_SC3_VERBOSE	Verbose ICD-10 code for secondary cause of death	TEXT	C(200)	yes
4 variables introduced in July 2017				
£ EXIT_PLACE	place of death	see table VAR_EXIT_PLACE	C(5)	yes
£ EXIT_PLACE_OTH	specification if place of death is coded OTH.	TEXT	C(100)	yes

2 variables introduced in July 1995

£ AUTOPSY	autopsy performed	0=no 1=yes 9=unknown	N(1)	yes
CODEFORM	Did the physician fill in a CoDe form ?	Blank=no 1=yes 2=yes, but will not be paid	N(1)	yes
CHECK_DATE	Date when the CoDe form has been sent to D.A.D.	dd/mm/yyyy	D	yes
SEND_DATE	Date when the form "fatal case with insufficient Data" has been sent to D.A.D.	dd/mm/yyyy	D	no
PAID_DATE	Date when the CoDe Form has been paid	dd/mm/yyyy	D	yes
*INPUTDATE	date of input	dd/mm/yyyy	D	yes
AMENDDATE	date of last modification	dd/mm/yyyy	D	yes
£ * PHYSICIAN,PHYSICIAN_USER_ID,STUDYNURSE,STUDY_NURSE_USER_ID,CENTER2,SETTING and SOURCE these variables correspond to the situation at this Follow-up				yes
*CENTER1	center where participant was recruited	see table CENTER	N(2)	no
£ COMMENTS		TEXT	C(500)	yes
INS_USER	user who made the insertion		C(50)	no
STATUS	Status of data entry (intermediate or final)? I: last follow-up can be edited F: last follow-up is finalized	I=Intermediate F=Final	C(1)	no

STOP_HISTO

STOP records that have been modified or deleted ***not in Access***

Table introduced in June 2006

Variable	DEFINITION	VALUES	TYPE	ACCESS
All variables from table STOP				
PK STOP_HISTORY_ID	automatically generated identifier for each record in STOP_HISTO table		N(11)	
HISTODATE	date when the record has been modified or deleted	dd/mm/yyyy	D	
REASON	reason for deletion of a record		C(250)	

Variable introduced in July 2010

VAR_EXIT_PLACE

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK EXIT_PLACE	code defining place of death	HAC HOM INS OTH SPI	C(5)	yes
*VAR_DESC	description	Hospital acute care at home Institution chronic care Other Special institution AIDS	C(40)	yes

VAR_EXIT_WHY

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK EXIT_WHY	code defining reason of death	ACC HIV MUR(incl. act of violence) NAR OTH SUI UNK	C(5)	yes
*VAR_DESC	description	Accident HIV related Homicide Overdose of narcotics Other Suicide Unknown	C(40)	yes

VAR_PHYSICIAN

Table introduced in June 2002

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK PHYSICIAN	name of treating physician: if working in cohort center if working in other outpatient clinic if private physician	 -SURNAME -SURNAME,HOSPITAL -SURNAME,COMMUNE	C(50)	no
PK ID	identifier for each physician		N(11)	
PK CENTER		see table CENTER	N(2)	no
PK SOURCE	source where physician is consulting	1=in this cohort center 2=in other outpatient clinic or hospital 3=in private office	N(1)	no
COLLAB_START	date when physician started collaboration with SHCS	dd/mm/yyyy	D	no
COLLAB_STOP	date when physician stopped collaboration with SHCS	dd/mm/yyyy	D	no
COMMENTS			C(200)	no
ADDRESS	address of physician		C(200)	no
EMAIL	electric address of the physician		C(50)	no
LAB0	code of laboratory where the physician has usually cd4 and HIV-RNA tests done *(warning: spelling of LABO is LABzero)*	see table VAR_LABORATORY	N(2)	no
Variable introduced in august 2004				
LAB_STOCK	code of laboratory where the physician usually stores samples	see table VAR_LABORATORY	N(2)	no

Variable introduced in November 2012

CHDRISK	randomization in the project 480	0=controle 1=intervention	N(1)	no
*INPUTDATE	date of registration	dd/mm/yyyy	D	no
AMENDDATE	date of modification	dd/mm/yyyy	D	no
CLINIC_ID	identifier of clinic where physician works, links to ID in VAR_CLINIC table		N(11)	

VAR_STUDYNURSE

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	unique identifier for each entry in table		N(11)	
STUDYNURSE	name of studynurse	see table VAR_PHYSICIAN	C(40)	
CENTER2		see table CENTER	N	
COLLAB_START	date when studynurse started collaboration with SHCS	dd/mm/yyyy	D	
COLLAB_STOP	date when studynurse stopped collaboration with SHCS	dd/mm/yyyy	D	

