MEDICAL RECORD NUMBER:

REGISTER NUMBER:

HEALTHCARE FACILITY / SERVICE LOCATION: [1] HUOC [2] HCP [3] HC

1. BIOLOGICAL AND SOCIODEMOGRAPHIC CHARACTERISTICS

1.1 - Gender:

[1] Male

[2] Female

1.2 - Age:

_____ years old. Date of Birth: //_____

[1] 18-29

[2] 30-39

[3] 40-49

[4] 50-59

[5] 60-69

[6] 70-79

[7] >80

1.3 - What is your self-reported race/skin color?

[1] White

[2] Black

[3] Asian

[4] Mixed/Pardo

[5] Indigenous

[6] Other

1.4 - What is your marital status?

[1] Married

[2] Single

[3] Separated/Divorced

[4] Widowed

[5] Other

1.5 - Who do you live with?

[1] Alone

[2] Family

[3] Partner

[4] Shelter / Support house

[5] Homeless / On the street

[6] Other

1.6 - What is your religion?

[1] Catholic

[2] Evangelical

[3] Spiritist

[4] Jehovah's Witness

[5] Mormon

[6] No religion

[7] Other

1.7 - Do you have children?

[1] Yes. How many? _____

[2] No

1.8 - Have you attended school?

[1] Yes

[2] No

1.9 - What is your highest level of education completed?

[1] Non-literate / Illiterate

[2] Elementary/Middle School

[3] High School

[4] Higher Education / Bachelor's degree

[5] Postgraduate

[6] Unknown/Ignored

1.10 - What is your profession?

1.11 - What is your current employment status/occupation?

[1] Employed (Formal/Registered)

[2] Informally employed

[3] Unemployed

[4] Retired or on social benefits

[5] Student

[6] Homemaker

1.12 - In which city do you live?

[1] Recife

[2] Metropolitan Area

[3] Zona da Mata

[4] Agreste

[5] Sertão

[6] Other State

1.13 - Are you the primary breadwinner (responsible for the household income)?

[1] Yes

[2] No

1.14 - What is your monthly income?

[1] Less than 1 minimum wage

[2] 1 minimum wage

[3] 2 to 3 minimum wages

[4] 3 to 4 minimum wages

[5] 5 or more minimum wages

[6] Did not answer

2. HEALTH BEHAVIORS

2.1 - SEXUAL ORIENTATION

2.2 - Are you sexually active?

[1] Yes

[2] No

2.3 - Who do you have sexual relations with?

[1] People of the same sex

[2] People of a different sex

[3] People of both the same and different sexes

2.4 - Do you have a steady partner?

[1] No

[2] Yes. For how long? _____

2.5 - Does your partner live under the same roof as you?

[1] Yes

[2] No

2.6 - Are you currently sexually active with more than one person?

[1] Yes

[2] No

2.7 - Do you use any type of protection during sexual relations?

[1] No

[2] Yes. Which ones? _____

3. ALCOHOL CONSUMPTION

3.1 - Do you consume alcohol?

[1] Yes. For how long? _____

[2] No

3.2 - How often do you drink?

[1] Every day

[2] 4-5 times a week

[3] 2-3 times a week

[4] Only on weekends

[5] Once a week

[6] Rarely

3.3 - How do you classify your alcohol consumption?

[1] Light/Low

[2] Moderate

[3] Heavy

[4] Preferred not to disclose

4. SMOKING (TOBACCO USE)

4.1 - Do you smoke?

[1] Yes. For how long? _____

[2] No

4.2 - How many cigarettes do you smoke per day?

_____

4.3 - How do you classify your smoking habit?

[1] Daily smoker

[2] Occasional smoker

[3] Non-smoker

[4] Preferred not to disclose

5. ILLICIT DRUG USE

5.1 - Do you use illicit drugs?

[1] Yes. For how long? _____

[2] No

5.2 - What type of drug do you use?

_____

5.3 - How many times do you use per day?

_____

5.4 - How do you classify your use?

[1] Intermittent use

[2] Daily use

[3] Weekly use

[4] Monthly use

[5] Preferred not to disclose

[6] Rarely

5.5 - Do you use needles and syringes?

[1] Yes

[2] No

6. PHYSICAL ACTIVITY LEVEL

6.1 - How many hours do you spend sitting per day?

