PROJECT NO. 3732-1

FORM NO. 01

SUBJECT ID LABEL

Date Abstracted ___ ___ Month ___ ___ Day ___ ___ Year

By (Name) _____ ___ ___

HIV HEMOPHILIA STUDY

PATIENT ABSTRACT FORM

ASSURANCE OF CONFIDENTIALITY

All information which would provide identification of the individual will be held in strict confidence, will be used only for purposes of and by persons engaged in the Survey, and will not be disclosed or released to others for any purposes, in accordance with Public Law 92-255, as amended.

PART A - CURRENT PATIENT STATUS

1a. Date of most recent patient contact . . . . . |__|__| |__|__| |__|__|
MO. DAY YR.

1b. Source of information at that date (Circle one)

Patient visit to this clinic 1
Call to another physician who has seen patient 2
Call to patient. 3
Call to patient's family/friend 4
Other (Specify) _____ 5

2a. Vital status at that date (Circle one)

Alive and well 1
Alive with ARC 2
Alive with AIDS 3
Alive without AIDS or ARC but with liver disease, cirrhosis, hepatic failure, or jaundice 4
Alive, Other illness (Specify) _____ 5
_____
Alive, transfered to another center 6
(Specify) _____
Dead with AIDS 7
Dead without AIDS 8

2b. If dead, Cause of Death _____ |__|__|
_____ |__|__|
_____ |__|__|
_____ |__|__|

2c. Date of Death . . . . . |__|__| |__|__| |__|__|
MO. DAY YR.

2d. If AIDS diagnosed before death, give date AIDS was first diagnosed |__|__| |__|__| |__|__|
MO. DAY YR.

3a. Patient's sexual activity (Circle one)

Heterosexual 1
Homosexual 2
Bisexual 3
No sexual activity since 1980 4
Virgin 5
Unknown 6

3b. Parenteral drug use. Includes any needle injection (IV, IM, SC) of heroin, other narcotics, cocaine, and other "recreational" drugs. (Circle one)

Parenteral drug abuse since 1979 1
Parenteral drug abuse, but not since 1979 2
No parenteral drug abuse 3
Parenteral drug use history unknown . . . 4

4. Current therapy (In the past 12 months)

4a. NON-HEAT TREATED * PRODUCTS	CIRCLE ONE	IF RECEIVED GIVE LAST DATE RECEIVED *
1. AHF (F-VIII Concentrate)	Received . . . . . 1 Never Given . . . . . 2 Unknown 3	——— |__|__| |__|__| |__|__| MO. DAY YR.
2. Total AHF Dose	> 50,000 Units . . . . . 1 20,001 - 50,000 Units . . 2 1 - 20,000 Units . . . . . 3 Never given . . . . . 4 Unknown 5	
3. Konyne	Received . . . . . 1 Never given . . . . . 2 Unknown 3	——— |__|__| |__|__| |__|__| MO. DAY YR.
4. Proplex	Received . . . . . 1 Never given . . . . . 2 Unknown 3	——— |__|__| |__|__| |__|__| MO. DAY YR.
5. Proplex SF	Received . . . . . 1 Never given . . . . . 2 Unknown 3	——— |__|__| |__|__| |__|__| MO. DAY YR.
6. FEIBA/Autoplex	Received . . . . . 1 Never given . . . . . 2 Unknown 3	——— |__|__| |__|__| |__|__| MO. DAY YR.
7. Total F-IX Concentrate Dose (all brands)	> 50,000 Units. . . . . 1 20,001 - 50,000 Units . . 2 1 - 20,000 Units . . . . . 3 Never given . . . . . 4 Unknown 5	
8. Cryoprecipitate/ plasma	Received . . . . . 1 Never given . . . . . 2 Unknown 3	——— |__|__| |__|__| |__|__| MO. DAY YR.
9. Other (Specify) _____ _____	Received . . . . . 1 Never given . . . . . 2 Unknown 3	——— |__|__| |__|__| |__|__| MO. DAY YR.

* If the hemophiliac received product in past 12 months that may not have been heat-treated, record "received" under non-heat treated, and the last date this product was received.