VAR_LABORATORY

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK LAB0	codes identifying laboratory admitted by SHCS *(warning: spelling of LAB0 is LABzero)*		N(2)	yes
LABNAME	name of the laboratory		C(50)	yes
ADDRESS	address of the laboratory		C(200)	yes
COMMENTS	type of analysis the laboratory admission is covering		C(200)	yes
*INPUTDATE	date of registration	dd/mm/yyyy	D	no
AMENDDATE	date of modification	dd/mm/yyyy	D	no

VAR_LAB2

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ITEM	code for chemistry test	example:'CHOL'	C(5)	yes
*VAR_DESC	description	example: Total Cholesterol (mmol/l)	C(40)	yes
COMMENTS			C(255)	no

VAR_DRUG

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK DRUG	drug code	example:'AZT' (use up to 4 digits for ART)	C(5)	yes
*VAR_DESC	description	example: 'Zidovudine'	C(100)	yes
*INDICATION	indication category	A=Anti-Retroviral B=Anti-PcP/Toxo C=Anti-Fungal D=Anti-Mycobacterial E=Anti-Viral F=Anti-neoplastic	C(1)	yes
	For drugs influencing cardiovascular risk, if at least one drug of a given class is taken but not the individual drugs. (see table VAR_CVD_DRUG for classification of individual drugs)	G=Drugs influencing cardiovascular risk		
		O=Other Z=Trials unblinded or code broken		
DRUG_TYPE	specifies anti-retroviral treatment	C=CCR5 antagonists F=Fusion inhibitors (FI) I=Integrase inhibitors N=Non-nukleosid reverse transcriptase inhibitors (NNRTI) P=inhibitors of protease (PI) R=Nukleosid reverse transcriptase inhibitors (NRTI) T=Nukleotid reverse transcriptase inhibitors (NTRTI)	C(2)	yes

TRIAL	does the code correspond to a trial? (blinded trials of antiretrovirals are identified with specific codes, they are not attributed to a drug type)	1=yes blank=no	N(1)	yes
ATC	Anatomical Therapeutic Chemical Classification System	http://www.whocc.no/atcddd/	C(12)	yes

Variable introduced in may 2009

VAR_CVD_DRUG

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK SUBSTANCE	active substance	ex:'Hydrochlorthiazide'	C(40)	yes
PK NAME_TM	trade mark	ex:'Aldoretic'	C(40)	yes
CODE_SHCS	code of drug class	PLA = platelet Aggregation inhibitor ACE = hypotensives ACE Blocking type and angiotensin Receptor antagonist HYP = other antihypertensive Agents LIP = lipid lowering agents DIA = oral antidiabetic agents INS = Insulin and derivates hereof ANAB = anabolic steroids and appetite stimulants	C(5)	yes
COMMENTS			C(50)	yes

VAR_BRAND

List of brand-names *table introduced in January 2015*

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK BRAND	Code of brand-name	ATC-code_Pharmacode	C(40)	yes
VAR_DESC	Brand-name of the drug		C(255)	yes
TRIAL	Does the code correspond to a trial?	1=yes /blank=no	N(1)	yes
INPUTDATE	date of registration	dd/mm/yyyy	D	yes
AMENDDATE	date of modification	dd/mm/yyyy	D	yes

VAR_STOPDRUG

Variable	DEFINITION	VALUES	TYPE	ACCESS
*STOP_WHY	code for predominant cause of ART interruption	see below	C(5)	yes
*VAR_DESC	predominant cause of ART interruption *causes used from January 1999 - March 2000* For retroactive update which refers to dates prior to April 2000, these codes are used too	I=intolerance F=failure O=other *Codes introduced in April 2000:* Treatment failure Abnormal fat distribution Elevated cardiovascular risk Hypersensitivity reaction Toxicity, predominantly from abdomen / GI tract Toxicity, predominantly from nervous system Toxicity, predominantly from kidneys Toxicity, predominantly from endocrine system) Toxicity, not mentioned above Patients wish, decision Physicians decision Other causes Unknown *supplementary codes introduced in January 2002:* Patient died Patient lost from follow-up, *supplementary codes introduced in July 2003:* Dislipidaemia Cardiovascular disease Toxicity from GI tract Toxicity from liver Toxicity from pancreas Diabetes mellitus	C(100)	yes

Hematological toxicity
Lactat elevation,lactic acidosis
Structured treatment interruption
New coding system introduced in January 2015

