HIV Specific History

Please answer to the best of your abilities. We understand that some dates may be estimates and that you may not know some of the answers.

When did you first test positive for HIV (MM/YY)?   ____/_____
When did you last test negative for HIV (MM/YY)?   ____/_____
What was your lowest T cell count (CD4)?   _____   Date: ____/_____
What was your most recent T cell count?   _____   Date: ____/_____
What range was your viral load at baseline (before medications if you've been treated)?
☐ Undetectable   ☐ Less than 10,000   ☐ 10,000-100,000   ☐ More than 100,000
What was your most recent viral load?   _____   Date: ____/_____

Have you ever had these infections/problems associated with HIV or its treatment? Circle and write date (if you don't know what these are, ask and we'll describe them)

Thrush   _____   Candida esophagitis   _____
Shingles/Zoster _____   Cryptococcal meningitis_____
Seborrhea   _____   Peripheral neuropathy _____
PCP   _____   Lipodystrophy   _____
DMAC   _____   HIV encephalopathy   _____
CMV   _____   Toxoplasmosis   _____

Have you ever taken antiretroviral medications (anti-HIV meds)? ☐ **No**   ☐ **Yes**
While it may be difficult to remember exact dates, any information will be helpful.
Please list all medication/combinations that you have taken previously, the time you were on them, and why they were stopped. If possible start with the first combination and list in order.

Drug combination	Started	Stopped	Reason for discontinuation

Check if you have taken these medicines (see pictures if you're not sure of the names):

☐ AZT (Retrovir, Zidovudine)   ☐ Epzicom   ☐ Crixivan (Indinavir)
☐ 3TC (Epivir, Lamivudine)   ☐ Trizivir   ☐ Viracept (Nelfinavir)
☐ ddI (Videx, Didanosine)   ☐ Atripla   ☐ Invirase (Saquinavir)
☐ d4T (Zerit, Stavudine)   ☐ Sustiva (Efavirenz)   ☐ Norvir (Ritonavir)
☐ Ziagen (Abacavir)   ☐ Viramune (Nevirapine)   ☐ Kaletra
☐ Viread (Tenofovir)   ☐ Intelence (Etravirine)   ☐ Amprenavir (Agenerase)
☐ Emtriva (FTC, Emtricitabine)   ☐ Fuzeon (T20)   ☐ Lexiva (Fosamprenavir)
☐ Combivir   ☐ Isentress (Raltegravir)   ☐ Aptivus (Tipranavir)
☐ Truvada   ☐ Selzentry (Maraviroc)   ☐ Prezista (Darunavir)
How many doses of your medicines did you miss in the last month? ☐ 0 ☐ 1-5 ☐ >5