4. Current therapy (in the past 12 months) (Continued)

4b. HEAT TREATED PRODUCTS	CIRCLE ONE	IF RECEIVED GIVE LAST DATE RECEIVED
1. AHF (F-VIII Concentrate)	Received . . . . . 1 Never Given . . . . . 2 Unknown 3	——— |__|__| |__|__| |__|__| MO. DAY YR.
2. Total AHF Dose	> 50,000 Units . . . . . 1 20,001 - 50,000 Units . . 2 1 - 20,000 Units . . . . . 3 Never given . . . . . 4 Unknown 5	
3. Konyne	Received . . . . . 1 Never given . . . . . 2 Unknown 3	——— |__|__| |__|__| |__|__| MO. DAY YR.
4. Proplex	Received . . . . . 1 Never given . . . . . 2 Unknown 3	——— |__|__| |__|__| |__|__| MO. DAY YR.
5. Proplex SF	Received . . . . . 1 Never given . . . . . 2 Unknown 3	——— |__|__| |__|__| |__|__| MO. DAY YR.
6. FEIBA/Autoplex	Received . . . . . 1 Never given . . . . . 2 Unknown 3	——— |__|__| |__|__| |__|__| MO. DAY YR.
7. Total F-IX Concentrate Dose (all brands)	> 50,000 Units. . . . . 1 20,001 - 50,000 Units . . 2 1 - 20,000 Units . . . . . 3 Never given . . . . . 4 Unknown 5	
8. Other (Specify) _____ _____	Received . . . . . 1 Never given . . . . . 2 Unknown 3	——— |__|__| |__|__| |__|__| MO. DAY YR.

5. Has this form been completed before? (Circle one)

Yes . . . . . 1 ——— (SKIP TO PART C)
No . . . . . 2 ——— (FILL OUT ENTIRE FORM)

PART B - HISTORICAL DATA FROM JANUARY 1, 1978 TO PRESENT

(TO BE COMPLETED ONLY THE FIRST TIME THIS FORM IS USED FOR PATIENT INFORMATION)

1. Sex (Circle one)

Male 1
Female 2

2. Race (Circle one)

White/Caucasian (Not Hispanic) 1
Black/Negro (Not Hispanic) 2
Asian/Pacific Islander 3
American Indian/Alaskan Native 4
Hispanic 6

3. Date of birth . . . . . |__|__| |__|__| |__|__|
MO. DAY YR.

4. Date first seen at this clinic . . . . . |__|__| |__|__| |__|__|
MO. DAY YR.

5. Was sera or plasma stored before January, 1983? (Circle one)

Yes 1
No 2
Unknown 3

6. Hemophilia type (Circle one)

Hemophilia A 1
Hemophilia B 2
Von Willebrand's 3
Other (Specify) _____ 4

7. Severity (Circle one)

Mild 1
Moderate 2
Severe 3

8. Therapy since 1978

8a. NON-HEAT TREATED * PRODUCTS	CIRCLE ONE	IF RECEIVED GIVE LAST DATE RECEIVED *
1. AHF (F-VIII Concentrate)	Received . . . . . 1 Never Given . . . . . 2 Unknown 3	____ |__|__| MO. |__|__| DAY |__|__| YR.
2. Cumulative AHF Dose Since 1978	> 1,000,000 Units . . . . 1 100,001 to 1,000,000 Units . . . . 2 1 to 100,000 Units . . . . 3 Never given . . . . . 4 Unknown 5	
3. Konyne	Received . . . . . 1 Never given . . . . . 2 Unknown 3	____ |__|__| MO. |__|__| DAY |__|__| YR.
4. Proplex	Received . . . . . 1 Never given . . . . . 2 Unknown 3	____ |__|__| MO. |__|__| DAY |__|__| YR.
5. Proplex SF	Received . . . . . 1 Never given . . . . . 2 Unknown 3	____ |__|__| MO. |__|__| DAY |__|__| YR.
6. FEIBA/Autoplex	Received . . . . . 1 Never given . . . . . 2 Unknown 3	____ |__|__| MO. |__|__| DAY |__|__| YR.
7. Cumulative F-IX Dose Since 1978 (all brands)	> 1,000,000 Units . . . . 1 100,001 to 1,000,000 Units . . . . 2 1 to 100,000 Units . . . . 3 Never given . . . . . 4 Unknown 5	
8. Cryoprecipitate/ plasma	Received . . . . . 1 Never given . . . . . 2 Unknown 3	____ |__|__| MO. |__|__| DAY |__|__| YR.
9. Other (Specify) _____ _____	Received . . . . . 1 Never given . . . . . 2 Unknown 3	____ |__|__| MO. |__|__| DAY |__|__| YR.

