





**HIV/AIDS STATUS**

18. Has the subject ever tested positive for HIV? " Yes  
 " No ÷ **GO TO LIVER DISEASE STATUS**

19. What were the results of the subjects most recent CD4 and CD8?  
 CD4      |\_\_|\_\_|\_\_| %  
           |\_\_|\_\_|\_\_| 10<sup>9</sup>/L  
 CD8      |\_\_|\_\_|\_\_| %  
           |\_\_|\_\_|\_\_| 10<sup>9</sup>/L

20. Has the subject ever been diagnosed with AIDS? " Yes  
 " No ÷ **GO TO LIVER DISEASE STATUS**

20a. Indicate which AIDS-defining illnesses the subject has had and the year it was first diagnosed.  
*Bolded items are cancers to report at Q. 25.*

	<u>YEAR</u>		<u>YEAR</u>
" Diagnosis unknown	__ __ __	" Mycobacterium avium (not only lungs, skin, cervical nodes)	__ __ __
" CD4 <200 cells/μL or <14%	__ __ __	" <b>Non-Hodgkin's Lymphoma (not T-cell or CNS Primary)</b>	__ __ __
" CMV (not liver, spleen, lymph)	__ __ __	" Pneumocystis carinii pneumonia (PCP)	__ __ __
" Candidiasis of esophagus or lungs	__ __ __	" Pneumonia, recurrent bacterial (more than once in 12 months)	__ __ __
" <b>Cervical cancer, invasive</b>	__ __ __	" Progressive multifocal leukoencephalopathy (PML)	__ __ __
" Coccidioidmycosis, extrapulmonary	__ __ __	" Pulmonary tuberculosis	__ __ __
" Cryptococcosis, extrapulmonary	__ __ __	" Salmonella septicemia, recurrent	__ __ __
" Cryptosporidiosis with diarrhea for > 1 month	__ __ __	" Toxoplasmosis of the brain	__ __ __
" Herpes simplex, ulcer for > 1 month	__ __ __	" Wasting syndrome (emaciation, "slim disease")	__ __ __
" Herpes simplex in lungs or esophagus	__ __ __	" Other multiple or recurrent bacterial infections at least 2 in a 2-year period	__ __ __
" Histoplasmosis, extrapulmonary	__ __ __		
" HIV encephalopathy/dementia	__ __ __		
" Isosporiasis with diarrhea for > 1 month	__ __ __		
" <b>Kaposi's Sarcoma</b>	__ __ __		
" Lymphoid interstitial pneumonia (LIP) or pulmonary lymphoid hyperplasia	__ __ __		
" Lymphoma of the brain (CNS Primary)	__ __ __		

**LIVER DISEASE STATUS**

21. With which of the following conditions has the subject been diagnosed? For each one the subject has had, record the year of first diagnosis. If the subject has not been diagnosed with any of these, choose 'NONE'.

	<u>Year of first diagnosis</u>
" <b>NONE</b>	
" Jaundice, persistent > 1 month	__ __ __
" Ascites (hepatic-related)	__ __ __
" Hepatic encephalopathy	__ __ __
" Bleeding esophageal varices	__ __ __
" Esophageal varices	__ __ __

22. Which of the following other conditions has the subject had? For each one the subject has had, record the year of first diagnosis. If the subject has not been diagnosed with any of these, choose 'NONE'.

	<u>Year of first diagnosis</u>
" NONE	
" Hepatocellular carcinoma	_ _ _ _ _
" Mixed cryoglobulinemia	_ _ _ _ _
" Aplastic anemia	_ _ _ _ _
" Porphyria cutanea tarda	_ _ _ _ _
" Membranoproliferative glomerulonephritis	_ _ _ _ _
" Other, Specify	_ _ _ _ _

23. Has the subject had a liver biopsy in the last 5 years? " Yes ÷ **SEND COPY OF PATH REPORT(S)**  
 " No

24. Is the subject eligible for a liver transplant (or would he be if not HIV positive)? " Yes  
 " No

**CANCER STATUS**

*Be sure to include those cancers you listed in the HIV/AIDS STATUS section.*

25. Has the subject ever been diagnosed with any type of cancer? " Yes ÷ **SEND COPY OF PATH REPORT(S)**  
 " No ÷ **FORM IS COMPLETE. KEY ON-LINE AT <https://mhcs-ii.rti.org>.**

**Cancer #1** a. Primary site \_\_\_\_\_

b. Type \_\_\_\_\_ Histologic subtype \_\_\_\_\_

c. Is this cancer localized to the primary site or metastatic? " Localized  
 " Metastatic

d. Diagnosis date |\_|\_|\_|\_|\_| |\_|\_|\_|\_|\_|  
 Month Year

**Cancer #2** a. Primary site \_\_\_\_\_

b. Type \_\_\_\_\_ Histologic subtype \_\_\_\_\_

c. Is this cancer localized to the primary site or metastatic? " Localized  
 " Metastatic

d. Diagnosis date |\_|\_|\_|\_|\_| |\_|\_|\_|\_|\_|  
 Month Year

<b>REMEMBER</b>	<ul style="list-style-type: none"> <li>KEY DATA ON-LINE AT <a href="https://mhcs-ii.rti.org">https://mhcs-ii.rti.org</a> AND PUT FORM IN SUBJECTS FILE.</li> <li>SEND RTI A COPY OF PATHOLOGY REPORT(S) FOR EACH LIVER BIOPSY AND CANCER DIAGNOSIS REPORTED.</li> <li>IF SUBJECT HAS SIBLING AT CLINIC THAT HAS <u>NOT</u> BEEN ENROLLED, CONTACT AND SCHEDULE APPOINTMENT.</li> </ul>
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