

HIV Medication Questionnaire: HIVMQ

This questionnaire asks about your HIV medication and your experience of this medication over the past few weeks.

The nurse will write in the names of each different medication/dose prescribed for you by the doctors treating your HIV.

For each different medication listed below, please indicate in the boxes provided:

- Part a) Whether or not you take this medication.
If you do not take the medication at all, please skip questions (b) to (f) and go on to the medication listed in the next box.
- Part b) How often you are meant to take this medication.
If you have to vary the number of times you take it per day, please give the most usual number of times.
- Part c) When the medication is meant to be taken (please use BLOCK CAPITALS).
- Parts d) to f): Please circle a number from 0 (none of the time) to 6 (all of the time).

If you are taking any additional medication for HIV, please write the name of the medication into one of the extra boxes provided and complete parts a) to f) as above.

continued on the next page...

Name of medication #1: listed by nurse <input type="checkbox"/> or patient <input type="checkbox"/>	Prescribed dose
<p>1a) Do you take this medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, go to box 2 below.</p> <p>1b) How often are you meant to take this dose? times per day <input type="checkbox"/> times per week <input type="checkbox"/> times per month <input type="checkbox"/> other <input type="checkbox"/> don't know <input type="checkbox"/></p> <p>1c) When are you meant to take this medication? (e.g. morning ("a.m."), with breakfast, before food, anytime) <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>1d) How often have you taken this medication exactly as recommended? none of the time 0 1 2 3 4 5 6 all of the time</p> <p>1e) How often do you find it inconvenient or difficult to take this medication as recommended? none of the time 0 1 2 3 4 5 6 all of the time</p> <p>1f) How much pain/discomfort have you experienced with this medication? none at all 0 1 2 3 4 5 6 a very great deal</p>	

For information only