\|__\|__\|

* If the hemophiliac ever received product that may not have been heat-treated, record "received" under non-heat treated, and the last date this product was received.

8. Therapy since 1978 (Continued)

8b. HEAT TREATED PRODUCTS	CIRCLE ONE	IF RECEIVED GIVE FIRST DATE RECEIVED *
1. AHF (F-VIII Concentrate)	Received . . . . . 1 Never Given . . . . . 2 Unknown 3	____ |__|__| |__|__| |__|__| MO. DAY YR.
2. Cumulative AHF Dose Since 1978	> 1,000,000 Units . . . . 1 100,001 to 1,000,000 Units . . . . 2 1 to 100,000 Units . . . . 3 Never given . . . . . 4 Unknown 5	
3. Konyne	Received . . . . . 1 Never given . . . . . 2 Unknown 3	____ |__|__| |__|__| |__|__| MO. DAY YR.
4. Proplex	Received . . . . . 1 Never given . . . . . 2 Unknown 3	____ |__|__| |__|__| |__|__| MO. DAY YR.
5. Proplex SF	Received . . . . . 1 Never given . . . . . 2 Unknown 3	____ |__|__| |__|__| |__|__| MO. DAY YR.
6. FEIBA/Autoplex	Received . . . . . 1 Never given . . . . . 2 Unknown 3	____ |__|__| |__|__| |__|__| MO. DAY YR.
7. Cumulative F-IX Dose Since 1978 (all brands)	> 1,000,000 Units . . . . 1 100,001 to 1,000,000 Units . . . . 2 1 to 100,000 Units . . . . 3 Never given . . . . . 4 Unknown 5	
8. Other (Specify) _____ _____	Received . . . . . 1 Never given . . . . . 2 Unknown 3	____ |__|__| |__|__| |__|__| MO. DAY YR.

* Note: For any heat-treated product usage since 1978, you are to record the first date the product was received, not the last date as previously requested.

PART C - PAST HISTORY

Circle One

1a. This is the First Form 1

Items 2-15 Entire previous history
Items 16-21 During the past 12 months

This is a Follow-up Form 2

Items 2-21 Since last completion of form

1b. Date of previous evaluation (Item A1 on last form) —— |__|__| |__|__| |__|__|
MO. DAY YR.

	WAS CONDITION PRESENT AT ANY TIME (OR SINCE PREVIOUS EVALUATION)?	FOR EACH CONDITION CIRCLE ONE	DATE FIRST DIAGNOSED (OR SINCE PREVIOUS EVALUATION IF THIS IS A FOLLOW-UP FORM)
2.	Kaposi's Sarcoma (Biopsy proven)	Yes . . . . . 1 —— No 2	
3.	Other Malignancy/Lymphoma (Specify type) _____ _____	Yes . . . . . 1 —— No 2	
4.	Pneumocystis Carinii Pneumonia (Biopsy/Cytology proven)	Yes . . . . . 1 —— No 2	
5.	Other Pneumonia (Specify type) _____ _____	Yes . . . . . 1 —— No 2	
6.	Herpes Zoster (Shingles)	Yes . . . . . 1 —— No 2	
7a.	Oral Candidiasis (Clinical Thrush)	Yes . . . . . 1 —— No . . . . . 2 —— (C8)	
7b.	Was the Candidiasis During or Subsequent to Antibiotic Therapy	Yes . . . . . 1 No 2	
8.	Oral "Hairy" Leukoplakia	Yes . . . . . 1 —— No 2	
9.	Tuberculosis (Specify Type and Pulmonary/Extrapulmonary) _____ _____	Yes . . . . . 1 —— No 2	

