## **Enrolment baseline**

Study ID (Initials of the hospital and MRN)		
Study ID (Hospital Initials and MRN)		
Date of enrollment	(YYYY-MM-DD)	
Upload the patient's consent form		
CONTACT INFORMATION & DEMOGRAPHIC DATA		
First Name		
Father's Name		
Address (Region, Wereda, Kebele)		
Phone number		
Date of birth		
Child's age at enrollment (years)	(age at enrollment in years)	
What is the family size?		
What is the average monthy income for the family?		
Does the family have external support?	○ Yes ○ No	
If the family has external support, what source is it?	<ul><li>Government</li><li>NGO</li><li>Charity</li><li>Other</li></ul>	
What is the occupation of the caregivers?	<ul><li>○ Farmers</li><li>○ Jobless</li><li>○ Governement Employees</li><li>○ Merchants</li><li>○ Daily Laborors</li><li>○ Other</li></ul>	
What is the educational status of the mother?	<ul> <li>Didn't attend School</li> <li>Attended some school, din't cor</li> <li>Read/Write, no formal school</li> <li>Completed Primary Education</li> <li>Competed Secondary Education</li> <li>Completed Tertiary Education</li> </ul>	
What is the educational status of the Father?	<ul> <li>Didn't attend School</li> <li>Attended some school, din't cor</li> <li>Read/Write, no formal school</li> <li>Completed Primary Education</li> <li>Competed Secondary Education</li> <li>Completed Tertiary Education</li> </ul>	



Are you worried about stigma and dicrimination at your locality because of HIV?	○ Yes ○ No
Are there other siblings who have HIV?	○ Yes ○ No
Are there other siblings who died of HIV?	<ul><li>○ Yes</li><li>○ No</li></ul>
Date of HIV diagnosis of the child	
Was DNA PCR done?	<ul><li>○ Yes</li><li>○ No</li></ul>
What was the DNA PCR result?	<ul><li>○ Positive</li><li>○ Negative</li><li>○ Unknown</li></ul>
What was the mode of feeding during early childhood?	<ul> <li>Exclusive breast feeding for 6 months then complementary</li> <li>Exclusive Formula Feeding</li> <li>Mixed</li> <li>I don't remember/don't know</li> </ul>
Ethnicity	
<ul><li>○ Amhara</li><li>○ Oromo</li><li>○ Sidama</li><li>○ Wolaita</li><li>○ Tigray</li><li>○ Other</li></ul>	○ Gurage ○ Silte ○ Gamo
If other for the above question, describe.	
What is the sex of the child?	<ul><li>○ Female</li><li>○ Male</li></ul>
CLINICAL CONDITION	
Height	(height/length in cm (xxx,x cm))
Weight	(xx,x kilograms)
An' I	(XX,X Kilografits)
Mid upper arm circumference	(XX,X Kilografils)
BMI	(XX,X Kilografils)
	(xx,x cm)
ВМІ	
BMI Head Circumference (up to 5 years)	(xx,x cm)  ○ Yes
BMI  Head Circumference (up to 5 years)  Pitting Edema	(xx,x cm)  ○ Yes ○ No ○ Yes

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<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
<ul> <li>AZT, 3TC, EFV</li> <li>AZT, 3TC, NVP</li> <li>D4T, 3TC, EFV</li> <li>D4T, 3TC, NVP</li> <li>TDF, 3TC, EFV/NVP</li> <li>AZT/D4T, 3TC, PI</li> <li>ABC, 3TC, NVP/EFV/PI</li> </ul>
<ul><li>○ WHO Stage 1</li><li>○ WHO Stage 2</li><li>○ WHO Stage 3</li><li>○ WHO Stage 4</li></ul>
<ul><li>Yes</li><li>No</li></ul>
<ul><li>○ Yes</li><li>○ No</li></ul>
<ul><li>Toxicity and drug side effects</li><li>Tuberclosis Co-infection</li><li>National Guideline Change</li><li>Other</li></ul>



