

**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 adherence  difficulties.  􀂉 **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, charts  o 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? |