

**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.

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|  | **History**  􀂉 **HIV history**: year of diagnosis, why tested  o 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**: resistance  o 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 alcohol  o 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? |