CAREGIVER INFO			
Who is the caregiver for the child/ who is the child living with?	<ul><li>Mother and Fath</li><li>Mother</li><li>Father</li><li>Relative or Sibli</li><li>Foster care</li><li>Grandmother</li><li>Other</li></ul>		
Describe if 'other' for the above question:			
Are biological parents alive?	<ul><li>Yes both alive</li><li>Yes- only mothe</li><li>Yes- only father</li><li>No, both died</li></ul>		
Is the caregiver HIV positive?	○ Yes ○ No		
Are caregivers on HIV care follow up?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>		
Is caregiver on ART?	○ Yes ○ No		
What is the ART regimen that the caregiver is taking?			
Was the mother taking prophylaxis during pregnancy?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>		
If yes, what was she taking (please check with the mothers records)?			
What is the level of adherence of the caregiver to care and treatment?  0% means they have taken none  50% means they have taken half  100% means they have taken every single dose	0%	50%	100%
Ask the patient: over the past month, how often has your child taken their HIV medication?		(Place a mark on	the scale above)
0% means they have taken none 50% means they have taken half 100% means they have taken every single dose	0%	50% (Place a mark on	100%
How many doses of their HIV medication has your child missed over the past week?		, isse a mark on	2 222 42.310/
Is the child currently prescribed PCP prophylaxis (bactrim/dapson)?			



Over the past month, how often have you taken your PCP prophylaxis?			
0% means they have taken none 50% means they have taken half 100% means they have taken every single dose	0%	50%	100%
		(Place a mark on the :	scale above)
How many doses of their PCP prophylaxis has your child missed over the last week?			
If caregiver is on ART, was he/she diagnosed to have treatment failure at some point? (please check records if needed)	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>		
TUBERCLOSIS INFORMATION			
Was the child diagnosed for TB previously			
What was the mode diagnosis of TB?	<ul><li>Symptoms only</li><li>Symptoms and CXI</li><li>CXR only</li><li>Sputum positive</li><li>gene-expert</li><li>other</li></ul>	R	
Has the child taken INH prophylaxis?	○ Yes ○ No		
Was there TB treatment before initation of ART?	○ Yes ○ No		
What type of TB was diagosed?	<ul><li>Pulmonary</li><li>Disseminated TB</li><li>Lymphnode TB</li><li>CNS TB</li><li>Pleural TB</li><li>Other</li></ul>		
HOSPITALIZATION			
Was the child hospitalized in the past?			
If s/he was hospitalized, what was the reason for hospitalization? (be specific)			
If s/he was hospitalized, How many times?			



## DRUG SIDE-EFFECTS (only document yes, if the symptoms appear after initiation of ART and clinicans ascribe it to the drugs)

Skin Rash	○ Yes ○ No
Nausea or vomiting	○ Yes ○ No
feeling generally unwell or extremely tired	○ Yes ○ No
muscle or joint ache	○ Yes ○ No
swelling of the eye, lips, mouth or face	○ Yes ○ No
yellowing of the skin or eyes	○ Yes ○ No
Dark urine	○ Yes ○ No
Lipodystrophy	○ Yes ○ No
Lipid abnormalities and the heart	○ Yes ○ No
Anemia	○ Yes ○ No
Appetite loss	○ Yes ○ No
stomach pain	○ Yes ○ No
bloating	○ Yes ○ No
nsulin resistance and diabetes	○ Yes ○ No
Insomnia	○ Yes ○ No
Dizziness, confusion, and sleeping problems	○ Yes ○ No
Kidney damage (nephrotoxicity)	○ Yes ○ No
Lactic acidiosis	○ Yes ○ No
Liver damage (hepatotoxicity	○ Yes ○ No
Pancreas damage (pancreatitis)	○ Yes ○ No



Peripheral neuropathy (nerve damage)	
Diarrhoea	
Headache	○ Yes ○ No
osteoporis, osteopenia	○ Yes ○ No
Thrombocytopenia	
OPPORTUNISTIC INFECTIONS (for this section,	use the chart record for the past 6 months as a
reference - indicate if the patient has had any	of the effects or symptoms at any time in the
past 6 months)	
Asymptomatic	
Unexplained persistent hepatosplenomegaly	
Persistent generalised lymphadenopathy	
Recurrent or chronic upper respiratory tract infections (otitis media, otorrhoea, sinusitis, tonsillitis)	
Herpes zoster	
Linear gingival erythema	
Recurrent oral ulceration	
Papular pruritic eruption	
Fungal nail infections	
Extensive wart virus infection	
Extensive molluscum contagiosum	
Unexplained persistent parotid enlargement	<ul><li>Yes</li><li>No</li></ul>
Unexplained moderate malnutrition not adequately responding to standard therapy	
Unexplained persistent diarrhea (14 days or more)	<ul><li>Yes</li><li>No</li></ul>