VAR_DISEASE

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK DISEASE	disease code	example:'LYM'	C(5)	yes
*VAR_DESC	description	example: 'Lymphadenopathy'	C(40)	yes
*RELAPSE	for a disease, a relapse is possible or not accepted.	1=possible 0=not accepted	N(1)	yes
*DIAGNOSIS_TYPE	quality of diagnosis	0=always definitive 1=def. or pres. 2=always presumptive 9=quality of this diagnosis is not given	N(1)	yes
CDC_GROUP	1993-CDC-classification	A=CDC category A events B=CDC category B events C=CDC category C events D= CDC category C events if diagnosis is definitive	C(1)	yes
Refer to the document "Criteria used in the Swiss HIV Cohort Study for coding of Disease"				
FLAG	*for future utilization*		N(1)	no
IRIS	for a disease, IRIS is possible or not accepted	1=possible blank=not accepted	N(1)	yes
DIS_ID	HICDEP international coding for CDC-C diseases http://www.cphiv.dk/HICDEP/tabid/60/Default.aspx		C(5)	no
COMMENT_REQUIRED	A comment in the DIS comments field is needed			
CHART_REQUIRED	An event chart is needed	0=no 1=yes		
IS_OPPORTUNISTIC				

3 variables introduced in August 2018

VAR_CLINICAL

Table introduced in July 2008

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK CLIN_ID	code of disease or procedure	example: AMI	C(4)	yes
*VAR_DESC	description	example: ' Myocardial infarction'	C(100)	yes
*DIAGNOSIS_TYPE	has the trustworthiness of the diagnosis to be indicated?	0=always definitive 1=def. or presumptive	N(1)	yes
*CLIN_GROUP	group of CLIN_ID	C= Cardiovascular and vein diseases/procedure M=Metabolic diseases/procedures L=Liver diseases/procedures K=Kidney diseases/procedures B=Bone diseases/procedures O=Other	C(1)	yes
*INPUTDATE	date of registration	dd/mm/yyyy	D	no
AMENDDATE	date of modification	dd/mm/yyyy	D	no
DOCU_START	date of first documentation of specific clinical disease or procedure in data base	dd/mm/yyyy	D	yes
DOCU_STOP	date of last documentation of specific clinical disease or procedure in data base	dd/mm/yyyy	D	yes
2 variables introduced in November 2013				
.CHART_REQUIRED	An event chart is needed	0=no 1=yes	N(1)	no
CHART_REQIRED_START	Date after which a checking chart is needed	dd/mm/yyyy	D	no
2 variables introduced in August 2018 with the introduction of Django				

CENTER

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK CENTER	code defining centers	10 20 30 40 50 60 70	N(2)	yes
PK CENTER_NAME	description	Zuerich Basel Bern Geneva Lausanne Lugano Sankt Gallen	C(30)	yes

VAR_CANTON

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK CANTON	canton code	example:'VD'	C(5)	no
*VAR_DESC	description	example:'Vaud'	C(40)	no

VAR_REGION

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK REGION	region code	example: "005"	C(5)	yes
VAR_DESC	description	example: "South America"	C(40)	yes

VAR_NATION

(variables NATION and REGION modified with the UNAIDS codes in April 2015)

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK NATION	code defining nationality	example: 'CH'	C(5)	no
* VAR_DESC	description	ex.: 'Switzerland'	C(100)	no
REGION	geographic regrouping	see VAR_REGION	N(3)	in ADMIN
AIDS99	estimated HIV prevalence rate per 100 in the adult population 1999	1 = <0.05 2 = 0.05 - 0.09 3 = 0.10 - 0.49 4 = 0.50 - 0.99 5 = 1.00 - 4.99 6 = 5.00 - 9.99 7 = 0.0 - 14.9 8 = 15.0 - 19.9 9 = >= 20 blank=prevalence unknown	N(1)	no
FGM	Female Genital Mutilation prevalent in country?	1=yes	N(1)	no

variable introduced in June 2019 for a project (necessary for Django)

VAR_QUALITY

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK TABLEN	name of the table		C(10)	no
PK FIELDN	name of the variable		C(20)	no
*WARNING_INF			N	no
*WARNING_SUP			N	no
*ERROR_INF			N	no
*ERROR_SUP			N	no

COLLABORATION

Table introduced in March 2001

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patients personal identification number		N(5)	no
PK COLLAB	code of external data base where individual data of this patient have been sent to	see list in table VAR_COLLABORATION	C(15)	no
EXTERNAL_ID	identification number attributed to this patient in the external data base		C(10)	no

VAR_COLLABORATION

Table introduced in March 2001

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK COLLAB	data base code	example:'EUS'	C(15)	no
*VAR_DESC	description	example:'Eurosida'	C(50)	no
EXP_NAME	name of the person who sent these data away		C(25)	no
LAST_EXPORT	date of sending these data (or last update)	dd/mm/yyyy	D	no

EVENTS

no more used since August 2008
replaced by table CLINICAL not in ACCESS

Variable	DEFINITION	VALUES	TYPE
PK ID	patient's personal identification number	see table PAT	N(5)
PK EVENT	a code indicating the type of event		C(20)
PK EVENT_DATE	date of the corresponding event	dd/mm/yyyy	D
SEND_DATE	the date, the corresponding EVENT form has been sent to D.A.D.	dd/mm/yyyy	D
CHECK_DATE	the date the corresponding EVENT CHECKING CHART has been sent to D.A.D.	dd/mm/yyyy	D
TRANS	does the event need to be announced to D.A.D.	0=no 1=yes	N(1)
PAID_DATE	date of reimbursement of the event		D
EXCLUDE_DATE	date of cancel if diagnosis has not been confirmed		D

PROBLEMS

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	no
PK PROBDATE	date when the problem was described	dd/mm/yyyy	D	no
PK TABLEN	name of table concerned		C(6)	no
PK TABLEN_KEY	key word given by data manager		C(20)	no
CENTER2	center which is concerned by the problem	see table CENTER	N(2)	no
USER_NAME	data manager rising the problem		C(30)	no
PROBLEM	description of the problem	TEXT	C(500)	no
ANSWER	is the problem resolved	N=no Y=yes	C(1)	in ADMIN TABLE

HISTO

Track of data modifications for a selection of variables. Used until December 2016.

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK ID	patient's personal identification number	see table PAT	N(5)	no
PK TABLEN	Name of table concerned by data update		C(10)	no
PK FIELDN	Name of variable concerned by data update		C(20)	no
PK DATEHISTO	Date of data update	dd/mm/yyyy	D	no
KEYA	allows identifying the modified record, together with the variables ID, TABLEN and FIELDN		C(20)	no
OLD	old value that has been replaced		C(900)	no
NEW	new updated value		C(900)	no
USER_NAME	data manger who modified the data	first letter of first name and up to 5 letters of name	C(10)	no
COMUPD	reason for modification		C(900)	no

HIV_SUBTYPE

Table introduced in June 2008 (regularly imported based on the resistance DB) *in ACCESS since 07/2008*

Variable	DEFINITION	VALUES	TYPE	
PK ID	patient's personal identification number	see table PAT	N(5)	yes
PK SUBTYPE	HIV Subtype : identified with the "REGA HIV Subtyping Tool Version 2.0" http://bioafrica.mrc.ac.za/subtypetool/html/index.html if attribution of subtype is not possible by REGA HIV Subtyping Tool, then the method StarAnalyzer is used. http://www.vgb.ucl.ac.uk/starn.shtml		C(15)	yes
CREADATE	Date of data import		D	no
PK RESISTDATE	Date of the genotypic resistance test			

variable introduced in June 2019 for a project (necessary for Django)

GEN_AVAILABLE

A view in SHCS_MGR showing genetic analysis that have been done

Variable	DEFINITION	VALUES	TYPE	ACCESS
ID	patient's personal identification number	see table PAT	N(10)	yes
GENE	Denomination of gene		C(255)	yes
POLYM	Denomination of single nucleotide Polymorphism (SNP)	gene followed by position of SNP plus variant	C(30)	yes
ALLELE	nature of SNP compared to wild type	Position followed by change of nucleic acid (amino acid in parenthesis)	C(255)	yes
NCBI_RS_NO	reference number of the SNP according to **N**ational **C**enter for **B**iotechnology **I**nformation		C(255)	yes

HLA_RESULTS

A view in SHCS_MGR showing available HLA results from research projects

Variable	DEFINITION	VALUES	TYPE	ACCESS
ID	patient's personal identification number	see table PAT	N(5)	yes
LOCUS	investigated HLA locus	A, B, C, DRB1 with extension I or II for both chromosomes	C(30)	yes
GENLAB	patient's laboratory identification number		C(6)	no
DT_RESULT	date of analysis	dd/mm/yyyy	D	yes
RESULT	result of HLA analysis		C(200)	yes
FEEDBACK	date of HLA result transmission to the clinician	dd/mm/yyyy	D	no
PROJECT	denomination of research project		C(50)	yes
*INPUTDATE	date of registration	dd/mm/yyyy	D	no
AMENDDATE	date of modification	dd/mm/yyyy	D	no

MED_PRODUCT

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK PRODUCT_ID	unique identifier for product, links to tables MED_TREATMENT and MED_SUBSTANCE_IN_PRODUCT (see Figure 1)	z.B. 'J05AR06_4428580'	C(40)	
BRAND_NAME	name of product under which it is on the market	z.B. 'Atripla'	C(400)	
DESCRIPTION	further specification of product	z.B. 'ATRIPLA Filmtabl'	C(1000)	
FORM	description of form in which product is available	z.B. 'cpr pell'	C(128)	
ATC	ATC code of product as described here: https://www.whocc.no/atc_ddd_index/	z.B: 'J05AR06'	C(40)	
DOSE	dose of product, value and unit combined		C(40)	
DOSE_VALUE	numerical value of dose		N(20,3)	
DOSE_UNIT	unit of dose		C(40)	
TRIAL	indicates whether product is a trial drug	0=no 1=yes	N(1)	
INPUTDATE	date of input	dd/mm/yyyy	D	
AMENDDATE	date of last modification	dd/mm/yyyy	D	

