**HIDES Enrolment**

Patient ID: ____________________________

((XXXX-XXXXX))

---

**Section A: Demography**

Year of birth: 
(MUST be between the age of 18 and 65)

((YYYY))

Gender: 
- Male
- Female

Ethnicity: 
- Caucasian
- Asian
- African
- Unknown

---

**Section B: Indicator Disease**

Patient presenting with: (based on treating physician's clinical or microbiological diagnosis)

- Malignant lymphoma (irrespective of type)
- Cervical dysplasia/cancer (CIN II and above)
- Anal dysplasia/cancer
- Hepatitis B (acute or chronic - and irrespective of time of diagnosis relative to time of survey)
- Hepatitis C (acute or chronic - and irrespective of time of diagnosis relative to time of survey)
- Hepatitis B+C (acute or chronic - and irrespective of time of diagnosis relative to time of survey)
- Ongoing mononucleosis-like illness
- Unexplained leukocytopenia or thrombocytopenia lasting at least 4 weeks
- Seborrheic dermatitis/exanthema
- Pneumonia (admitted to hospital at least 24h)
- Unexplained lymphadenopathy
- Peripheral neuropathy of unknown cause (diagnosed by neurologist)
- Primary lung cancer
- Severe or recalcitrant psoriasis (newly diagnosed)
- Uveitis
- Periodontitis
- Acute coronary syndrome/myocardial infarction
- Pulmonary hypertension

((Only one box ticked allowed))

---

**Section C: HIV Test Results**

Previous HIV serological status (patients must NOT be known to be HIV infected at the time of survey)

Previously tested for HIV: 
- Yes
- No
- Unknown
Most recent previous negative HIV test: ____________________________

((DD-MM-YYYY))

Total number of previous negative HIV tests: ____________________________

HIV test result: □ Positive □ Negative

Date of blood sample: ____________________________

((DD-MM-YYYY))

Patient received test result: □ Yes □ No □ Unknown

Patient successfully transferred to HIV specialist care: □ Yes □ No □ Unknown

Section D: Setting

Setting patient was seen: □ Hospital out-patient department/clinic □ Hospital in-patient/ward □ Primary care

Section E: HIV Infected

CD4 cell counts (closest to diagnosis) value: ____________________________

Date: ____________________________

((DD-MM-YYYY))

HIV-RNA values: ____________________________

((Units))

Date: ____________________________

((DD-MM-YYYY))

Section F: Additional Data Items

Sexual orientation: □ Heterosexual □ Homosexual □ Bisexual □ Unknown

Active intravenous drug use: □ Yes □ No □ Unknown
Has the patient had any signs of less serious HIV related symptoms within the last 5 years:

- [ ] Mononucleosis-like illness
- [ ] Oral candidiasis
- [ ] Herpes zoster
- [ ] Unexplained leukocytopenia or thrombocytopenia
- [ ] Seborrheic dermatitis/exanthema
- [ ] None

Diagnosed sexually transmitted diseases within the last 5 years:

- [ ] Gonorrhoea
- [ ] Syphilis
- [ ] Other ulcerative genital conditions
- [ ] Chlamydia
- [ ] Unspecified
- [ ] None

### HBV

- Any previous test of HBV: [ ] Yes [ ] No
- Test result: [ ] Positive [ ] Negative
- Date: ____________________ (DD-MM-YYYY)

### HCV

- Any previous test of HCV: [ ] Yes [ ] No
- Test result: [ ] Positive [ ] Negative
- Date: ____________________ (DD-MM-YYYY)

### Hospitalization

- Any hospitalization within the last 5 years: [ ] Yes [ ] No

### Due to severe opportunistic infections (including AIDS defining):

Diagnose:

- BCNE
- CANO
- CMVR
- CMVO
- CRCO
- CRSP
- CRVC
- FBLS
- HERP
- HIST
- ISDI
- KS
- LEIS
- LEU
- MC
- MCP
- MCX
- MCXO
- NHLB
- NHLI
- NHLU
- NHLP
- PCP
- SAM
- TOX

Please specify:

__________________________________

Date of diagnosis:

__________________________________

((DD-MM-YYYY))

Diagnose:

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((DD-MM-YYYY))

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Date of diagnosis: ____________________________

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Date of diagnosis:

((DD-MM-YYYY))

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**Other severe infections/cancers:**

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<th>Diagnose:</th>
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<td>○ BACT</td>
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<td>○ BLAD</td>
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Date of diagnosis:

((DD-MM-YYYY))
Diagnose:

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- BLAD
- BRCA
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Date of diagnosis:

((DD-MM-YYYY))

Completed by and date

Completed by:

((investigator's initials))

Date completed:

((DD-MM-YYYY))