Complete this medical history and physical examination form at the enrolment of study participants.

**PARTICULARS**

| 1. Date of enrolment DD/MM/YR: |
| --- |
| 2. Child’s Initials:_____ |
| 3. Sex: Male [ ] Female [ ] |
| 4. Child’s date of birth |
| DD/MM/YR:__/__/____ |
| 5. Child’s Age (Completed years): |
| 6. District of Residence: |
| 7. Child’s years of school (Completed years): |
| ______________years |
| 8. Caregiver’s Relationship with child: |
| __________________ |
| 9. Caregiver’s Education level: None [ ] Primary [ ] Secondary [ ] Tertiary [ ] Don’t know [ ] |

**PRESENT HEALTH HISTORY**

10. Is the patient currently ill with any of the following symptoms: Fever, vomiting, severe diarrhoea, active convulsions, difficulty breathing, severe cough?
   
   N [ ] Y [ ]

*If Y, send to Medical staff of JCRC for evaluation. If N, continue with enrolment*

**HIV TREATMENT HISTORY**

11. Child, combination: PI-based [ ] Non-PI based [ ]
12. Adherence: How many doses have you missed in the last 3 days? __________doses
13. ART initiation date DD/MM/YR:__/__/____
14. WHO clinical staging at ART initiation: I [ ] II [ ] III [ ] IV [ ]
15. Is the child on O.I prophylaxis? N [ ] Y [ ]
16. If Y, list medications:
PAST MEDICAL HISTORY

Has the child:
17. Any other medical condition apart from HIV? N [ ] Y [ ]
18. If yes list condition: _________________________________________
19. Been hospitalized for malnutrition? N [ ] Y [ ]
20. Been hospitalized with coma? N [ ] Y [ ]
21. Been hospitalized meningitis? N [ ] Y [ ]
22. Been hospitalized with head injury? N [ ] Y [ ]
If Yes for any of the above conditions, exclude from the study.
23. Been hospitalised for reasons other than those listed above? N [ ] Y [ ]
24. If yes, reason for the hospitalization: _______________________________

EARLY HEALTH HISTORY

25. Was child born before term? N [ ] Y [ ]
If yes;
26. How many months early? __________________ (completed) months
27. Birth weight in kilograms? __________________ Kgs
28. For how long was the child receiv ed breast fed? ___________________(completed) months

PHYSICAL EXAMINATION

29. Temp ___ ___ ^\circ C  30. Weight. ___ ___ kg  31. Height. ___ ___ cm.
   32. MUAC _______.___ cm
33. Is the child acutely ill by screening exam? N [ ] Y [ ]
If yes:
Stop enrolment and refer to staff of JCRC for evaluation and treatment

GENERAL ASSESSMENT OF THE CHILD

34. General exam normal? N [ ] Y [ ]
35. If no, describe: _____________________________________________
36. Respiratory system normal? N [ ] Y [ ]
37. If no, describe: _____________________________________________
38. Cardiovascular system normal? N [ ] Y [ ]
39. If no, describe: _____________________________________________
40. GIT system normal?  
N [    ]  Y [    ]

41. If no, describe: ____________________________________________

42. CNS examination normal?  
N [    ]  Y [    ]

43. If no,  
describe: ____________________________________________

44. Other findings  
N [    ]  Y [    ]

45. If yes, describe: ____________________________________________

**NEURODEVELOPMENTAL SCREEN (TQQ)**

46. Compared to other children, did your child delay in sitting, standing or walking?  
N [    ]  Y [    ]

47. Compared to other children, does your child have difficulty seeing at night or during the day?  
N [    ]  Y [    ]

48. Does your child seem to have difficulties hearing?  
N [    ]  Y [    ]

49. Does your child understand instructions?  
N [    ]  Y [    ]

50. Does your child have any difficulty walking, moving his/her hands, weakness or stiffness in the hands and legs?  
N [    ]  Y [    ]

51. Has your child ever had seizures or go into coma?  
N [    ]  Y [    ]

52. Did your child learn how to do things at the same time as his/her age mates?  
N [    ]  Y [    ]

53. Does your child speak?  
N [    ]  Y [    ]

If Yes:

54. Does he/she speak clearly?  
N [    ]  Y [    ]

55. Does he/she speak some things you can’t understand at times?  
N [    ]  Y [    ]

56. When compared to other children of his/her age, is his/her intelligence poorer, is he/she retarded or does he/she take long to understand?  
N [    ]  Y [    ]

Done by_________________________________________  Date________________________
Neurocognitive Function Among HIV Infected Children On Protease Inhibitor Based Versus Non Protease Inhibitor Based Antiretroviral Therapy

Social Economic Status Form (1 Page)

| Study ID: | Date (DD/MM/YYYY): |
|-----------|---------------------|
| | |

**EDUCATION**

1. Is the child currently in school? [ ] YES [ ] NO

2. If YES, child is in school, what level?
   - [ ] 0-none
   - [ ] 1-preschool
   - [ ] 2-nursery
   - [ ] 3-P.1-P4
   - [ ] 4-P.5-P7

3. If NO, was child ever in school? [ ] YES [ ] NO

4. If YES, child WAS in school, what level?
   - [ ] 0-none
   - [ ] 1-preschool
   - [ ] 2-nursery
   - [ ] 3-P.1-P4
   - [ ] 4-P.5-P7

5. Who is the child’s primary caregiver? [ ] Father [ ] Mother [ ] Other, specify________________________ ________

6. Is child’s mother able to read and write? [ ] YES [ ] NO

7. What was the highest level of education for the child’s primary care giver? [ ] 0-none [ ] 1-primary [ ] 2-secondary [ ] 3-tertiary

8. Is child’s father able to read and write? [ ] YES [ ] NO [ ] Don’t know

9. What was highest level of education for child’s father? [ ] 0-none [ ] 1-primary [ ] 2-secondary [ ] 3-tertiary [ ] 4-don’t know

**Socio-Economic Status**

1. How many siblings does this child have?
   - [ ] 0
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] 7
   - [ ] 8
   - [ ] 9
   - [ ] 10
   - [ ] 11
   - [ ] 12
   - [ ] >12

2. How many people live under the same roof as this child?
3. What type of roof do you have?  
☐ 1-Thatch  ☐ 2-Iron sheets  ☐ 3-Tiles  ☐ 4-Don’t know  

4. What kind of water supply do you have?  
☐ 1-Stream/pond/lake  ☐ 2-Well  ☐ 3-Borehole  ☐ 4-Tap near or inside home  

5. What kind of cooking fuel do you use?  
☐ 1-Firewood  ☐ 2-Charcoal  ☐ 3-Paraffin  ☐ 4-Gas/Electricity  

6. Does the family eat meat at least once a week?  
☐ YES  ☐ NO  

7. Does the family have food all year round?  
☐ YES  ☐ NO  

8. Which of the following items are owned by you or found in your home? Add scores for YES responses for total  

| Item                          | Score | Item                          | Score |
|-------------------------------|-------|-------------------------------|-------|
| Electricity                   | ☐ YES | 3                             | ☐ YES |
| Shoes for subject             | ☐ YES | 1                             | ☐ YES |
| Radio                         | ☐ YES | 1                             | ☐ YES |
| Television                    | ☐ YES | 2                             | ☐ YES |
| Poultry >10                   |       |                               |       |

TOTAL (add scores from both columns of all YES responses)  

| District:  

MIGRATION  

In which district was the subject born?
Neurocognitive Function Among HIV Infected Children On Protease Inhibitor Based Versus Non Protease Inhibitor Based Antiretroviral Therapy

**Questionnaire Version 1.0**
October 2018

**Study ID |___|___|___|___|
---|---|---|---|---|

| Neurocognitive Function Among HIV Infected Children On Protease Inhibitor Based Versus Non Protease Inhibitor Based Antiretroviral Therapy |
|---|---|
| **In which district has the child lived for most of life?** | **District:** |
| **In which district did the subject usually live for past 12 months?** | **District:** |

**FORM COMPLETED BY: |___|___|___|**
**SIGNATURE |**

| DATE (DD/MM/YYYY) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |