ADULT INFECTIOUS DISEASES CLINIC
INTAKE QUESTIONNAIRE

Section A to C to be completed by the reception clerk

Section A :Visit Information	
IDC#	Date of Registration ___/___/_____ DD/MM/YYYY

Section B: Demographics			
IDI confirmatory HIV confirmatory test date ___/___/_____ DD/MM/YYYY Lab technician initials __ __			
Surname	First Name	Middle name	
Date of Birth ___/___/_____ DD/MM/YYYY	Gender ◯ Male ◯ Female	Ethnicity(Tribe)	Religion
Marital status ◯ Married ◯ Single ◯ Cohabiting ◯ Separated ◯ Divorced ◯ Widow ◯ Not specified			

Section C: Referral

◯ AIDS Information Center
◯ EKKP
◯ KCCA clinic → ◯ Kawala ◯ Kawempe ◯ Kisugu ◯ Kiruddu ◯ Kisenyi ◯ Kiswa ◯ Kitebi ◯ Komamboga ◯ Kawempe home care ◯ Hope clinic Lukuli ◯ Kasangati
◯ Government → ◯ Regional ◯ District ◯ Other
◯ Mulago 4A
◯ Mulago other medical ward
◯ Mulago non medical ward
◯ Mulago STI clinic
◯ Mulago other OPD
◯ Mulago assessment center
◯ Mulago PMTCT
◯ Hospice
◯ JCRC
◯ Makerere University/case western
◯ Marie Stopes
◯ Mildmay
◯ MUJHU testing program
◯ MRC
◯ PMTCT (MoH outside Mulago)
◯ PIDC
◯ PIP study (herpes)/Kasangati TASO
◯ Private doctor/clinic
◯ Profam
◯ Joint Home Care Team
◯ Uganda Reproductive Health Bureau
◯ Family Planning Association of Uganda
◯ Uganda cares
◯ Uganda Commercial Sex Workers Project
◯ Uganda Youth anti AIDS association
◯ UPDF
◯ UVRI
◯ Walter Reed
◯ Other hospital Specify _____
◯ Other patients
◯ Relative/Friend/Spouse
◯ Self referral
◯ Other _____

Referral letter ◯ Yes ◯ No ◯ Not applicable

Reception clerk Initials __ __

Section D to be completed by the nurse

Section D: Vital signs and medications				
Weight (kg)	Height (cm)	Temp (°C)	BP (mmHg)	Karnofsky score (%)

Section E: HIV diagnosis history

HIV test before IDI
◯ No
◯ Yes Date first +ve test ___/___/_____ Result ◯ Positive ◯ Negative ◯ Unknown
◯ Not specified
DD/MM/YYYY

Reason for testing
◯ Feeling sick ◯ Routine testing ◯ PMTCT ◯ Partner diagnosed with HIV
◯ Test offered in OPT ◯ Test offered while admitted

Ever taken ART ◯ Yes ◯ No

Nurse's comments

Nurse Nurse's Initials __ __

Section E to J to be completed by the clinicians

Section F ART History

Single/dual regimens for PMTCT ◯ No
If triple ART for PMTVC, enter below ◯ Yes ☐Neverapine ☐AZT ☐Drug unknown ☐Other Specify ___

HAART	start date dd/mm/yyyy	end date dd/mm/yyyy	ART-source	Reason for startin

Comments

Section G Immunology History

Date dd/mm/yyyy								
CD4								
VL								
Weight								

Section H: Health history

Current medications

☐ Aspirin
☐ Codeine
☐ Penicillin
☐ Cotrimoxazole
☐ Fluconazole
☐ Asthma
☐ Other _____ _____

☐ Antidiabetes → ◯ Insulin ◯ Metformine ◯ Glibenclamide ◯ Other specify _____
☐ Anti Hypertension → ◯ Nifedipine ◯ Bendroflumethiazide ◯ Beta blockers Other specify _____
☐ Chemotherapy
☐ Oral contraceptives → ◯ Lofeminal pills ◯ Microgynom pills ◯ Other specify _____

Medical history

☐ Diabetes ☐ Hypertension ☐ Cancer (non HIV related) Specfy _____
☐ CVA(stroke) ☐ DVT ☐ Other cardiovascular condition Specfy _____
☐ Asthma ☐ Epilepsy ☐Mental health illness
☐ Disability → ☐ Blind ☐Deaf ☐Missing limb ☐Polio ☐Other specify_____
☐ Other _____ _____ _____ _____ _____

Social history

☐ Tobacco → In the last month? ◯ Yes ◯ No
☐ Alcohol → In the last month? ◯ Yes ◯ No

History of hospitalization

☐None ☐HIV related Specify OI_____ ☐ Other medical condition
☐Surgical → ☐Abdominal ☐Thoracic ☐Gynecological ☐Other Specify_____