intermittent or constant, for longer than one 1 month)	○ No
Persistent oral candidiasis (after first 6 weeks of life)	○ Yes ○ No
Oral hairy leukoplakia	○ Yes ○ No
Lymph node tuberculosis	<ul><li>○ True</li><li>○ False</li></ul>
Pulmonary tuberculosis	<ul><li>○ True</li><li>○ False</li></ul>
Severe recurrent bacterial pneumonia	<ul><li>○ True</li><li>○ False</li></ul>
Acute necrotizing ulcerative gingivitis or periodontitis	<ul><li>○ True</li><li>○ False</li></ul>
Unexplained anemia	<ul><li>○ True</li><li>○ False</li></ul>
Symptomatic lymphoid interstitial pneumonitis (defined as a syndrome of fever, cough, and dyspnea, with bibasilar pulmonary infiltrates consisting of dense interstitial accumulations of lymphocytes and plasma cells)	○ True ○ False
Chronic HIV-associated lung disease, including bronchiectasis	<ul><li>○ True</li><li>○ False</li></ul>
Unexplained severe wasting, stunting or severe malnutrition not responding to standard therapy	<ul><li>○ True</li><li>○ False</li></ul>
Pneumocystis (jirovecii) pneumonia	<ul><li>○ True</li><li>○ False</li></ul>
Recurrent severe bacterial infections (such as empyema, pyomyositis, bone or joint infection, meningitis, but excluding pneumonia)	<ul><li>○ True</li><li>○ False</li></ul>
Chronic herpes simplex infection (orolabial or cutaneous of more than 1 month's duration or visceral at any site)	○ True ○ False
Oesophageal candidiasis (or candidiasis of trachea, bronchi or lungs)	<ul><li>○ True</li><li>○ False</li></ul>
Extrapulmonary tuberculosis	<ul><li>○ True</li><li>○ False</li></ul>
Kaposi sarcoma	<ul><li>○ True</li><li>○ False</li></ul>
Cytomegalovirus infection (retinitis or infection of other organs with onset at age more than 1 month)	<ul><li>○ True</li><li>○ False</li></ul>



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Central nervous system toxoplasmosis (after the neonatal period)	<ul><li>○ True</li><li>○ False</li></ul>
HIV encephalopathy	<ul><li>○ True</li><li>○ False</li></ul>
Extrapulmonary cryptococcosis, including meningitis	<ul><li>○ True</li><li>○ False</li></ul>
Disseminated nontuberculous mycobacterial infection	<ul><li>○ True</li><li>○ False</li></ul>
Progressive multifocal leukoencephalopathy	<ul><li>○ True</li><li>○ False</li></ul>
Chronic cryptosporidiosis (with diarrhoea)	<ul><li>○ True</li><li>○ False</li></ul>
Chronic isosporiasis	<ul><li>○ True</li><li>○ False</li></ul>
Disseminated endemic mycosis (extrapulmonary histoplasmosis, coccidioidomycosis, penicilliosis)	<ul><li>○ True</li><li>○ False</li></ul>
Lymphoma (cerebral or B-cell non-Hodgkin)	<ul><li>○ True</li><li>○ False</li></ul>
HIV-associated nephropathy or cardiomyopathy	<ul><li>○ True</li><li>○ False</li></ul>
BASELINE LABS	
Viral Load_Baseline	
Absolute CD4 count at Baseline	(The CD4 at Baseline)
CD4 percent at baseline	
CD8 count	
CD4/CD8 Ratio	
White Cell Count	
Total Lymphocyte Count	
Hemoglobin	
Platelet Count	
Hepatitis B virus surface antigen	
Tropulais 5 Thus Surface unlayer	<ul><li>Positive</li><li>Negative</li></ul>
HCV antibody?	

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Urine Analysis	<ul> <li>Normal</li> <li>Hematuria (RBC positive)</li> <li>Trace proteinuria</li> <li>Proteinuria +1 and above</li> <li>Pyuria seen</li> </ul>		
Creatinine			
BUN	<del></del>		
SGOT	<del></del>		
SGPT			
WHO Stage	<ul><li>○ WHO stage 1</li><li>○ WHO stage 2</li><li>○ WHO stage 3</li><li>○ WHO stage 4</li></ul>		
DISCLOSURE			
Has the child's HIV status been disclosed to them?	○ Yes ○ No		
Has the caregiver disclosed their HIV status to anyone?	<ul><li>○ Yes</li><li>○ No</li></ul>		
Whom did the caregiver disclose to?	<ul><li>partner</li><li>relatives</li><li>their child</li></ul>		