MED_SUBSTANCE

Variable	DEFINITION	VALUES	TYPE	ACCESS
PK SUBSTANCE_ID	unique identifier for substance, links to table MED_SUBSTANCE_IN_PRODUCT (see Figure 1)	z.B. '208969'	C(40)	
NAME	name of substance	z.B. 'Emtricitabin'	C(400)	
INDICATION	indication category	see table VAR_DRUG	C(2)	
ART_TYPE	indicates type of therapy, not used anymore		C(2)	
TRIAL	indicates whether product is a trial drug	0=no	N(1)	
DRUG	3 character SHCS code for a given drug, used in table DRUG	z.B. 'ETC'	C(30)	
		1=yes		
INPUTDATE	date of input	dd/mm/yyyy	D	
AMENDDATE	date of last modification	dd/mm/yyyy	D	

MED_SUBSTANCE_IN_PRODUCT

Variable	DEFINITION	VALUES	TYPE	ACCESS
DOSE	dose of substance		C(40)	
CONTAINED_SUBSTANCE_ID	links to table MED_SUBSTANCE (see Figure 1)	z.B. '208969'	C(40)	

CONTAINING_PRODUCT_ID	links to table MED_PRODUCT (see Figure 1)	z.B. 'J05AR06_4428580'	C(40)
INPUTDATE	date of input	dd/mm/yyyy	D
AMENDDATE	date of last modification	dd/mm/yyyy	D

MED_TREATMENT

Variable	DEFINITION	VALUES	TYPE	ACCESS
ID	patient's personal identification number	see table PAT	N(5)	
PRODUCT_ID	links to table MED_PRODUCT (see Figure 1)			
START_DATE	date when treatment was started	dd/mm/yyyy	D	
START_DATE_ACCURACY	indicates how accurate the start date for a given treatment is	'='=exact date '<'=before this date '~'=approximately	C(1)	
STOP_DATE	date when treatment was stopped, absent if treatment is still ongoing	dd/mm/yyyy	D	
STOP_DATE_ACCURACY	indicates how accurate the stop date for a given treatment is	'='=exact date '<'=before this date '>'=after this date '~'=approximately	C(1)	
ADMINISTRATIONS	number of administrations		N(3)	
FREQUENCY	how often drug is taken	1=per day 2=per week 3=per month	N(1)	

		4=per year 5=single dose 6=in reserve 7=per two days 9=unknown		
COUNT	pharmaceutical forms (pills, tablets etc.) per administration		N(5,2)	
COUNT_MORNING			N(4,2)	
COUNT_NOON			N(4,2)	
COUNT_EVENING			N(4,2)	
COUNT_NIGHT			N(4,2)	C(40)
STOP_REASON_ID	reason for treatment stop	see table MED_TREATMENT_STOP_TYPE	C(5)	
INPUTDATE	date of input	dd/mm/yyyy	D	
AMENDDATE	date of last modification	dd/mm/yyyy	D	

