

# PROVIDER QUESTIONNAIRE: GEN MED

## Follow Up Two

Date Form Completed:

 /  / 

Provider ID:

Study ID:

1. Are you designated as the primary care provider for this patient?  YES  NO

2. Do you consider yourself primarily responsible for this patient?  YES  NO

3. How long have you been this patient's provider?

< 3 MOS.  3 - 6 MOS.  6 - 12 MOS.  1 - 2 YRS.  2 - 3 YRS.  > 3 YRS.

4. Do you like working with this patient? NOT AT ALL      VERY MUCH

5. How close is your relationship with this patient?

VERY CLOSE  SOMEWHAT CLOSE  NOT CLOSE AT ALL

6. How sick is this patient?

NEAR DEATH  VERY SICK  MODERATELY SICK  SOMEWHAT SICK  NOT SICK AT ALL

7. In your best judgment, please estimate the percentage probability that this patient will be alive in 10 years.

   %

8A. Has this patient ever been tested for HIV?

- NO  
 YES, AND THE RESULT WAS NEGATIVE  
 YES, AND I DO NOT KNOW THE RESULT  
 YES, AND THE RESULT WAS POSITIVE  
 I DON'T KNOW

8B. Have you ever offered HIV testing to this patient?  YES  NO

8C. To your knowledge, has this patient had vaginal or anal sex in the last 12 months?

YES (go to #8B)  NO (skip to #9)  DON'T KNOW (skip to #9)

8D. If yes, did the patient use a condom?

- NO  NO, BUT SEX WITH ONLY 1 PARTNER  
 YES, SOMETIMES  YES, ALWAYS  DON'T KNOW

--	--	--	--	--	--

9. Please mark the following behaviors this patient practices:

	<u>Past</u>	<u>Present</u>	<u>Never</u>	<u>Don't Know</u>
Smokes cigarettes	0	0	0	0
Drinks alcohol	0	0	0	0
Drinks alcohol despite harm	0	0	0	0
Uses illegal drugs	0	0	0	0
Uses IV illegal drugs	0	0	0	0

10. Does this patient have cognitive impairments or dementia?

A GREAT DEAL       SOME       SLIGHT       NONE

11. Please mark all of the following comorbid conditions that this patient has ever had.

<u>Psychiatric Comorbid Conditions</u>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
a. Anxiety	0	0	0
b. Depression	0	0	0
c. Post Traumatic Stress Disorder (PTSD)	0	0	0
d. Schizophrenia	0	0	0
<u>General Comorbid Conditions</u>			
e. Alzheimer's Disease or other Dementia	0	0	0
f. Angina or CAD	0	0	0
g. Chronic Pulmonary Disease (COPD/Asthma)	0	0	0
h. Congestive Heart Failure	0	0	0
i. Myocardial Infarction	0	0	0
j. Peripheral Vascular Disease	0	0	0
k. Stroke/TIA	0	0	0