Section I: HIV related Health History

General

☐ Persistent generalized lymphadenopathy
☐ Weight loss <10% of body weigh
☐ Weight loss >10% of body weigh
☐ Prolonged fever > 1 month
☐ Extra-pulmonary tuberculosis
☐ HIV Wasting Syndrome
☐ Severe bacterial infection (i.e pyomyositis)
☐ Cryptococcosis- extra pulmonary (including cryptococcal meningitis)
☐ Lymphoma

Skin

☐ Herpes Zoster mucocutaneous
☐ Manifestations (i.e. fungal, prurigo, dermatitis, stomatitis)
☐ Kaposi Sarcoma
☐ Herpes simplex

Eyes

☐ Ophthalmic Zoster

Mouth

☐ Recurrent oral ulcerations
☐ Angular cheilitis
☐ Oral Candidiasis
☐ Oral hairy leukoplakia

Pulmonary

☐ Recurrent URTI ☐ Pulmonary Tuberculosis ☐ Pneumonia ☐ Candidiasis of the esophagus ☐ Candidiasis of the trachea ☐ Candidiasis of the lungs
GI ☐ Chronic diarrhea (>1 Month) ☐ Salmonella septicemia non typhoidal ☐ Cryptosporidiosis with diarrhea (> 1 month)
GU ☐ Genital ulcers ☐ Genital warts ☐ Vaginal candidiasis ☐ Syphilis
Neurological ☐ Toxoplasmosis of the Brain ☐ Cryptococcus meningitis ☐ Seizures ☐ Memory loss ☐ Paraparesis ☐ Hemiparesis

Section J: Clinical Exam				
System	**Normal**	**Not done**	**Clinical Condition(s)**	
General	◯	◯	**Nodes** ☐ supraclavicular ☐ axillae ☐ epitrochlear ☐ inguinal	☐ edema ☐ pallor ☐ jaundice ☐ wasting ☐ other _____
Skin	◯	◯	☐ herpes zoster ☐ seborrhea ☐ abscess ☐ rash ☐ prurigo ☐ molluscum contagiosum	☐ Kaposi's Sarcoma ☐ acne ☐ folliculitis ☐ psoriasis ☐ cellulitis ☐ other _____
Eyes	◯	◯	☐ conjunctivitis ☐ blindness	☐ retinitis ☐ other _____
Mouth	◯	◯	☐ oral candidiasis ☐ KS lesions	☐ oral hairy leukoplakia ☐ other _____
Ears/Sinuses	◯	◯	☐ otitis externa ☐ otitis media ☐ loss of hearing ☐ discharge	☐ sinus tenderness ☐ mastoid tenderness ☐ parotiditis ☐ other _____
Cardiovascular	◯	◯	☐ cardiomegaly ☐ rub ☐ murmur	☐ abnormal pulse ☐ deep vein thrombosis ☐ other _____
Pulmonary	◯	◯	☐ tachypnea ☐ wheezes ☐ crackles	☐ dullness ☐ tracheal deviation ☐ other _____
GI	◯	◯	☐ enlarged liver ☐ enlarged spleen ☐ ascites	☐ rebound ☐ abdominal tenderness ☐ guarding ☐ other _____
GU Penis/vulva	◯	◯	☐ genital warts ☐ herpes lesions	☐ syphilitic chancre ☐ urethral discharge

			☐ pubic lice ☐ scabies	☐ other _____
Vagina	◯	◯	☐ vaginal discharge ☐ vaginal candidiasis ☐ mass	☐ vaginitis ☐ abscess ☐ other _____
Cervix/pelvis	◯	◯	☐ tenderness ☐ palpable mass ☐ PID	☐ cervicitis ☐ pregnancy ☐ other _____
Anus/perineum	◯	◯	☐ hemorrhoids ☐ ulceration ☐ mass ☐ lice	☐ wart ☐ rash ☐ herpes simplex virus ☐ other _____
Muscular-skeletal	◯	◯	☐ arthritis ☐ joint swelling ☐ draining sinus	☐ deformity ☐ other _____
Neurologic central	◯	◯	☐ confusion ☐ flat affect ☐ meningis	☐ ☐ memory loss ☐ cranial nerve palsies ☐ other _____
Neurologic peripheral (motor & sensory)	◯	◯	☐ peripheral neuropathy ☐ ☐ difficulty walking ☐	☐ paraesthesias ☐ other _____
Neurologic cerebellar	◯	◯	☐ ataxia ☐ clumsiness	☐ nystagmus ☐ other _____

Section K: Staging and clinical plan

WHO Staging

◯ I ◯ II ◯ III ◯ IV

Was the patient refereed? ◯ Yes ◯ No

If yes reason for referral ☐ Patient relocated ☐ Short term management of acute medical conditions

☐ Complex ART due to resistance ☐ Complex ART due to toxicity ☐ Cancer ☐ Mental health

☐ Non-communicable diseases (specify) _____

☐ Opportunistic infections (specify) _____

☐Other reasons(specify) _____

Comments

_____

_____

_____

_____

Doctor DR's Initials __ __

Go and fill monitoring flow sheet for today visit