

Appendix I

Data Abstraction Tool

Form #: _____

Initials of the Abstractor: _____

Data Abstraction Form

COVER PAGE

1) CLINIC SITE: _____	6) MODE OF TRANSMISSION Unprotected sex with male <input type="checkbox"/> Unprotected sex with female <input type="checkbox"/> IV drug use <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Unknown <input type="checkbox"/>	10) VILLAGE _____
1) ETHNIC GROUP: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> ETHNIC GROUPS: 1) Bambara, 2) Fulani, 3) Senoufo, 4) Songhay, 5) Malinke, 6) Tuareg, 7) Dogon, 8) Other	7) AGE -at time of starting on ART: _____ years (≥ 21 y-o)	11) MEMBERS PER HOUSHOLD: _____
2) DATE OF CHART ABSTRACTION ____/____/____	8) HIV STATUS DISCLOSURE Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, patient disclosed the status to: Spouse/Partner <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Child <input type="checkbox"/> Other: _____	12) MARITAL STATUS: Single/Never married <input type="checkbox"/> Married/Cohabitant <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Widowed <input type="checkbox"/>
3) DATE OF BIRTH ____/____/____ <input type="checkbox"/> Estimation	9) WHO STAGE at ____/____/____: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	13) EDUCATION: None <input type="checkbox"/> Highest grade (1-12): _____ <input type="checkbox"/> College/University <input type="checkbox"/> Other: _____ <input type="checkbox"/>
4) DATE OF HIV DIAGNOSIS ____/____/____		14) HOUSEHOLD INCOME (XFO per month): <10,000 <input type="checkbox"/> 10,000-15,000 <input type="checkbox"/> 15,001-30,000 <input type="checkbox"/> 30,001-70,000 <input type="checkbox"/> >70,000 <input type="checkbox"/>
5) GENDER Female <input type="checkbox"/> If Yes: Pregnant Yes <input type="checkbox"/> No <input type="checkbox"/> Breastfeeding Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/>		

Form #: _____

Initials of the Abstractor: _____

ART (Part I)

