



3. Has the child had any hospital inpatient stays since 1996? Yes  No

If Yes and details are easily available, please list below:

Name of hospital	Ward (paediatric, HDU or ICU)	Date of admission	Date of discharge	Diagnosis and drugs/treatment administered (not ART)	For office use only (coding)

4. Has the child ever had any category B or C (AIDS) events? Yes  No

If Yes, please specify and circle for each disease the method of diagnosis (Definitive or Presumptive)

For definitions of category B please see appendix 1 and for category C, please see appendix 2.

Category B conditions Please specify below	Date of onset	Method of diagnosis	Drugs/treatment administered (not ART)	For office use only (coding)
		D P		
		D P		
		D P		
Category C (AIDS) conditions Please specify below	Date of onset	Method of diagnosis	Drugs/treatment administered (not ART)	For office use only (coding)
		D P		
		D P		
		D P		
		D P		

5 a. Is the child co-infected with hepatitis B or C?

Hepatitis B (HBV): Yes  No  Never tested

Hepatitis C (HCV): Yes  No  Never tested

b. If Yes or No for either HBV or HCV, please give most recent test results (including negative results) & treatment.

HBV marker	Pos	Neg	Date	Not tested	HCV marker	Pos	Neg	Date	Not tested
HBsAg	<input type="checkbox"/>	<input type="checkbox"/>			Anti-HCV	<input type="checkbox"/>	<input type="checkbox"/>		
HBeAg	<input type="checkbox"/>	<input type="checkbox"/>			HCV PCR	<input type="checkbox"/>	<input type="checkbox"/>		
HBV viral load	c/ml				HCV viral load	c/ml			
Other HBV (specify).....	<input type="checkbox"/>	<input type="checkbox"/>			Treated for HBV/HCV?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, specify:.....	

6. Comments (if any): \_\_\_\_\_

SIGNED: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(PRINT NAME): \_\_\_\_\_

CENTRE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Thank you for completing this form. Call us with any queries on 020 7670 4784 or e-mail: [chips@ctu.mrc.ac.uk](mailto:chips@ctu.mrc.ac.uk)

Please keep the bottom copy for your clinic records and return the top copy to:

CHIPS Data Manager, MRC Clinical Trials Unit, 222 Euston Road, London NW1 2DA, UK.

These data are being collected in collaboration with the National Study of HIV in Pregnancy and Childhood – call with queries on:

020 7829 8686 or e-mail: [nshpc@ich.ucl.ac.uk](mailto:nshpc@ich.ucl.ac.uk)