|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| STOP | SWISS HIV COHORT  STUDY (MoCHiV) | Page 1/1  V2 [05/17] | **Number child** |  |

A. Drop-out

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reason:** | patient died |  | 0 | | |
| Patient moved to foreign country [[1]](#footnote-1)\* | |  | 1 | | |
| Patient or caretaker wanted to discontinue | |  | 2 | | |
| Patient or caretaker did not respond to several invitations | |  | 3 | | |
| Patient changed address without notice | |  | 4 | | |
| Patient not infected and older than 5 years | |  | 5 | | |
| Patient included into adult cohort (SHCS) | |  | 6 | | |
| Other | |  | 7 | please **specify:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **B. Death** | |  | | |  | | |
|  | **Latest date on which the patient is known to be alive** | | |  | | |  | |
|  | | | (dd/mm/yy) | | |  | |
| **Date of death** | | |  | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B.1 Cause of death** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **physically related to HIV** | |  | HIV | | | **child abuse** | | | | | | |  | | | CAB | | | **accident** | | | | | |  | ACC | | |  | | |
| **sudden infant death** | |  | SID | | | **other** | | | | | | |  | | | OTH | | | **unknown** | | | | | |  | UNK | | | | | |
|  | | | | | | |  |  | |  |  | | | |  | | |  | | | |  | |  | | | |  | | | | |
| If **HIV-related** or **OTHER,** | | | | | | |  |  | |  |  | | | |  | | |  | | | |  | |  | | | |  | | | | |
| please specify using **ICD-10 codes** or **describe:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  |  |  | | |  | |  | | |  | | |  | | |  | | | |  | | | |
| **main cause** |  | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| **other causes** |  | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **B.2 Place of death atat home** | **at home** |  | HOM |  | | |
| **hospital** | |  | HOS |  | | |
| **other** | |  | OTH | **specify :** |  |
| **unknown** | |  | UNK |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **B.3 Autopsy performed no** | |  |  |
| **yes** | |  |  | **Blinded copy added?** |  |  |
|  | **unknown** |  |  | | **no yes** | |

1. \* If a patient moves to another place within Switzerland, try to arrange a consultation with the most nearby participating center. [↑](#footnote-ref-1)