

HIV Medication Questionnaire: HIVMQ

This questionnaire asks about your HIV medication and your experience with 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 of your medications listed below, please fill out 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 supposed to take this medication.
If you have to change the number of times you take it per day, please indicate the most common number of times.
- Part c) When the medication is supposed 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...

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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 supposed to take this dose? per day <input type="checkbox"/> per week <input type="checkbox"/> per month <input type="checkbox"/> other <input type="checkbox"/> don't know <input type="checkbox"/></p> <p>1c) When are you supposed to take this medication? (e.g. morning ("a.m."), with breakfast, before food, anytime) <input style="width: 100%; height: 20px;" type="text"/></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>	

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