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APPENDIX

APPENDIX A

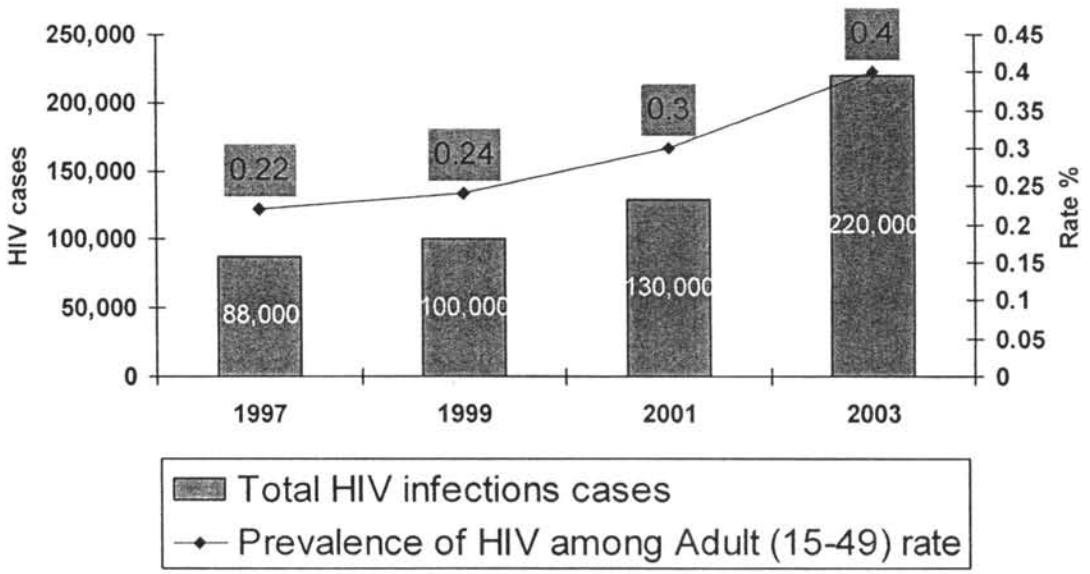

Figure A1 Estimated HIV infections in Vietnam by year

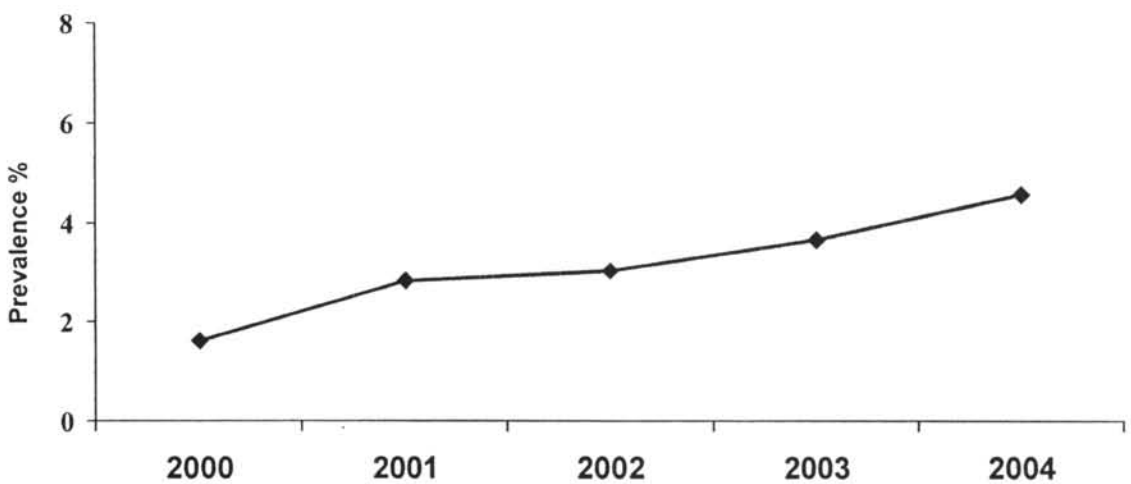

Figure A2 HIV prevalence among TB patients, Vietnam

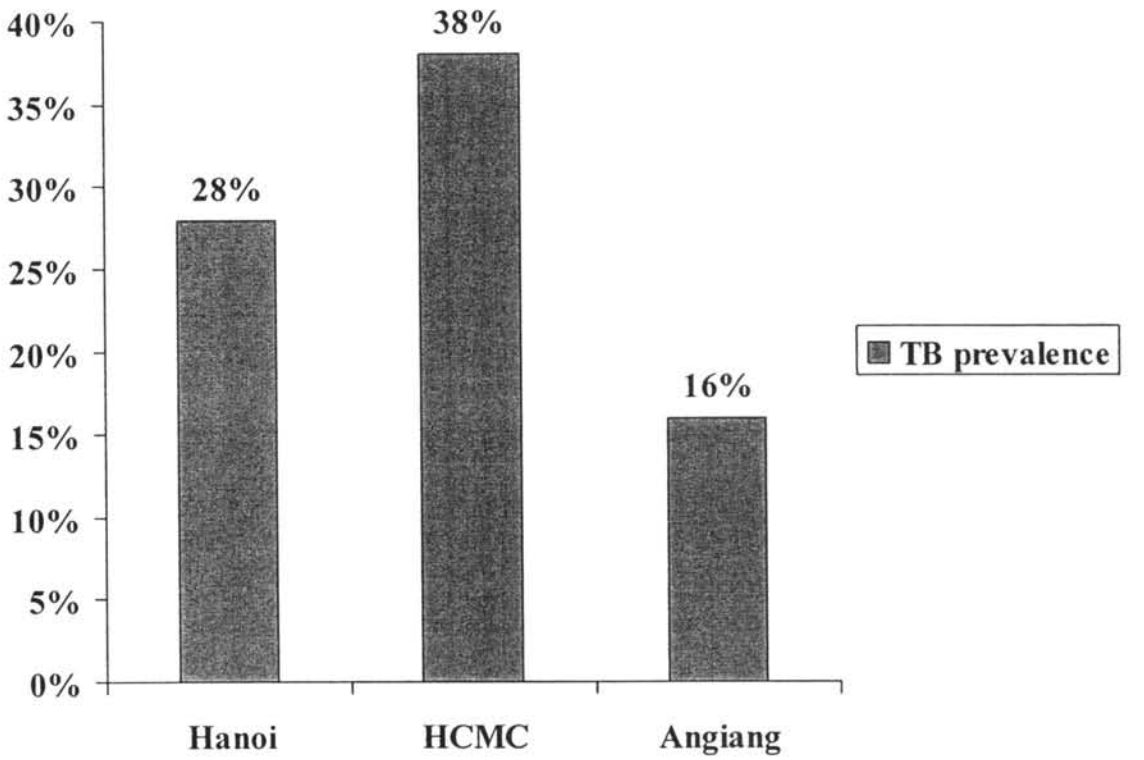

Figure A3 TB prevalence among HIV patients

APPENDIX B

An Giang Province, TB/HIV Evaluation Data Input Form

SURVEY IDENTIFICATION NUMBER |__| |__|__|__|__|__|

NAME OF PERSON ABSTRACTING CHARTS |__|__|__|__|__|__|__|

DATE |__|__| / |__|__|__| / |__|__|__|__|

PATIENT CLASSIFICATION

|__| HIV-INFECTED PATIENT WHO DIAGNOSED TB THROUGH A **SCREENING CXR** [1]

|__| TB PATIENT DIAGNOSED WITH HIV-INFECTION BY **ROUTINE TESTING** [2]

|__| HIV-INFECTED PATIENT DIAGNOSED WITH TB WHEN PRESENTED WITH SYMPTOMS OF TB [3]

|__|__|__|
ENTRY

|__|__|__|
REVIEWER

Section I: Personal Information and Demographics

Please Print:

Last Name (family name): _____ *Middle Name:* _____ Name: _____

Street Address: _____

Province: _____ **City:** _____ **District:** _____ **Commune:** _ _ _____ **Hamlet** _____

Age: _____ *(years)*
(Age in reviewed medical record)

AIDS program code number: _____

TB program code number: _____

Please check ONE for each category:

Sex:
___: Male (1)
___: Female (2)

Religion:
__: None (1);__: Buddhist (2)
__: Christian (3);__: Protestant (4)
__: Other (88), *Specify*

Educational level :
__: Illiterate (1)
__: Secondary school (2)
__: High school (3)

Marital Status:
___: Married (1)
___: Single (2)
___: Divorced (3)
___: Widow (4)

Ethnicity:
___: Vietnamese (1)
___: Khmer (2)
___: Chinese (3)
___: Other (88), *Specify*
_____
___: Unknown (99)

Section I: Personal Information and HIV Risk Factors

Date of HIV diagnosis (per client):

__ __ /__ __ __ /__ __ __ __
day month year

Occupation: *Please check only one*
___: Farmer (1)
___: Worker (2), *Specify*
_____
___: Soldier/Police (3)
___: Driver (4)
___: Public Servant / Administrator (5)
___: Intellectual / Scholar / Professional (6)
___: Student (7)
___: Unemployed (8)
___: Other (88), *Specify*
_____
___: Unknown (99)

How did the client likely contract HIV: *Please check only one*
___: Homosexual (1)
___: Sex with Commercial Sex Worker (2)
___: Sex with with a regular partner (3)
___: Sex with multiple partners (e.g. CSW) (4)
___: Heterosexual contact with spouse (5)
___: Injection drug use (6)
___: HIV-infected mother (7)
___: Other (88), *Specify* _____
___: Unknown (99)

Type of Client: *Please check only one*
___: Drug User (1)
___: Commercial Sex Worker (2)
___: Hotel staff working with

Section II: HIV/AIDS Clinical Manifestations and Treatment

AT THE TIME OF HIV DIAGNOSIS:

Had client had any symptoms related to HIV/AIDS:

___: Yes (1)
___: No (2)
___: **Unknown (99)**

If yes, what symptoms or diseases *(check all that apply)*:

___: **Weight loss > 10% (1)**
___: **Fever > 1 month (2)**
___: **Diarrhea > 1 month (3)**
___: **Tuberculosis (4)**
___: **Candida esophagitis (5)**
___: **Neurological disorder (6)**
___: **Recurrent pneumonias (7)**
___: **Invasive cervical cancer (8)**
___: **Cryptococcal meningitis (9)**
___: **Kaposis sarcoma (10)**
___: **Generalized herpes infection (11)**
___: **Others (88), *Specify***

_____

_____

When did these symptoms start?:

_____/_____

month

Has patient been treated with ARVs:

___: Yes (1)
___: No (2)
___: Unknown (99)

If yes, which ARVs (and dates taken): *Check all that apply*

___: AZT (1) Start date: __ __/__ __ __/__
— — —
End date: __ __/__ __ __/__
— — —

___: DDI (2) Start date: __ __/__ __ __/__
— — —
End date: __ __/__ __ __/__
— — —

___: DDC (3) Start date: __ __/__
__ __/__ — — — —
End date: __ __/__ __ __/__
— — —

___: Others (88) _____
_____

___: Unknown (99)

Section III: Tuberculosis Screening with CXR

Did this patient receive a screening chest x-ray (CXR)?
___: Yes (1)
___: No (2)
___: Unknown (99)

If yes, date of screening CXR:

__ __ /__ __ __ /__ __ __ __
day month year

__ __ /__ __ __ /__ __ __ __
day month year

Result of screening CXR, according to reading at province:
___: **Normal (1)**
___: **Abnormal (2)**
___: **Unknown (99)**

If CXR is abnormal, location of findings *(check all that apply)*:
___: **Unilateral (1)**
___: **Bilateral (2)**
___: **Upper lobe (3)**
___: **Middle lobe (4)**
___: **Lower lobe (5)**
___: **Pleural Effusion (6)**
___: **Other (88), *Specify*** _____

Result of screening CXR, according to reading at province:
___: Normal (1)
___: Abnormal (2)
___: Unknown (99)

Section IV: Tuberculosis Diagnosis and Treatment

If abnormal CXR, was patient evaluated for TB disease with AFB sputum smears?
___: Yes (1)
___: No (2)
___: Unknown (99)

Date Started TB Treatment:

__ __/__ __ __/__ __ __
day month year

Case Disease Status:
___: Pulmonary, smear-positive (1)
___: Pulmonary, smear-negative (2)
___: Extrapulmonary (3), *Specify*
_____

Registration status:
___: New (1)
___: Relapse (2)
___: Treatment after failure (3)
___: Treatment after default (4)
___: Transfer in (5)
___: Other (88), *Specify*

Initial Treatment Regimen:

___: 2HRZE/6HE (1)
___: 2HRZS/HE (2)
___: 2HRZES/1HRZE/5HRE (3)
___: 3HRZS/6HR (4)
___: 2HRZE/4HR (5)
___: Other (88), *(Specify)*_____
_____ ___: Unknown (99)

Section IV (continued): Tuberculosis Diagnosis and Treatment

Did initial TB treatment regimen change?
___: Yes (1)
___: No (2)
___: Unknown (99)

New TB treatment regimen,
Specify: _____

Date TB Treatment regimen changed:

__ __/__ __ __/__ __ __ __
day month year

Why did initial TB treatment regimen change?:
___: Adverse drug event (1)
___: Incorrect initial drug regimen (2)
___: New diagnosis with HIV (3)
___: Change in national TB treatment guidelines (4)
___: Other (88), *Specify* _____
___: Unknown (99)

Were there adverse drug events during initial or continuation phase of TB treatment?
___: Yes (1)
___: No (2)
___: Unknown (99)
Type of adverse drug event:
___: Rash (1)
___: Peripheral neuropathy (2)
___: Abdominal pain/nausea (3)
___: Jaundice/Hepatitis (4)
___: Fever (5)
___: Arthralgia (6)
___: Other (88), *Specify* _____
___: Unknown (99)

Date Stopped TB Treatment:

__ __/__ __ __/__ __ __ __

Section V: Clinical Status and Past TB History

Symptoms of TB at diagnosis *(check all that apply)*:

___: Cough (1)

If yes, duration of cough:

☐ less than 1 week (1) ☐ 1-2 weeks (2) ☐ more than 2 weeks (3)

☐ more than 3 weeks (4) ☐ more than 4 weeks (5) ☐ unknown (99)

___: Hemoptysis (2)

___: Shortness of breath (3)

___: Chest pain (4)

If yes, duration of chest pain

☐ less than 1 week (1) ☐ 1-2 weeks (2) ☐ more than 2 weeks (3)

☐ more than 3 weeks (4) ☐ more than 4 weeks (5) ☐ unknown (99)

___: Fever (5)

If yes, duration of fever

☐ less than 1 week (1) ☐ 1-2 weeks (2) ☐ more than 2 weeks (3)

☐ more than 3 weeks (4) ☐ more than 4 weeks (5) ☐ unknown (99)

___: Weight loss (6)

If yes, number of kgs in past 1 month _____

Previous history of TB diagnosis:

___: Yes (1)

___: No (2)

___: Unknown (99)

Date of previous TB diagnosis:

__ __/__ __ __/__ __ __ __

day month year

Previous history of TB treatment:

___: Yes (1)

___: No (2)

___: Unknown (99)

Date of previous TB treatment start:

__ __/__ __ __/__ __ __ __

day month year

Duration of previous TB treatment: _____ (months)

Last Treatment Regimen:

___: 2HRZE/6HE (1)

___: 2HRZS/HE (2)

___: 2HRZES/1HRZE/5HRE (3)

___: 3HRZS/6HR (4)

___: 2HRZE/4HR (5)

: Other (88), *(Specify)*