Data base structure medication

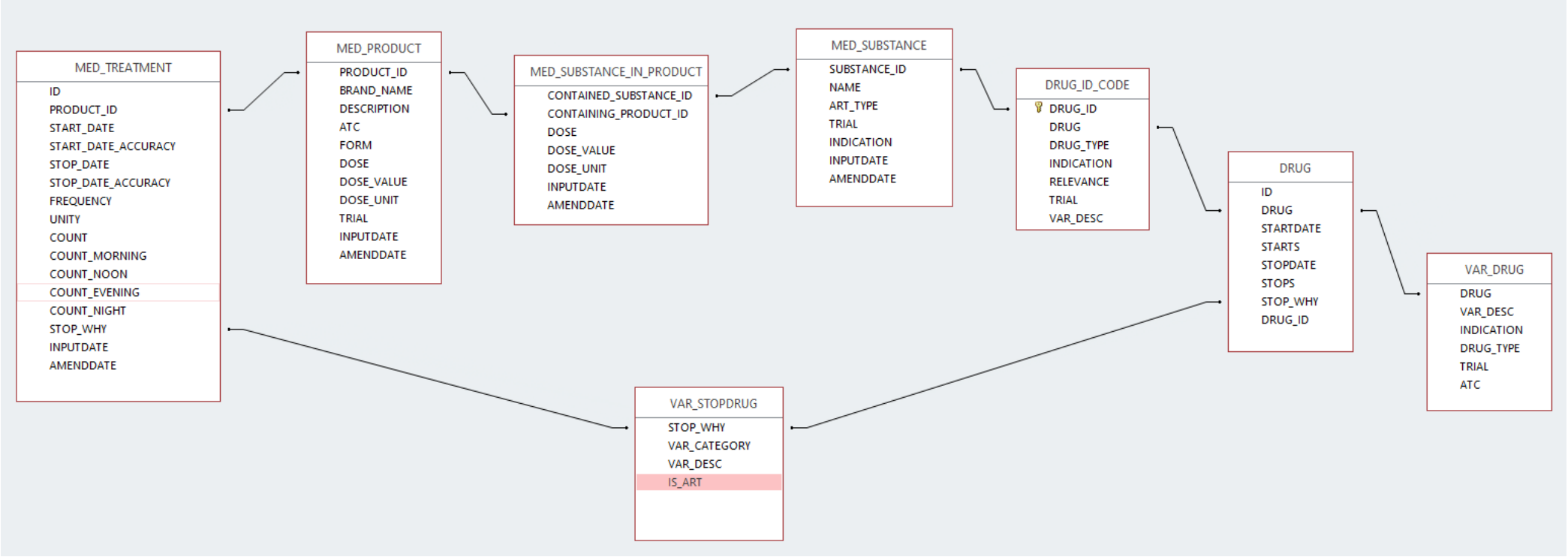

Figure 1 : relationships of medication tables

EUROQOL

not in Access – future use

Variable	DEFINITION	VALUES	TYPE	ACCESS
EUROQOL_ID	unique identifier for each record in EUROQOL table		N(11)	
MOBILITY	Today's status regarding mobility	1=no problems 2=slight problems 3=moderate problems 4=severe problems 5=unable to walk	N(11)	
SELF_CARE	Today's status regarding self care (washing and dressing oneself)	1=no problems 2=slight problems 3=moderate problems 4=severe problems 5=unable to wash or dress	N(11)	
USUAL_ACTIVITIES	How well is the patient able to pursue their usual activities?	1=no problems 2=slight problems 3=moderate problems 4=severe problems 5=unable	N(11)	
PAIN_DISCOMFORT	Does the patient have any pain or discomfort?	1=no pain/discomfort 2=slight pain/discomfort 3=moderate pain/discomfort 4=severe pain/discomfort 5=extreme pain/discomfort	N(11)	
ANXIETY_DEPRESSION	Is the patient anxious or depressed?	1=not anxious/depressed 2=slightly anxious/depressed 3=moderately anxious/depressed 4=severely anxious/depressed 5=extremely anxious/depressed	N(11)	

FUP_ID	links to entry in FUP table		N(11)
ID	patient’s personal identification number	see table PAT	N(5)
HEALTH	patient’s estimated health today	0-100	N(11)

TAILORED DATA SETS

ADMIN TABLE

FIELD	TYPE	DESCRIPTION	SOURCE OF INFORMATION	ACCESS
PK ID	N(5)	Patient's identification number	PAT table	yes
REGDATE	DATE	Date of the cohort registration visit	PAT table	yes
D_BORN	N(2)	Day of birth	PAT table	no
M_BORN	N(2)	Month of birth	PAT table	no
BORN	N(4)	Year of birth	PAT table	yes
BIRTHDATE	DATE	Date of birth	PAT table	no
HEIGHT	N(3)	Height in cm	PAT table	no
SEX	N(1)	Gender	PAT table	yes
ETHNICITY	N(1)	Ethnicity (see coding in PAT)	PAT table	
CENTER1	N(2)	Registration center	PAT table	yes
LAST_CENTER	N(2)	Center documenting the last follow-up or the stop	FUP, STOP tables	yes
LAST_FUP_DATE	DATE	Last follow-up date	FUP table	yes
LAST_LAB_DATE	DATE	Last laboratory date	LAB table	yes
LAST_INFO_DATE	DATE	Latest of these 4 dates: LAST_FUP_DATE, LAST_LAB_DATE, LIVEDATE or EXITDATE	FUP, LAB, STOP tables	yes
LAST_FUP_PHYSICIAN	C(50)	Last follow-up physician	FUP table	yes
LAST_FUP_STUDYNURSE	C(50)	Last follow-up study nurse	FUP table	yes
LAST_FUP_SOURCE	N(1)	Last follow-up source	FUP table	yes
LAST_FUP_SETTING	N(1)	Last follow-up setting	FUP table	
FIRST_C_DATE	DATE	Aids date: first NEWDATE within disease(s) of the CDC_GROUP = 'C'	DIS, VAR_DISEASE tables	yes
FOPH_REPORT	C(8)	Number of the form «Déclaration complémentaire SIDA/ Ergänzungsmeldung AIDS» from the Federal Office of Public Health (FOPH)	FOPH table	yes
FOPH_DATE	DATE	Date when Aids case was reported to the FOPH	FOPH table	yes
STOP	N(1)	Drop-out reason	STOP table	yes
STOPDATE	DATE	Date of stop	STOP table	yes
LIVEDATE	DATE	Latest date on which patient is known to be alive	STOP table	yes

ADMIN TABLE

FIELD	TYPE	DESCRIPTION	SOURCE OF INFORMATION	ACCESS
EXITDATE	DATE	Date of death	STOP table	yes
EXIT_WHY	C(5)	Death cause	STOP table	yes
EXIT_PLACE	C(5)	Death place	STOP table	yes
AUTOPSY	N(1)	Autopsy performed	STOP table	yes
COMMENTS	C(500)	Comments from the PAT table	PAT table	yes
PROBLEMS	C(500)	Oldest unresolved problem	PROBLEMS table	yes
REGION	C(3)	Nationality regrouped according to the regions used by UNAIDS	Derived from PAT, VAR_NATION	yes
ICD10_MC	C(5)	ICD-10 code for main cause of death (Used if EXIT_WHY = 'HIV' or 'OTH')	STOP table	yes
ICD10_SC1 – ICD10_SC3	C(5)	ICD-10 codes for secondary causes of death	STOP table	yes
W_CONSENT	N(1)	Has the patient signed a consent form? 1=yes ; blank=no	PAT, FUP table	yes
GENET_CONSENT_DT	DATE	Date when the patient agreed that blood can be used for genetic testing	GEN_CAND	yes
GENET_REFUSED_DT	DATE	Date when patient refused any genetic testing	GEN_CAND	yes
UPDATED	DATE	Date when this tailored data set was updated	Derived variable	yes
ALU	N(1)	ART and laboratory update 2008 and 2009	PAT table	yes

TAILOR TABLE

Demography and Summary

FIELD	TYPE	DESCRIPTION	SOURCE OF INFORMATION	ACCESS
PK ID	N(5)	Patient's identification number	PAT table	yes
REGDATE	DATE	Date of registration	PAT table	yes
CENTER1	N(2)	Center of registration	PAT table	yes
SEX	N(1)	Gender	PAT table	yes
BORN	N(4)	Year of birth	PAT table	yes
LAST_FUP_DATE	DATE	Last follow-up date	FUP table	yes
LAST_LAB_DATE	DATE	Last laboratory date	LAB table	yes
LAST_INFO_DATE	DATE	Latest of these 4 dates: LAST_FUP_DATE, LAST_LAB_DATE, LIVEDATE or EXITDATE	FUP, LAB, STOP tables	yes
RISKGROUP	C(15)	Most likely source of infection	• PAT table • Values : – 'MSM' if risk = 1 – 'HET' if risk = 2 – 'IDU' if risk = 3 or 4 – 'BLOOD' if risk = 5 or 6 – 'PERINAT' if risk = 7 – 'OTHER' if risk = 0 – 'UNKNOWN' if risk = 9	yes
FUP_YEARS	N(4,2)	Time of follow-up in years (since registration date)	FUP table, PAT table	
AGE_AT_REG	N(3)	Patient's age at registration	PAT table	
AGE_AT_DEATH	N(3)	Patient's age at death	PAT table, STOP table	

TAILOR TABLE

Milestones in Diseases Progression

FIELD	TYPE	DESCRIPTION	SOURCE OF INFORMATION	ACCESS
FIRST_C_DATE	DATE	Date of first aids defining disease	DIS, VAR_DISEASE tables	yes
C_EVENT	C(30)	Aids-defining event: • aids defining disease(s) diagnosed at FIRST_C_DATE	DIS, VAR_DISEASE tables	yes
FIRST_B_DATE	DATE	Date of first disease of the CDC_GROUP = 'B'	• DIS, VAR_DISEASE tables • If FIRST_B_DATE does not exist **OR** FIRST_B_DATE > FIRST_C_DATE, then FIRST_C_DATE value appears in this field	yes
B_EVENT	C(30)	Stage 'B' defining event: • disease(s) of CDC_GROUP = 'B' diagnosed at FIRST_B_DATE	• DIS, VAR_DISEASE tables • If no B_EVENT exists OR FIRST_B_DATE > FIRST_C_DATE, then C_EVENT appears in this field.	yes
SEROC_DATE	DATE	Sero-conversion date = midpoint between HIV_NEGDATE and HIV_POSDOCDATE.	• PAT table • HIV_NEGDOC = 1 • if HIV_POSDOCDATE is null then, the REGDATE value is used for the calculation	yes
SEROC_WINDOW	N(4)	Sero-conversion window expressed in number of days = HIV_POSDOCDATE minus HIV_NEGDATE.	• PAT table • HIV_NEGDOC = 1 • if HIV_POSDOCDATE is null, then the REGDATE value is used for the calculation	yes