1) PATIENT ON ART (at least 1 month): Yes <input type="checkbox"/> No <input type="checkbox"/> (excluded)	2) WITH TREATMENT SUPPORTER: Yes <input type="checkbox"/> No <input type="checkbox"/>	3) ENROLLED IN HOME-BASED CARE: Yes <input type="checkbox"/> No <input type="checkbox"/>																																													
4) TIME ON ART How long: _____	6) HOW MANY DOSES MISSED IN THE PAST 7 DAYS: _____																																														
5) REGIMEN No: _____	7) SINCE LAST VISIT, PILLS GIVEN TO ANOTHER PERSON: Yes <input type="checkbox"/> No <input type="checkbox"/> How many: _____																																														
REASONS FOR STOPPING: b) Pregnancy c) Treatment failure d) Poor adherence e) TB Medication f) Patient decision g) Drug interaction h) Drug unavailable i) Anemia j) Neuropathy k) Rash l) Hepatitis m) Pancreatitis n) Lactic Acidosis o) Other side effects p) Physician decision	8) ART MEDICATION: <table border="0"> <thead> <tr> <th>NRTIs</th> <th>Current</th> <th>Reason Stopped</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Zidovudine AZT</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Stavudine D4T</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Lamivudine 3TC</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Abacavir ABC</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Tenofovir TDF</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Didanosine ddl</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Emtricitabine FTC</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td colspan="3">NNRTIs</td> </tr> <tr> <td><input type="checkbox"/> Nevirapine NVP</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Efavirenz EFV</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td colspan="3">PIs</td> </tr> <tr> <td><input type="checkbox"/> Lopinavir/ritonavir LPV/r</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Indinavir IDV</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Nelfinavir NFV</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table>		NRTIs	Current	Reason Stopped	<input type="checkbox"/> Zidovudine AZT	<input type="checkbox"/>	_____	<input type="checkbox"/> Stavudine D4T	<input type="checkbox"/>	_____	<input type="checkbox"/> Lamivudine 3TC	<input type="checkbox"/>	_____	<input type="checkbox"/> Abacavir ABC	<input type="checkbox"/>	_____	<input type="checkbox"/> Tenofovir TDF	<input type="checkbox"/>	_____	<input type="checkbox"/> Didanosine ddl	<input type="checkbox"/>	_____	<input type="checkbox"/> Emtricitabine FTC	<input type="checkbox"/>	_____	NNRTIs			<input type="checkbox"/> Nevirapine NVP	<input type="checkbox"/>	_____	<input type="checkbox"/> Efavirenz EFV	<input type="checkbox"/>	_____	PIs			<input type="checkbox"/> Lopinavir/ritonavir LPV/r	<input type="checkbox"/>	_____	<input type="checkbox"/> Indinavir IDV	<input type="checkbox"/>	_____	<input type="checkbox"/> Nelfinavir NFV	<input type="checkbox"/>	_____
NRTIs	Current	Reason Stopped																																													
<input type="checkbox"/> Zidovudine AZT	<input type="checkbox"/>	_____																																													
<input type="checkbox"/> Stavudine D4T	<input type="checkbox"/>	_____																																													
<input type="checkbox"/> Lamivudine 3TC	<input type="checkbox"/>	_____																																													
<input type="checkbox"/> Abacavir ABC	<input type="checkbox"/>	_____																																													
<input type="checkbox"/> Tenofovir TDF	<input type="checkbox"/>	_____																																													
<input type="checkbox"/> Didanosine ddl	<input type="checkbox"/>	_____																																													
<input type="checkbox"/> Emtricitabine FTC	<input type="checkbox"/>	_____																																													
NNRTIs																																															
<input type="checkbox"/> Nevirapine NVP	<input type="checkbox"/>	_____																																													
<input type="checkbox"/> Efavirenz EFV	<input type="checkbox"/>	_____																																													
PIs																																															
<input type="checkbox"/> Lopinavir/ritonavir LPV/r	<input type="checkbox"/>	_____																																													
<input type="checkbox"/> Indinavir IDV	<input type="checkbox"/>	_____																																													
<input type="checkbox"/> Nelfinavir NFV	<input type="checkbox"/>	_____																																													
9) OTHER MEDICATIONS: Septrim <input type="checkbox"/> Fluconazole <input type="checkbox"/> Traditional Medicine <input type="checkbox"/> Anti-malarials <input type="checkbox"/> Others: _____ Others: _____ Others: _____	10) CD4 Last CD4 Count: _____ % _____ Date: ____/____/_____ Baseline CD4: _____ % _____ Date: ____/____/_____ 																																														

Form #: _____

Initials of the Abstractor: _____

ART (Part II)

11) EVER HAVING PROBLEMS TAKING
THE PILLS:

Ever ☐

Rarely ☐

Sometimes ☐

Often ☐

Very often ☐

13) AT BASELINE, PATIENT
EXPERIENCED ANY OF THESE ORAL
LESIONS:

Oral Candidiasis ☐

Angular cheilitis ☐

Histoplasmosis ☐

Oral Herpes simplex ☐

Oral/Facial Herpes zoster ☐

Human papillomavirus lesions ☐

Cytomegalovirus ulcers ☐

Oral Hairy leukoplakia ☐

Linear gingival erythema ☐

Necrotizing ulcerative periodontitis ☐

Kaposi's sarcoma ☐

Non-Hodgkin's lymphoma ☐

Recurrent aphthous ulcers ☐

HIV salivary gland disease – DILS ☐

Other: _____ ☐

Other: _____ ☐

Other: _____ ☐

12) REASONS FOR MISSING THE PILLS:

☐ Forgot

☐ Side effects/Feel too ill

☐ Away from home/Travelling/Attending a funeral

☐ Problems swallowing

☐ Patient ran out of medicine

☐ Clinic ran out of medicine

☐ Lost medicine

☐ Did not want to take medicine

☐ Too busy/Disorganized

☐ No enough food or money

☐ Feels depressed

☐ Feels well

☐ Other: _____

COMMENTS: