

Checklist 1: HIV-Specific Elements of Health Status and History

Note: The items listed below are in addition to routine primary care assessment. The standard approach to primary care is the same for patients with and without HIV, whether care is delivered by a specialist or internist; however, there are unique considerations for patients with HIV, including treatment of HIV itself.

- **HIV history:** Diagnosis date and source; ART regimens, prior PrEP use, challenges, adverse effects, pauses, and lapses; previous resistance testing results; HIV-related hospitalizations; disclosure status; history of OIs, including prophylaxis and treatment; history of AIDS-defining conditions and treatments; signs or symptoms of potential long-term effects of ART (e.g., bone density changes, dyslipidemia, weight gain, renal dysfunction, cardiovascular disease).
 - Also see NYSDOH AI [Guidance: Addressing the Needs of Older Patients in HIV Care](#).
- **Medications:** Experienced and potential ART drug-drug interactions with any of the patient’s current medications (prescribed, OTC, herbal and nonpharmacologic agents); hormone use, including nonprescription, route of administration, and source.
- **Immunizations:** Status of immunizations recommended for adults with HIV; travel-related immunization status if indicated.
- **Sexually transmitted infections:** History and treatment of syphilis, gonorrhea, chlamydia, human papillomavirus, and other STIs; history of HIV transmission and ongoing risk factors; current and past experience with prevention, including doxy-PEP.
- **Hepatic:** History of and treatment for viral hepatitis (HAV, HBV, HCV); history of cirrhosis (compensated/decompensated) or previous hepatic compromise.
- **Neurologic:** Cognitive and neurobehavioral function; history of ischemia or thrombosis; history or symptoms of neuropathy, including symmetric distal polyneuropathy (common, particularly in patients exposed to earlier generations of ART).
- **Endocrine:** History of weight gain or loss; osteoporosis; lipodystrophy; symptoms of testosterone deficiency.
- **Nutritional status and food security:** Current dietary habits, appetite, and food security; history of malnutrition, vitamin deficiencies (particularly vitamin D and calcium), wasting, and disordered eating.
- **Gender:** Patient’s gender identity; history or plans for gender transition; gender-affirming hormone use, including source; gender-affirming surgical history; sex organ inventory (presence or absence of a penis, testes, prostate, breasts, vagina, cervix, uterus, and ovaries; patient’s preferred terms for body parts).
- **Renal:** Risk for HIV-associated nephropathy and potentially complicating diagnoses (e.g., diabetes, hypertension, other causes of chronic kidney disease). Consider ART history.
- **Behavioral health:** Screen for anxiety or suicide risk with new diagnosis; assess potential effect on adherence with untreated behavioral health diagnosis.
 - See USPSTF [Depression and Suicide Risk in Adults: Screening](#) (2023); [Generalized Anxiety Disorder 2-item \(GAD-2\)](#) brief screening tool; [PHQ-2](#); [PHQ-9](#); and [Columbia-Suicide Severity Rating Scale](#) standardized assessment tools.
- **Substance use (alcohol, nonprescribed drugs, prescribed drug misuse, tobacco):** History and current use; use of substances with sex; harm reduction; ongoing high-risk behaviors for transmission of HIV and acquisition of STIs or infections associated with injection drug use.
 - Also see NYSDOH AI guideline [Substance Use Screening, Risk Assessment, and Use Disorder Diagnosis in Adults](#).
- **Sexual health:** Sexual identity; current and past sex partner(s); HIV, ART, viral load, and PrEP status of sex partner(s); frequency and preferred sexual activities (to assess risk); history of sexual dysfunction or other challenges.
 - See NYSDOH AI guidance [GOALS Framework for Sexual History-Taking in Primary Care](#) and [Guidance: Adopting a Patient-Centered Approach to Sexual Health](#).
- **Financial health:** Current financial and employment status; access to resources if needed; healthcare coverage (including medical, hospitalization, mental health, prescriptions, and dental care) or access to resources for uninsured people; current or history of engagement in transactional sex. Assess for urgent needs.
- **Functional status:** Ability to perform activities of daily living; mobility; transportation; independence at home or in the community. Assess for urgent needs.
- **Relationships, responsibilities, and support:** Patient-defined family and significant relationships, including dependents; primary social network; people who know the patient has HIV; long-term care plans. Assess for urgent needs.

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- **Social determinants of health:** Housing status and stability, food security, transportation, utilities, child care, employment, education, finances, personal safety, neighborhood safety, social support, criminal justice engagement, etc.
- **Trauma, stress, and stigma:** History of trauma, including medical and witnessed trauma; current and past experience with domestic, physical, emotional, verbal, and intimate partner violence; history or current experience with elder abuse; current major stressors; management and coping skills; experience with HIV-associated or other stigmas. Assess for urgent needs.

Abbreviations: ART, antiretroviral therapy; doxy-PEP, doxycycline post-exposure prophylaxis; HAV, hepatitis A virus; HBV, hepatitis B virus; HCV, hepatitis C virus; OI, opportunistic infection; OTC, over-the-counter; PHQ, Patient Health Questionnaire; PrEP, pre-exposure prophylaxis; STIs, sexually transmitted infections; USPSTF, U.S. Preventive Services Task Force.