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| MEDICATION SWISS HIV COHORT STUDY (MoCHiV) page1/2 | | | | | | | | | | **Number child** | | | | V4 [05/17] |
| One column for each ttt modification or consultation | | **Code** | ***Start or change of dosing = dose; Give dose as:“mg/m2/day”, ”mg/kg/day” or adult dose (frequency x mg; exceptions: fixed-dose combinations: “Frequency x nb of units/d”). Stop =↓ ; unchanged =→. Indicate treatment interruption of > 1 day. For a stop always indicate predominant reason for each drug. Please keep this form in the patient chart and send a copy to local data manager.*** | | | | | | | | | | | |
| Date | |  |  |  |  |  |  |  |  | |  |  | | Reasons for stop 1.Treatment failure (i.e. virological, immunological or clinical)  2.Abnormal fat distribution  3.Concern of CVD  3.1.Dyslipidaemia  3.2.Cardiovascular Disease  4.Hypersensitivity reaction  5.Toxicity, predominantly from abdomen/GI tract  5.1.Toxicity GI tract  5.2. “ Liver  5.3. “ Pancreas  6.Toxicity, predominantly from nervous system  7.Toxicity, predominantly from kidneys  8.Toxicity, predominantly from endocrine system  8.1.Diabetes mellitus  21.Hematological Toxicity  22.Lactat elevation, Lactic acidosis  9.Toxicity, not mentioned above  10.Patient’s wish/decision, not specified above  11.Physicians decision, not specified above  31.Structured treatment interruption  12.Other causes, not specified above  13.Unknown |
| Trial | |  |  |  |  |  |  |  |  | |  |  | |
|  | | | | | | | | | | | | | |
| Abacavir | | ABC |  |  |  |  |  |  |  | |  |  | |
| Atanazavir | | ATV |  |  |  |  |  |  |  | |  |  | |
| Darunavir | | DRV |  |  |  |  |  |  |  | |  |  | |
| Didanosine | | DDI |  |  |  |  |  |  |  | |  |  | |
| Efavirenz | | EFV |  |  |  |  |  |  |  | |  |  | |
| Emtricitabine | | ETC |  |  |  |  |  |  |  | |  |  | |
| Kaletra | | LPV |  |  |  |  |  |  |  | |  |  | |
| Lamivudine | | 3TC |  |  |  |  |  |  |  | |  |  | |
| Nevirapine | | NVP |  |  |  |  |  |  |  | |  |  | |
| Raltegravir | | RGV |  |  |  |  |  |  |  | |  |  | |
| Ritonavir | | RTV |  |  |  |  |  |  |  | |  |  | |
| Stavudine | | D4T |  |  |  |  |  |  |  | |  |  | |
| Tenofovir | | TDF |  |  |  |  |  |  |  | |  |  | |
| Zidovudine | | AZT |  |  |  |  |  |  |  | |  |  | |
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| Atripla | | EFV+TDF+ETC |  |  |  |  |  |  |  | |  |  | |
| Combivir | | AZT+3TC |  |  |  |  |  |  |  | |  |  | |
| Kivexa | | ABC+3TC |  |  |  |  |  |  |  | |  |  | |
| Trizivir | | ABC+AZT+3TC |  |  |  |  |  |  |  | |  |  | |
| Truvada | | TDF+ETC |  |  |  |  |  |  |  | |  |  | |
| ADHERENCE | | | Taking antiretroviral medications can be difficult for many patients. We would like to explore with you how you/ you’re child manage to take the medication in daily life. In the past 4 weeks… | | | | | | | | | | |
| ***How often have you/ your child missed a dose of the HIV medica-tion ?*** | Every Day | | *A* 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | | 🌕 | | 🌕 |
| More than 1/week | | *B* 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | | 🌕 | | 🌕 |
| Once a week | | *C* 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | | 🌕 | | 🌕 |
| Once every 2 wks | | *D* 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | | 🌕 | | 🌕 |
| Once a month | | *E* 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | | 🌕 | | 🌕 |
| Never | | *F* 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | | 🌕 | | 🌕 |
| ***Have you/your child missed more than one dose in a row*** Yes/No | | |  |  |  |  |  |  |  | |  | |  |

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| OTHER DRUGS SWISS HIV COHORT STUDY (MoCHiV) page 2/2 | | | | | | | | | **Number child** | | | | V4 [05/17] |
|  | **Date** |  |  |  |  |  |  |  | |  |  | **Anti-Pcp/Toxo**  Pentamidine  Dapsone  Pyrimethamine  Sulfadiazine  Atovaquone  Etc  **Anti-fungal**  Itraconazole  etc  **Anti-mycobact**.  Ethambutol  Clarithromycine  Isoniazide  Rifabutin  Ciprofloxacine  Rifampicine  Pyrazinamide  etc  **Anti-viral**  Ganciclovir  Cidofovir  Foscarnet | |
| Anti-PcP/  Toxo | Cotrimoxazole |  |  |  |  |  |  |  | |  |  |
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| Anti-fungal | Fluconazole |  |  |  |  |  |  |  | |  |  |
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| Anti-myco-bacterial |  |  |  |  |  |  |  |  | |  |  |
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| Anti-viral | Acyclovir |  |  |  |  |  |  |  | |  |  |
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| CV  Risk |  |  |  |  |  |  |  |  | |  |  |
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| Other |  |  |  |  |  |  |  |  | |  |  |
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