|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cover**  **sheet** | **Follow-up** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 1/1  V2 [05/17] |  |

|  |
| --- |
| Always use this cover-sheet to report follow up data. |

**Follow-up**

*Follow-up visits have to be scheduled every 6 months for infected children and once a year for uninfected children.*

*At follow-up visits enter the date of consultation and* ***NOT*** *the date when the form was completed.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number** | | | | |  | | | |
|  | | | | |  | | | |
|  | | | | |  | | | |
|  | Used for cross-validations and error-checking | | **Date of birth** | |  | | | |
|  | | | | |  | | | |
|  | | **Gender : male** | |  | 1 | **female** |  | 2 |

|  |  |  |
| --- | --- | --- |
| Enter the **date of the last documented assessment** (to control for the completeness of data-flow) | |  |
|  | |  |
| **Center** |  | |
| **Data manager** |  | |

**Depending on the type of the current assessment, choose the corresponding column in the flow chart below, enter the date of the visit and complete the necessary forms.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **6 months** | **2 years** | **Other follow-up** | **Dropout or death** |
| **Visit date**  (dd/mm/yy) |  |  |  |  |
| FUP 6 months |  |  |  |  |
| FUP standard |  |  |  |  |
| Supplement 2 years |  |  |  |  |
| Diseases |  |  |  |  |
| Medication |  |  |  |  |
| Stop |  |  |  |  |
| **Legend:**  mandatory complete if new information available/applicable | | | | |