	WAS CONDITION PRESENT AT ANY TIME (OR SINCE PREVIOUS EVALUATION)?	FOR EACH CONDITION CIRCLE ONE	DATE FIRST DIAGNOSED (OR SINCE PREVIOUS EVALUATION IF THIS IS A FOLLOW-UP FORM)
10.	Other AIDS-Related Infection (Specify type) _____	Yes . . . . . 1 No 2	MO. DAY YR.
11.	History of Jaundice	None . . . . . 1 One episode . . . . 2 > One episode . . . 3 Persistent 4	MO. DAY YR.
12.	History of Transaminase Elevation	None/Never. . . . . 1 One episode > twice normal . 2 Two or more episodes > twice normal . 3 Persistently elevated 4	MO. DAY YR.
13.	History of Splenomegaly	None . . . . . 1 Palpable but not below costal margin . . . . . 2 Palpable below coastal margin. . 3 (Specify ☐☐ cm)	MO. DAY YR.
14.	Cervical Lymphadenopathy	Severe (>2 cm in two or more distinct sites . . . . . 4 Moderate (Other combinations in two or more sites . . . . . 3 Mild (One site any size) . . . . 2 None 1	MO. DAY YR.

	WAS CONDITION PRESENT AT ANY TIME (OR SINCE PREVIOUS EVALUATION)?	FOR EACH CONDITION CIRCLE ONE	DATE FIRST DIAGNOSED (OR SINCE PREVIOUS EVALUATION IF THIS IS A FOLLOW-UP FORM)
15.	Other Extrainguinal Lymphadenopathy	Severe (>2 cm in two or more distinct sites . . . . . 4 Moderate (Other combinations in two or more sites . . . . . 3 Mild (One site any any size) . . . . 2 None 1	——— MO. DAY YR.

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REMEMBER

FIRST FORM: ITEMS 16-21——DURING THE PAST 12 MONTHS
FOLLOW-UP FORM: ITEMS 16-21——SINCE THE LAST EVALUATION

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	WAS CONDITION PRESENT DURING THE PAST 12 MONTHS (OR SINCE PREVIOUS EVALUATION)?	FOR EACH CONDITION CIRCLE ONE	DATE FIRST DIAGNOSED (OR SINCE PREVIOUS EVALUATION IF THIS IS A FOLLOW-UP FORM)
16.	Persistent or intermittent diarrhea (for more than two weeks) (Specify cause) _____	Yes . . . . . 1 No 2	——— MO. DAY YR.
17.	Persistent fever (greater than 101 orally for two weeks)	Yes . . . . . 1 No 2	——— MO. DAY YR.
18.	Persistent non-productive cough (for more than two weeks)	Yes . . . . . 1 No 2	——— MO. DAY YR.
19.	Weight loss greater than 10 lbs. without dieting	Yes . . . . . 1 No 2	——— MO. DAY YR.
20.	Change in personality or affect	Yes . . . . . 1 No 2	——— MO. DAY YR.
21.	Neurological abnormalities (Specify) _____ _____	Yes . . . . . 1 No 2	——— MO. DAY YR.

PART D - CURRENT PHYSICAL EXAMINATION

1. Date of current physical examination |__|__| Month |__|__| Day |__|__| Year

2. Jaundice
   Yes 1
   No 2

3. Spider Angiomata
   Yes 1
   No 2

4. Ascites
   Yes 1
   No 2

5. Hepatomegaly |__|__|
   00 = If no hepatomegaly, otherwise give cm below costal margin
   98 = Unknown

6. Splenomegaly |__|__|
   00 = If none, otherwise give cm below costal margin
   88 = If palpable, but not measurable
   98 = Unknown

7a. Lymphadenopathy |__|__| Number of cervical sites (00 if none)

|__|__| Number of other extrainguinal sites (00 if none)

7b. Give dimension (cm)

|__|__| Largest (00 if none enlarged)

|__|__| Second largest (but in another site)
(00 if only one site enlarged)