

Hospital Number: _____ Gender: () Male () Female
NAP Number _____

Abstract Form for HIV-Infected Patients \geq 15 Years
(Random Sample of Patients from the Hospital Database)

Hospital Name _____ Province _____

Hospital Code:

Upper limit value of the hospital's SGPT test result (Input in the computer program)

Assessment Period: (Date/Month/Year in B.E.)

From ____/____/____ To ____/____/____

Health Insurance Coverage:

- () National Health Security Office (NHSO)
- () Social Security Office (SSO)
- () Government/State enterprise
- () Thai Citizen, not registered with NHSO/in process of registration
- () Others

Populations:

- () General
- () Mother-to-Child transmission
- () Recipient of infected blood/blood components
- () High-Risk populations
 - MSM
 - FSW
 - IDU
 - Migrant
 - Prisoner
- () ANC
- () Others (please specify: _____)

Date of Birth ____/____/(B.E.)_____

Weight =Kilograms

Hospital Number: _____ Gender: () Male () Female
NAP Number _____

1. CD4 Monitoring

1.1. Has the HIV-infected patient had a CD4 count test in the assessment year? (NAP, Core indicator)

Yes No (Skip to Question 2)

1.1.a. Results of CD4 count tests during the assessment period and one year back (NAP)

Date (in B.E.) of Test	CD4 Count (cells/ml ³)	Result Pending

2. Anti-retroviral Therapy

Access to ART

2.1 Did the HIV-infected patient meet the criteria for ART during the assessment period?

Yes No (Skip to Question 2.2)

2.1.1. Did the HIV-infected patient with criteria, receive ART during the assessment period? (NAP, Core indicator)

Yes, specify the starting date: ____/____/____ No (Skip to Question 3)

2.2 Current ARV therapy status

ART has not started. (Skip to Question 3) ART has just started.
 ART has been in progress. ART has stopped. (Skip to Question 3)

ART Monitoring

2.3 Has the HIV-infected patient taken ARV drug(s) for more than 6 months?

Yes No (Skip to Question 3)

2.3.1. Has the HIV-infected patient with more than 6 months of ART had a viral load test during the assessment period? (NAP, Core indicator)

Yes No (Skip to Question 2.4)

2.3.2. Results of viral load tests during the assessment period and one year back (NAP)

Date (in B.E.) of Test	Viral Load (copies/ml ³)	Result Pending

Hospital Number: _____ Gender: () Male () Female
 NAP Number _____

ART Adherence

2.4 Was the HIV-infected patient with ART assessed or monitored for adherence during the last 4 visits during the assessment period? (Core indicator)

- Yes No (Skip to Question 2.5)
 Yes, but the patient had visited less than 4 times during the assessment period

2.4.1. What was/were the assessment method(s) used by the hospital?

- Pills count Adherence record Questionnaire
 Visual analog scale Assessment by service provider

2.4.2. What were the results of the last 4 adherence assessments?

1 st time		2 nd time		3 rd time		4 th time	
Date:		Date:		Date:		Date:	
Adherence (NAP)	____ %	Adherence (NAP)	____ %	Adherence (NAP)	____ %	Adherence (NAP)	____ %

2.4.3. Adherence conclusion in the assessment year

- Drugs taken continuously and consistently Drugs taken not consistently
 Drugs taken consistently but not continuously, e.g. Physician decide to stop due to various reason, etc.

Lab Monitoring

2.5 Has the HIV-infected patient with ART been monitored using laboratory services? (NAP)

- Yes No (Skip to Question 2.7)

2.6 Results in the assessment year

Laboratory Examination	Examination Result (NAP)		Treatment in case of Abnormality	
<input type="checkbox"/> ALT (SGPT) (NAP)	1 st Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2 nd Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Cholesterol (NAP)	1 st Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2 nd Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Triglyceride (NAP)	1 st Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Hospital Number: _____ Gender: () Male () Female
 NAP Number _____

	2 nd Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Hemoglobin	1 st Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2 nd Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> WBC (NAP)	1 st Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2 nd Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> FBS (NAP)	1 st Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2 nd Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Creatinine (NAP)	1 st Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2 nd Time Date.....	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Treatment Failure

2.7 Has the HIV-infected patient with ART had treatment failure in the assessment year? (NAP)

- Yes No (Skip to Question 3)
 Not known, due to the VL test was not done (Skip to Question 3)

2.7.1. In case of treatment failure and VL >2000 copies/mm³, and assessed or monitored for drug adherence ≥ 95 %, has the HIV-infected patient been referred for drug resistance treatment? (NAP)

- Yes No (Skip to Question 3)

2.7.1.a. What was the result? Not resistant (Skip to Question 3) Resistant

2.7.1.b. In case of drug resistance, has the HIV-infected patient with ART received a different drug regimen in accordance with HIV/AIDS treatment guidelines? (NAP)

- Yes No

3. Opportunistic Infections Prophylaxis

3.0. In the assessment year, has the HIV-infected patient had any symptoms of HIV infection or any opportunistic infections? (NAP)

- Yes No

Hospital Number: _____

Gender: () Male () Female

NAP Number _____

Pneumocystis Carrinii Pneumonia (PCP)

3.1. Has the HIV-infected patient with criteria(s) received primary prophylaxis for PCP during the assessment period? (Core indicator) (For those with CD4 <200)

Yes No No because of allergy to both Bactrim and Dapsone.

