

COMORBIDITY CONDITIONS

NIAID ADULT AIDS CLINICAL TRIALS GROUP

Patient Number Date of Patient Visit
 Protocol Number Institution Code
 Form Week * Seq No. **Step No. Key Operator Code

* Enter a "1" if this is the first of this form for this date. Designate subsequent forms on the same date with a 2, 3, etc.
 **Enter the subject's current study step number. Enter '1' if the study does not have multiple steps.

INSTRUCTIONS:

- At Entry, questions should be answered "1-Yes," if the subject had any of the specified behaviors/conditions ever in the past and/or currently.
- During Follow-up, questions should be answered "1-Yes" if the subject is currently experiencing or has experienced any of the specified behaviors/conditions since the last visit.
- **The use of "-1" is not acceptable as an answer to any question.**

1. Does the subject currently have or has the subject had any comorbid conditions since the last visit? (1-Yes, 2-No, 3-Not evaluated)

At Entry: Does the subject have a history of any comorbid conditions or currently have any comorbid conditions?

If No or Not evaluated, go to question 2.
If Yes, complete 'a-r' and continue.

(1-Yes, 2-No, 3-Not evaluated)

- a. Abnormal liver function?
- b. Hepatitis?
- c. Liver failure/cirrhosis?
- d. Pancreatitis?
- e. Pulmonary disease not requiring oxygen?
- f. Pulmonary disease requiring oxygen?
- g. Renal insufficiency?
- h. Renal failure (requiring dialysis)?
- i. Hypertension?
- j. Hyperlipidemia?
- k. Peripheral vascular disease?
- l. Myocardial infarction?
- m. Congestive heart failure?
- n. Stroke/TIA?
- o. Diabetes mellitus, diet controlled?
- p. Diabetes mellitus, requiring medications?
- q. Cancer (other than KS, Lymphoma, or cervical)?
- r. Other?

If Other comorbidity, specify [70]:



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Pt. No. [][] [][][][] * Seq. No. [] ** Step No. [] Date [][][] [][] [][][][]
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2. Indicate if the subject is currently practicing or has the subject practiced any of the following behaviors since the last visit:

At Entry: Indicate if the subject practiced any of the following behaviors in the past or currently:

(1-Yes, 2-No, 3-Not evaluated)

- a. Smokes cigarettes?
- b. Drinks too much alcohol?
- c. Uses illicit drugs, such as cocaine or heroin?

3. Does the subject currently have or has the subject had any psychiatric problems since the last visit? (1-Yes, 2-No, 3-Not evaluated)

At Entry: Does the subject have a history of psychiatric problems or currently have any psychiatric problems?

If No or Not evaluated, go to question 4.

If Yes, complete 'a-e' and continue.

(1Yes, 2-No, 3-Not evaluated)

- a. Anxiety?
- b. Depression?
- c. Schizophrenia (thought disorder)?
- d. Manic depression/bipolar disorder?
- e. Other?

If Other, specify [70]:

4. Does the subject currently have or has the subject had problems with memory or reasoning ability since the last visit? (1-Yes, 2-No, 3-Not evaluated)

At Entry: Does the subject have a history of problems with memory/reasoning ability or currently have problems with memory/reasoning ability?

If No or Not evaluated, STOP.

If Yes, complete 'a.'

- a. Indicate how much: 1-A great deal
2-Some
3-Slight

