

**Stage 1: Pre-HIV Treatment Initiation Counselling Checklist**

Encourage the client to tell his/her story and to share his/her experiences; this is trust building.

|  |  |
| --- | --- |
|  |  |
|  | **History**􀂉 **HIV history**: year of diagnosis, why testedo How long have you known your HIV status?o Can you tell me the story of how you learned your status? *OR* How did you find out your HIV status?􀂉 **Attitude towards HIV status**:o How do you feel about your HIV status? |
|  | **Knowledge Assessment**: Check the client’s understanding.􀂉 **HIV treatment**: Client needs to understand HIV treatment as life-long treatment, not a cure.o Can you tell me what you understand about HIV treatment?􀂉 **Importance of adherence**o What do you understand by HIV treatment adherence?o Why do you think adherence is so important with HIV treatment?􀂉 **Consequences of non-adherence**: resistanceo What might happen if you do not take your medicines as prescribed?o One of the main purposes of our counselling is to find ways to help you adhere to HIV treatment and to support you in that process. |
|  | **Disclosure/Treatment Supporter**􀂉 **Disclosure**:o Have you told anyone about your status? If so, who? When?􀂉 **Reactions from others**:o How did the person/people you told respond?􀂉 **Household disclosure**:o Does anyone you live with know your status? If so, who?􀂉 **Discuss treatment supporter**:o Define who this should be, qualities of a good treatment supporter, and how to select this person.􀂉 **Identify treatment supporter**: o You may need to discuss how to ask the person or how to disclose to him/her. |
|  | **Assess Healthy Living/Lifestyle**􀂉 **Intimate Relationships/Patterns of Sexual Behaviour**:o Can you describe your relationships? Can you describe your sexual behaviour?o Do you have more than one sexual partner?o In your sexual relationships, do you do anything to prevent the transmission of HIV? What about preventing pregnancy?􀂉 **Substance Use**: drugs or alcoholo Do you use any drugs? If so, what? How often?o Do you ever drink alcohol (beer/wine)? If so, how often? How much do you usually drink?o How many drinks did you have last week?􀂉 **Diet/Nutrition/Exercise**:o What do you normally eat for breakfast/lunch/dinner?o Do you eat at other times of the day?o Do you exercise? If so, what do you do? How often?􀂉 **Rest**:o How much sleep do you normally get at night?o Do you ever have trouble sleeping?􀂉 **Stress Management**:o Can you identify anything as a problem in your life?o How do you deal with problems?􀂉 **Long-term Plans:**o What do you want to do in 2 years?o What do you want your life to be like in 5 years? |
|  | **HIV Treatment Readiness**􀂉 **Motivation**:o Why do you want to start HIV treatment?􀂉 **Advantages/Disadvantages of being on HIV treatment**:o What do you see as the good things about starting HIV treatment?o What about any negative or bad things about being on HIV treatment?􀂉 **Commitment**:o We have talked a lot about adherence. How are you feeling about committing to life-long HIV treatment?􀂉 **Emotional responses**:o When you think about starting on treatment, how do you feel? |
|  | **Factors Influencing Adherence**􀂉 **Prior medication adherence**:o Have you ever taken medication before? If so, for how long? How often?o Did you have trouble remembering to take your tablets?􀂉 **Views about being on medicine**:o How do you feel about being on medicine?o Do you have any concerns about that?􀂉 **Living Conditions**:o Where are you staying now? How long have you been living there?􀂉 **Schedule:**o Can you tell me about your normal daily schedule?o What time do you normally get up/go to sleep?o Do you take care of anyone, such as children or an elderly relative?􀂉 **Support**:o Who do you get support from? Do they know your status?􀂉 **Difficulties of adherence**:o What do you think will be hard for you about being on HIV treatment? |
|  | **Personalise a Treatment Plan:** Remember, the client is the expert on her/himself.􀂉 **Empower** the client to be an **active participant** in his/her treatment plan.􀂉 **Brainstorm how to adhere to HIV treatment.**o Many clients develop ways of remembering to take their medicines.Let’s talk about how you might be able to remember to take your medicines.􀂉 **Lifestyle Adjustments**:o How will HIV treatment fit into your daily schedule?o Will you have to change anything in your life in order to adhere to HIV treatment? If so, what?􀂉 **Assessment Tools**: Develop tools for assessing the treatment plan, i.e. Medication diaries, calendar, pill chart, etc.o It is important to tell your doctor if you are late or forget to take your medicines. How are you going to keep track of this? |