3.2. Has the HIV-infected patient been diagnosed with and treated for PCP in the assessment year?

Yes No (Skip to Question 3.3)

3.2.1. If diagnosed with or treated for PCP, has the patient received secondary prophylaxis?

Yes No No because of allergy to both Bactrim and Dapsone.

3.3. In case of receiving PCP prophylaxis and CD4>200 cells/ μ l twice for 3-6 months did the patient stop the drugs?

Yes No

Cryptococcosis

3.4. Has the HIV-infected patient with criteria received primary prophylaxis for Cryptococcosis during the assessment period? (Core indicator) (For those with CD4 < 100)

Yes No No because of allergy to Fluconazole.

3.5. Has the HIV-infected patient been diagnosed with and treated for Cryptococcosis in the assessment year?

Yes No (Skip to Question 3.6)

3.5.1. In case of diagnosed with or treated for Cryptococcosis, has the patient received secondary prophylaxis?

Yes No No because of drug allergy.

3.6. In case of receiving Cryptococcal prophylaxis and CD>100 cells/ μ l for more than 6 months, did the patient stop the drugs? Yes No

Toxoplasmosis

3.7. Has the HIV-infected patient been diagnosed with and treated for Toxoplasmosis Encephalitis in the assessment year?

Yes No (Skip to Question 3.8)

3.7.1. In case of diagnosed with and treated for Toxoplasmosis Encephalitis, has the patient received secondary prophylaxis?

Yes No No because of sulfa drug allergy.

3.8. In case of receiving secondary prophylaxis and with CD > 200 cells/ μ l for more than 6 months, did the patient stop the drugs? Yes No

Hospital Number: _____

Gender: () Male () Female

NAP Number _____

MAC

3.9. Has the HIV-infected patient been diagnosed with and treated for MAC in the assessment year?

Yes No *(Skip to Question 4)*

3.9.1. In case of having MAC, has the HIV-infected patient received secondary prophylaxis?

Yes No No because of drug allergy.

3.10. In case of having been treated for at least 12 months and with CD4>100 cells/ μ l for more than 6 months, did the patient stop the drugs? Yes No

4. Disease Screening

Tuberculosis (TB) Screening

4.1. Was the HIV-infected patient suffering from TB disease or being treated for TB during the assessment period?

Yes *(Skip to Question 4.3)* No

4.2. Has the HIV-infected patient received TB screening by asking questions about clinical symptoms or risk of infection during the assessment period? *(Core indicator)*

Yes No *(Skip to Question 4.3)*

4.2.a. Has the patient had the risk of Pulmonary TB infection?

Yes No *(Skip to Question 4.3)*

4.2.1. Has the HIV-infected patient with clinical symptoms or risk of infection during the assessment received pulmonary TB screening as follows?

Yes No *(Skip to Question 4.3)*

4.2.1.a. Chest X-Ray Yes No

4.2.1.b. Sputum smear for AFB Yes No

(If the answer is "No" for 4.2.1.a. and 4.2.1.b., skip to Question 4.3)

4.2.2. From results, was the HIV-infected patient diagnosed with pulmonary TB?

Yes No *(Skip to Question 4.3)*

4.2.2.a. Did the patient diagnosed with TB receive treatment?

Yes No

STIs Screening

4.3. During the assessment period, has the HIV-infected patient been assessed for STIs risk behaviors?

Yes No *(Skip to Question 4.4)*

4.3.1. Was there any risky behavior for STIs in the assessment year?

Yes No *(Skip to Question 4.4)*

Hospital Number: _____

Gender: () Male () Female

NAP Number _____

4.3.1.a. Has the patient with risk behaviors been screened for STIs in the assessment year?

Yes No

4.3.1.b. Has the patient with STIs risk behaviors or symptoms been screened for Syphilis during the assessment period?

Yes No *(Skip to Question 4.3.1.c.)*

4.3.1.b.I. What was the result?

Normal *(Skip to Question 4.3.1.c.)* Abnormal

4.3.1.b.II. In case of abnormality, was syphilis treated? Yes No

4.3.1.c. Has the patient with risk behavior and abnormality (genital or anal ulcer, discharge from urethra or anus, dysuria, abnormal vaginal discharge) been screened for Gonorrhea during the assessment time?

Yes No *(Skip to Question 4.4)*

No, because of no abnormal symptom and sign of GC
(Skip to Question 4.4)

4.3.1.c.I. What was the result?

Normal *(Skip to Question 4.4)* Abnormal

4.3.1.c.II. In case of abnormality, was Gonorrhea treated? Yes No

Cervical Cancer Screening in HIV-Infected Female Patients

4.4. Has the HIV-infected patient been in a surgery or other operative treatment due to abnormality around cervical area?

