HIV Medication Questionnaire: HIVMQ

This guestionnaire 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. How often you are meant to take this medication. Part b) If you have to vary the number of times you take it per day, please give the most usual number of times. When the medication is meant to be taken (please use Part c) 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 or patient						Prescribed dose
1a) Do you take this medication? Yes No If no, go to box 2 below.						
1b) How often are you meant to take this dose? per day per week per month don't know						
1c) When are you meant to take this medication? (e.g. morning ("a.m."), with breakfast, before food, anytime)						
1d) How often have you taken this medication exactly as recommended?						
none of the time	0 1	2 3	4	56	all c	of the time
1e) How often do you find it inconvenient or difficult to take this medication as recommended?						
none of the time	0 1	2 3		56		of the time
1f) How much pain/discomfort have you experienced with this medication?						
none at all	0 1	2 3		56	a ve	ery great deal