_____ hours

6.2 - How many hours do you sleep per day?

_____ hours

6.3 - Do you practice any physical activity?

[1] Yes

[2] No

6.4 - How many times a week do you practice physical activity?

[1] Once a week

[2] 2 to 3 times a week

[3] 4 to 5 times a week

[4] 6 to 7 times a week

6.5 - On average, how long does your physical activity session last?

[1] Less than 1 hour

[2] From 1h to 2h

[3] From 2h to 3h

[4] More than 4h

6.6 - How do you classify the intensity of the physical activity you perform?

[1] Light

[2] Moderate

[3] Vigorous

[4] Does not know

7. CLINICAL CHARACTERISTICS, COMORBIDITIES, AND COINFECTIONS

7.1 - Weight:

_____ kg

7.2 - Height:

_____ m

7.3 - BMI:

_____ $\mathrm{Kg/m^2}$

7.4 - BMI Classification:

[1] Underweight: $\mathrm{BMI} < 18.5$ Kg/m^2

[2] Normal: $\mathrm{BMI} \geq 18.5 - 25$ Kg/m^2

[3] Overweight: $\mathrm{BMI} \geq 25 - 30$ Kg/m^2

[4] Obesity: $\mathrm{BMI} \geq 30$ Kg/m^2

7.5 - Do you have any of these Comorbidities:

[1] None

[2] T2DM (Type 2 Diabetes Mellitus)

[3] SAH (Systemic Arterial Hypertension)

[4] Heart Failure

[5] Atherosclerotic disease

[6] COPD (Chronic Obstructive Pulmonary Disease)

[7] Chronic Kidney Disease

[8] Chronic Liver Disease

[9] Depression

[10] Cognitive Dysfunction

[11] Gastritis

[12] Esophagitis

[13] Osteoarthritis / Arthrosis

[14] Osteoporosis

[15] Chronic Anemia

[16] Obesity

[17] Neoplasm / Cancer

[18] Autoimmune disease currently using corticosteroids

[19] Autoimmune disease currently using immunosuppressants

[20] Others. Which ones? _____

7.6 - Do you currently present any Coinfection?

[1] None

[2] HCV (Hepatitis C Virus)

[3] HBV (Hepatitis B Virus)

[4] Syphilis

[5] Tuberculosis

[6] Pneumonia

[7] Others. Which one? _____

7.7 - Have you ever presented any of these Coinfections in the past?

[1] None

[2] HCV

[3] HBV

[4] Syphilis

[5] Tuberculosis

[6] Pneumonia

[7] Gonorrhea

[8] Others. Which one? _____

8. REGARDING MEDICATION USE

8.1 - Have you already started using the dual therapy (3TC + DTG)?

[1] Yes

[2] No

8.2 - How long ago did you start Dual Therapy?

[1] Less than 1 month

[2] From 1 to 2 months

[3] 3 to 4 months

[4] 5 to 6 months

[5] 6 months to 9 months

[6] 9 months to 1 year

[7] More than 1 year

8.3 - Have you felt any of these side effects:

[1] Nausea and vomiting

[2] Constipation

[3] Diarrhea

[4] Insomnia

[5] Malaise / General discomfort

[6] Other symptoms: _____

8.4 - Which ART (Antiretroviral Therapy) regimen were you taking before?

[1] TDF + 3TC + DTG

[2] TDF + 3TC + EFV

[3] TDF + 3TC + DRV + RTV

[4] TDF + 3TC + RTV + ATV

[5] TDF + 3TC + DRV

[6] DTG + DRV + RTV + MVQ

[7] Other regimen

8.5 - How many times have you changed your treatment regimen?

[1] Once

[2] Twice

[3] Three times

[4] More than Three times

8.6 - How long ago did you start treatment for HIV/Aids?

[1] Less than 6 months

[2] From 6 months to 1 year

[3] From 1 to 3 years

[4] 3 years to 6 years

[5] 7 to 9 years

[6] More than 9 years

[7] Does not remember

8.7 - When you started treatment for HIV, did you feel better?

[1] Improved

[2] Neither improved nor worsened

[3] Worsened

8.8 - Do you take your ART every day exactly as you were instructed?

[1] Yes

[2] No

8.9 - How often do you forget or skip taking your ART?

[1] Never stopped taking it

[2] Sometimes forgets or does not take it

[3] Easily forgets or does not take it

8.10 - Have you ever abandoned/discontinued the treatment at any time?

