BASELINE ASSESSMENT FORM

- PACT PHARMACOTHERAPY SERVICES -

DEMOGRAPHICS

Patient identification #: □□□-□□□ Date of 1st Clinic visit: □□-□□-□□
Patient Initials: □□□ Care Giver Name: _______________
Patient DOB: □□-□□-□□
Race: Black/ AA □; Hispanic □; Caucasian □; Asian □; American Indian □; Other ____________

BASELINE HIV HISTORY

Date of HIV Diagnosis: □□-□□-□□
Date of AIDS Diagnosis: □□-□□-□□
HIV Risk Factors: □ Perinatal Transmission
□ Heterosexual contact
□ Same sex contact
□ IVDU
□ Sexual abuse
□ Other_______________________________

Allergies: ____

PAST MEDICAL HISTORY

Opportunistic Infections:
Oral thrush □; Candidiasis (oral, vaginal) □; Disseminated herpes simplex virus infection □; Chicken pox □; Mycobacterial infections (MAC or TB) □; CMV retinopathy □; PCP □; Toxoplasmosis □; Cryptococcal infection □
Other____

Chronic Diseases:
Asthma □; Otitis □; Anemia □; chronic lung disease □; diabetes □; hepatitis B; hepatitis C □; HIV cardiomyopathy □; HIV nephropathy □
Other____

BASELINE PSYCHOSOCIAL HISTORY

PATIENT	CAREGIVER
1. is your family aware of your HIV status ? Yes No	11. Marital Status Single ; Divorced ; Married ; Widow
1. Are your friends aware of your HIV status ? Yes No	12. is your family aware of you child HIV status ? Yes No
3. How satisfied are you with the overall support you get from friends and family ? Very satisfied ; Somewhat satisfied Somewhat dissatisfied; Very dissatisfied	13. Do you find it difficult to support your child to take his/her medication ? Never; Sometimes; Often; Always
4. Do your friends or family support you to take medication ? A lot; Somewhat; A little; Not at all	14. Do you feel that caring for a child infected with HIV is overwhelming ? A lot; Somewhat; A little; Not at all
5. Do you feel unable to control the important things in your life ? Never; Sometimes; Often; Always	15. In the past 4 weeks how often did you feel confident in your ability to handle your personal problems ? Never; Sometimes; Often; Always
6. In the past 4 weeks how often did you feel different from your peers in school ? Never; Sometimes; Often; Always	16. In the past 4 weeks how often did you feel different from your peers in school ? Never; Sometimes; Often; Always
7. In the past 4 weeks how often did you find that you could not cope with all the things you have to do ? Never; Sometimes; Often; Always	17. Which of thefollowing factors represent a major problem to you ? Fear of your child experiencing side effects Seeing someone you know at the clinic Disclosure of your child's HIV infection status to others ? Having your child's prescriptions filled in your home neighborhood ? Having your child get needle sticks for blood test ?
8. Which of the following reasons represent a major problem to you ? Lack of familial & social support Seeing someone you know at the clinic Having people see you take medication Having to get needle sticks for blood test	18. What is your main motivation in caring for your child ? Keep him/her healthy for as long as possible Overcome a feeling of guilt Make sure your child's life is as similar as a non HIV infected child
9. Have you ever used: Marijuana? Yes No Cocaine ? Yes No Heroine ? Yes No	19. Have you ever used: Marijuana? Yes No Cocaine ? Yes No Heroine ? Yes No
10. Do you work for pay outside school ? Yes No	20. Do you work for pay outside home ? Yes No
	21. Are you caring for any other children at home ? Yes No

BASELINE HIV EDUCATION HISTORY

PATIENT	CAREGIVER
22. Do you understand the difference between HIV and AIDS ? Yes ☐ No ☐	29. Do you understand the difference between HIV and AIDS ? Yes ☐ No ☐
23. Do you know what CD4 count mean ? Yes ☐ No ☐	30. Do you know what CD4 count mean ? Yes ☐ No ☐
24. Do you know what viral load mean ? Yes ☐ No ☐	31. Do you know what viral load mean ? Yes ☐ No ☐
25. Have you ever received information on the risk factors for HIV transmission ? Yes ☐ No ☐ If yes, what are they ?_________________________ ____	32. Have you ever received information on the risk factors for HIV transmission ? Yes ☐ No ☐ If yes, what are they ?_________________________ ____
26. Do you understand what adherence mean ? Yes ☐ No ☐	33. Have you ever been explained why it is crucial that you give your child his/her medication everyday ? Yes ☐ No ☐
27. Have you ever been explained why it is important to take your medication on time ? Yes ☐ No ☐	34. Have you ever been explained why it is important to give your child his/her medication on time ? Yes ☐ No ☐
28. Have you ever been explained what viral resistance to medication mean ? Yes ☐ No ☐	35. Have you ever been explained what viral resistance to medication mean ? Yes ☐ No ☐

BASELINE MEDICATION HISTORY

Chart Information:

Patient's current ARVT/Prophylxis	Dose	Frequency	Start date

Patient's Other Medication	Dose	Frequency	Start date

36. Do you know what HIVmedication you (your child) are (is) currently taking ? Yes □ - No □
    Describe: ____
    ____
    ____
    ____
    ____
    ____

37. Do you know what other medication you (your child) are (is) currently taking ? Yes □ - No □
    Describe: ____
    ____
    ____
    ____
    ____
    ____

ADHERENCE BARRIERS ASSESSMENT

PATIENT	CAREGIVER
38. Which of the following reasons (would) represent a major problem to you when taking your medication ? ☐ Number of pills/quantity of liquid ☐ Bad taste ☐ Fear of side effects ☐ Frequency of administration ☐ Respect of dosing interval ☐ Interference with your daily activities ☐ Feeling of exclusion from your peers ☐ Fear of disclosure of your HIV status to others	39. Which of the following reasons (would) represent a major problem to you when administering your child his/her medication ? ☐ Unwillingness of you child to take his/her medication ☐ Number of pills/quantity of liquid ☐ Fear of your child experiencing side effects ☐ Frequency of administration ☐ Respect of dosing interval ☐ Interference with your daily activities ☐ Time consumption in your daily schedule ☐ Fear of disclosure of your child HIV status to others

Pharm.D. Initials: _______________