

**Stage 3: HIV Treatment Maintenance Counselling Checklist**

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|  | **Overall Functioning**􀂉 **Emotional Responses**: Explore how the client feels and how he/she is doing.o How are you feeling? How are you doing?􀂉 **Expectations**:o What is different/the same about treatment than what you expected?􀂉 **Concerns**: Listen to concerns.o Do you have any concerns about your treatment so far?􀂉 **Encourage and support** the client. |
|  | **Regimen Adherence**􀂉 **ART Regimen**: Determine how the client has been taking HIV treatment.o Tell me how you have been taking your tablets.o What times have you been taking them?o Many people find it difficult taking the medication. Do you ever have trouble taking the tablets?o What kinds of problems make it hard to take your tablets?􀂉 **Late and Missed Doses**:o It is difficult to take medication every day, and many people miss a dose now and then. When was the last time you missed a dose?o When is it most difficult to remember your medication? |
|  | **Factors Influencing Client’s Adherence**: personalize it.􀂉 **Side Effects**:o Have you experienced any side effects from your HIV treatment?o If so, how have you dealt with them?􀂉 **Personal Adherence Concerns**: Explore any and all adherence concerns and help client think of solutions.o What sorts of things have affected your adherence?o How do you think you can solve these adherence problems?(Problem-solving with client)􀂉 **Identify Personal Positive Adherence Factors**: Help the client identify characteristics about him/herself, lifestyle or past experiences that help the client adhere to HIV treatment.o Can you identify anything about yourself that helps you stick to your HIV treatment?o Offer encouragement for areas where the client has adhered to his/her treatment plan |
|  | **Personalised Adherence Plan:** Make changes to the plan based on adherencedifficulties.􀂉 **Lifestyle Adjustments**:o How has HIV treatment fit into your lifestyle? What has been easy?What has been challenging?􀂉 **Memory Aids**:o How have you remembered to take your tablets?o What things help you remember to take your tablets?􀂉 **Support:**o Whom have you gotten support from during the process of starting on HIV treatment?􀂉 **Treatment Supporter:** *The treatment supporter should be part of the counselling session.*o Has your treatment supporter been involved in your adherence?o What role has he/she taken? Has this worked? |
|  | **Monitoring Adherence and Treatment**􀂉 **Personal Monitoring Tools**: suggest pill diaries, chartso How have you kept track of your adherence?o What has worked? What has not worked?􀂉 **Hospital/Clinic Monitoring**:o When are you supposed to return to the clinic?o When will you collect your next set of tablets? |