[1] Yes

[2] No

8.11 - What was the reason for discontinuing?

[1] Side effects

[2] Quantity of pills

[3] Shame or fear

[4] Pandemic

[5] Thought they were cured

[6] Other: _____

8.12 - Do you feel that there was an improvement with the new Therapy?

[1] Better

[2] Neither better nor worse

[3] Worse

8.13 - Do you believe that using only one pill a day facilitates the intake and acceptance of ART?

[1] Facilitates

[2] Does not interfere at all

[3] Makes it difficult

Note: If the interviewee has abandoned the treatment at least once, the next 3 questions must be answered:

8.14 - How many times have you abandoned the treatment?

[1] Once

[2] Twice

[3] Three times

[4] More than three times

8.15 - For how long did you abandon the treatment?

[1] Days

[2] Weeks

[3] From 1 to 2 months

[4] From 3 to 4 months

[5] From 5 to 6 months

[6] From 6 months to 1 year

[7] More than 1 year

8.16 - Did the treatment discontinuation cause any changes in your disease?

[1] Yes

[2] No

8.17 - Which changes?

8.18 - What made you return to the treatment?

9. LABORATORY INFORMATION - CD4 AND VIRAL LOAD

9.1 - Patient's latest viral load result:

Date: //_____

[1] Undetectable

[2] Up to 1,000 copies/ml

[3] 1,000 - 10,000 copies/ml

[4] 10,000 to 100,000 copies/ml

[5] >100,000 copies/ml

9.2 - Patient's highest viral load result:

Date: //_____

[1] Undetectable

[2] Up to 1,000 copies/ml

[3] 1,000 - 10,000 copies/ml

[4] 10,000 to 100,000 copies/ml

[5] >100,000 copies/ml

9.3 - Maintenance of controlled viral load > 90% of the measurements:

[1] YES

[2] NO

9.4 - Patient's latest CD4+ T-lymphocyte count (LTCD4+) result:

Date: //_____

[1] <50 cells/mcl

[2] 50-100 cells/mcl

[3] 100 to 200 cells/mcl

[4] 200-350 cells/mcl

[5] 350-500 cells/mcl

[6] 500-1000 cells/mcl

[7] >1000 cells/mcl

9.5 - Patient's lowest CD4+ count (LCD4+) result:

Date: //_____

[1] <50 cells/mcl

[2] 50-100 cells/mcl

[3] 100 to 200 cells/mcl

[4] 200-350 cells/mcl

[5] 350-500 cells/mcl

[6] 500-1000 cells/mcl

[7] >1000 cells/mcl

9.6 - Pre-ART CD4 count:

Date: //_____

[1] <50 cells/mcl

[2] 50-100 cells/mcl

[3] 100 to 200 cells/mcl

[4] 200-350 cells/mcl

[5] 350-500 cells/mcl

[6] 500-1000 cells/mcl

[7] >1000 cells/mcl

10. LABORATORY INFORMATION - BIOCHEMICALS

Exam	Date	Result
10.1 - Latest Fasting Blood Glucose	____/____/____	_____
10.2 - Triglycerides	____/____/____	_____
10.3 - HDL	____/____/____	_____
10.4 - LDL (Orig: VDL)	____/____/____	_____

Exam	Date	Result
10.5 - VLDL	____/____/____	_____
10.6 - Total Cholesterol	____/____/____	_____
10.7 - AST / SGOT (Orig: TGO)	____/____/____	_____
10.8 - ALT / SGPT (Orig: TGP)	____/____/____	_____
10.9 - Bilirubin	____/____/____	_____
10.10 - Urea	____/____/____	_____
10.11 - Creatinine	____/____/____	_____
10.12 - Bone Densitometry	____/____/____	_____

PATIENT FOLLOW-UP (6 months)

9.1 - Patient's latest viral load result:

Date: //_____

[1] Undetectable

[2] Up to 1,000 copies/ml

[3] 1,000 - 10,000 copies/ml

[4] 10,000 to 100,000 copies/ml

[5] >100,000 copies/ml

9.2 - Patient's highest viral load result:

Date: //_____

[1] Undetectable

[2] Up to 1,000 copies/ml

[3] 1,000 - 10,000 copies/ml

[4] 10,000 to 100,000 copies/ml

[5] >100,000 copies/ml

9.3 - Maintenance of controlled viral load > 90% of the measurements:

[1] YES

[2] NO

9.4 - Patient's latest CD4+ T-lymphocyte count (LTCD4+) result:

Date: //_____

[1] <50 cells/mcl

[2] 50-100 cells/mcl

[3] 100 to 200 cells/mcl

[4] 200-350 cells/mcl

[5] 350-500 cells/mcl

[6] 500-1000 cells/mcl

[7] >1000 cells/mcl

9.5 - Patient's highest CD4+ count (LCD4+) result:

Date: //_____

[1] <50 cells/mcl

[2] 50-100 cells/mcl

[3] 100 to 200 cells/mcl

[4] 200-350 cells/mcl

[5] 350-500 cells/mcl

[6] 500-1000 cells/mcl

[7] >1000 cells/mcl

9.6 - Pre-ART CD4 count:

Date: //_____

[1] <50 cells/mcl

[2] 50-100 cells/mcl

[3] 100 to 200 cells/mcl

[4] 200-350 cells/mcl

[5] 350-500 cells/mcl

[6] 500-1000 cells/mcl

[7] >1000 cells/mcl

BIOCHEMICALS (6 months Follow-up)

(Fill dates and results as needed) 10.1 - Latest Fasting Blood Glucose | 10.2 - Triglycerides | 10.3 - HDL | 10.4 - LDL (VDL) | 10.5 - VLDL | 10.6 - Total Cholesterol | 10.7 - AST (TGO) | 10.8 - ALT (TGP) | 10.9 - Bilirubin | 10.10 - Urea | 10.11 - Creatinine | 10.12 - Bone Densitometry

PATIENT FOLLOW-UP (1 year)

9.1 - Patient's latest viral load result:

Date: //_____

[1] Undetectable

[2] Up to 1,000 copies/ml

[3] 1,000 - 10,000 copies/ml

[4] 10,000 to 100,000 copies/ml

[5] >100,000 copies/ml

9.2 - Patient's highest viral load result:

Date: //_____

[1] Undetectable

[2] Up to 1,000 copies/ml

[3] 1,000 - 10,000 copies/ml

[4] 10,000 to 100,000 copies/ml

[5] >100,000 copies/ml

9.3 - Maintenance of controlled viral load > 90% of the measurements:

[1] YES

[2] NO

9.4 - Patient's latest CD4+ T-lymphocyte count (LTCD4+) result:

Date: //_____

[1] <50 cells/mcl

[2] 50-100 cells/mcl

[3] 100 to 200 cells/mcl

[4] 200-350 cells/mcl

[5] 350-500 cells/mcl

[6] 500-1000 cells/mcl

[7] >1000 cells/mcl

9.5 - Patient's highest CD4+ count (LCD4+) result:

Date: //_____

[1] <50 cells/mcl

[2] 50-100 cells/mcl

[3] 100 to 200 cells/mcl

[4] 200-350 cells/mcl

[5] 350-500 cells/mcl

[6] 500-1000 cells/mcl

[7] >1000 cells/mcl

9.6 - Pre-ART CD4 count:

Date: //_____

[1] <50 cells/mcl

[2] 50-100 cells/mcl

[3] 100 to 200 cells/mcl

[4] 200-350 cells/mcl

[5] 350-500 cells/mcl

[6] 500-1000 cells/mcl

[7] >1000 cells/mcl

9.7 - Does the patient present viral BLIP?

[1] YES

[2] NO

9.8 - If presenting viral BLIP, how many within the 1-year interval?

[1] [2] [3] [4] More than 3

9.9 - How many BLIPs in total does the patient present?

[1] [2] [3] [4] More than 3

9.9.1 - If BLIPs, what is/are the value(s)?

[1] (_____)

[2] (_____)

[3] (_____)

BIOCHEMICALS (1 year Follow-up)

(Fill dates and results as needed) 10.1 - Latest Fasting Blood Glucose | 10.2 - Triglycerides | 10.3 - HDL | 10.4 - LDL (VDL) | 10.5 - VLDL | 10.6 - Total Cholesterol | 10.7 - AST (TGO) | 10.8 - ALT (TGP) | 10.9 - Bilirubin | 10.10 - Urea | 10.11 - Creatinine | 10.12 - Bone Densitometry