TAILOR TABLE

Laboratory Markers and Milestones

FIELD	TYPE	DESCRIPTION	SOURCE OF INFORMATION	ACCESS
CD4_500_FD	DATE	First LABDATE with CD4 value < 500	LAB table	yes
CD4_200_FD	DATE	First LABDATE with CD4 value < 200	LAB table	yes
CD4_100_FD	DATE	First LABDATE with CD4 value < 100	LAB table	yes
CD4_50_FD	DATE	First LABDATE with CD4 value < 50	LAB table	yes
CD4_500_FV	N(7)	First CD4 value < 500	LAB table	yes
CD4_200_FV	N(7)	First CD4 value < 200	LAB table	yes
CD4_100_FV	N(7)	First CD4 value < 100	LAB table	yes
CD4_50_FV	N(7)	First CD4 value < 50	LAB table	yes
CD4_AT_REG	N(7)	CD4 closest to registration date (**+/- 90 days**)	LAB, PAT tables	yes
CD4_FIRST_VAL	N(7)	First measured CD4	LAB table	yes
CD4_FIRST_DATE	DATE	Date of first measured CD4	LAB table	yes
CD4_AT_AIDS	N(7)	CD4 value at the time of Aids diagnosis (**+/- 90 days**)	DIS, VAR_DISEASE, LAB tables	yes
CD4_LAST_VAL	N(7)	Last measured CD4	LAB table	yes
CD4_LAST_DATE	DATE	Date of last measured CD4	LAB table	yes
RNA_FIRST_VAL	DATE	First measured HIV RNA	LAB table	
RNA_FIRST_DATE	DATE	Date of first measured HIV RNA	LAB table	
RNA_LAST_VAL	N(12)	Last measured HIV RNA	LAB table	yes
RNA_LAST_LIMIT	N(12)	Detection limit of last HIV RNA measurement	LAB table	yes
RNA_LAST_DATE	DATE	Date of last RNA measurement	LAB table	yes
ART_START_DATE	DATE	Date of first anti-retroviral therapy (ART) First STARTDATE from a drug with INDICATION = 'A', excluding post exposure prophylaxis	DRUG, VAR_DRUG tables	yes
ART_START_PRECISION		Precision of the ART_START_DATE (1 = started before, 0 = precise date)	MODIF_ART	YES
ART_START_CD4	N(7)	CD4 value at the time of ART (**+ 30 /- 90 days**)	DRUG, VAR_DRUG, LAB tables	yes
ART_START_RNA	N(12)	RNA value at the time of ART (**+30 /- 90 days**)	DRUG, VAR_DRUG, LAB tables	yes
TRI_START_DATE	DATE	First prescription of at least 3 ART. excluding post exposure prophylaxis	MODIF_ART	yes
HAART_START_DATE	DATE	First prescription of at least 3 ART with 1PI or 1 NNRTI.(HAART), excluding post exposure prophylaxis	MODIF_ART	yes

CURRENT_ART	C(100)	Drugs according to last available information	MODIF_ART	yes
PRECISION	N(1)	Precision of start date of current ART	MODIF_ART	
UPDATED	DATE	Date when the last update of this tailored data set was done	Derived variable	yes

MODIF_ART TABLE

Information from DRUG; excluding post exposure prophylaxis ART naïf patients do not figure in this table

FIELD	TYPE	DESCRIPTION	DEFINITION RULES	ACCESS
PK MODIFART_ID	N(11)	identifier for each treatment in MODIF_ART table		
PK ID	N(5)	Patient's identification number		Yes
PK MODDATE	DATE	Begin of treatment episode		Yes
PRECISION	N(1)	Precision of the MODDATE (1 = started before, 0 = precise date)		Yes
ENDDATE	DATE	End of treatment episode		Yes
NUM_ART	N	Number of antiretroviral drugs		Yes
NUM_NRTI	N	Number of NRTI		yes
NUM_NNRTI	N	Number of NNRTI		yes
NUM_PI	N	Number of PI		yes
NUM_TRIAL	N	Number of blinded trials		yes
NUM_FI	N	Number of Fusion Inhibitors		yes
NUM_NTRTI	N	Number of NTRTI		yes
NUM_OTHERS	N	Number of other antiretroviral drugs		yes
HAART	N	0 = No, 1 = Yes	HAART means: NUM_ART>=3 of which at least NUM_PI>=1 or NUM_NNRTI>=1	yes
TREATMENT	C(100)	Drug combination		yes

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GENERAL COMMENTS

In August 2018 the electronic data capture system Django was introduced, which led to several changes in the database. New fields for technical use only had to be introduced. On most tables and automatically generated identifier was introduced. The FUP_ID links different tables and was filled in retrospectively.