Yes No

4.5. Has the HIV-infected patient been screened for cervical cancer using Pap-smear during the assessment period? *(Core indicator)*

Yes No *(Skip to Question 4.6)*

4.5.1. What was the pap-smear result?

Normal *(Skip to Question 4.6)* Abnormal

Received treatment from service center

Received referral to other service center and received treatment

Received referral to other service center but did not receive treatment

Did not receive treatment or referral

Hospital Number: _____ Gender: () Male () Female
NAP Number _____

CMV Retinitis Screening

4.6. In the assessment year, has the HIV-infected patient with CD4<100 cells/ μ l been examined or referred for CMV Retinitis screening?

Yes No *(Skip to Question 4.7)*

4.6.1 What was the result? Normal *(Skip to Question 4.7)* Abnormal

4.6.1.a. Did the patient with abnormality receive proper treatment?

- Received treatment from service center
- Received referral to other service center and received treatment
- Received referral to other service center but did not receive treatment
- Did not receive treatment or referral

Hepatitis B Screening

4.3 During the assessment period, has the HIV-infected patient been assessed for STis risk behaviors?

Yes No *(Skip to Question 4.8)*

4.7. Has the HIV-infected patient had Hepatitis B screening in the assessment year?

Yes No *(Skip to Question 4.8)*

4.7.1. What was the result?

HBs Ag- *(Skip to Question 4.8)*

HBs Ag+

4.7.1.a. Did the patient with abnormality receive proper treatment?

- Received treatment from service center
- Received referral to other service center and received treatment
- Received referral to other service center but did not receive treatment
- Did not receive treatment or referral

Hepatitis C Screening

4.8. Was the HIV-infected patient at risk of Hepatitis C?

Yes No *(Skip to Question 4.5)*

4.8.1. Did the patient with risk of Hepatitis C receive Hepatitis C screening?

Yes No *(Skip to Question 5)*

4.8.2 What was the result for Hepatitis C screening?

Infected *(Skip to Question 5)* Not infected

Hospital Number: _____ Gender: () Male () Female
NAP Number _____

4.8.2.a Does the patient with abnormal test result get proper treatment?

- Received treatment from service center
- Received referral to other service center and received treatment
- Received referral to other service center but did not receive treatment
- Did not receive treatment or referral

5. Heath Promotion

5.1. Has the HIV-infected patient had an assessment of drinking and smoking behavior in the assessment year?

- Yes
- No

5.2. Has the HIV-infected patient had an assessment of substance usage in the assessment year?

- Yes
- No

5.3. Has the HIV-infected patient had a psychological assessment at least 1 time in the assessment year?

- Yes
- No *(Skip to Question 5.4)*

5.3.1 Was there any stress and/or depression? Yes No *(Skip to Question 5.4)*

5.3.1.a Was the patient with stress and/or depression receive counseling or referral?

- Yes
- No

5.4. Has the HIV-infected patient received information or education on self care at least 2 times during the assessment period?

- Yes
- No

5.5. Has the HIV-infected patient received information or education on ART at least 2 times during the assessment period?

- Yes
- No

5.6 Has the HIV-infected patient received information or education on safe sex at least 2 times during the assessment period? *(Core indicator)*

- Yes
- No

5.7. Has the HIV-infected patient had a regular sex partner during the assessment period?

- Yes
- No *(Skip to Question 5.8)*
- N/A *(Skip to Question 5.8)*

5.7.1. Has the HIV-infected patient had sex with the regular sex partner during the assessment period?

- Yes
- No *(Skip to Question 5.7.2)*

5.7.1.a In case of having sex, was the patient given free condoms during the assessment period?

- Yes
- No

5.7.2.b. Did the patient use a condom with the regular sex partner during assessment period?

Hospital Number: _____

Gender: () Male () Female

NAP Number _____

Always Sometimes Never

5.7.1.c. Did the patient receive advice about family planning?

Yes No

5.7.2 HIV Disclosure

5.7.2.a In case of having a regular sex partner, did the patient know the HIV status of the partner?

Yes No

5.7.2.b Was the regular sex partner aware of the patient's HIV status?

Yes No

(If the answer is "Yes" for 5.7.2.a or 5.7.2.b, skip to question 5.7.3)

5.7.2.c. If one of the parties was not aware of the other's blood test result, was the patient given any advice about disclosing the result?

Yes No

5.7.3. Sex Partner Testing

5.7.3.a. Did the patient know the sexual partner have unknown HIV status?

Unknown status Known status *(Skip to Question 5.8)*

5.7.3.b. If sexual partner was unknown HIV status, did the patient receive advice to bring the partner in for HIV test in the assessment year?

Yes No *(Skip to Question 5.8)*

5.7.3.c. Did the suggested regular partner receive HIV test?

Yes No

5.8. Did the HIV-infected patient have casual sex partner during assessment period?

Yes No *(Assessment ended)* N/A *(Assessment ended)*

5.8.1 Did the patient use condom(s) with casual sex partner(s) during the assessment period?

Always Sometimes Never