AHF PRE-APPOINTMENT QUESTIONNAIRE

We would appreciate it if you would fill out this questionnaire prior to seeing your provider today to highlight issues that are important regarding your care that have come up since your last visit.

Are you currently taking HIV medications (please circle) **YES** **NO**

If no, Why ______________________________

IF YOU ARE NOT TAKING MEDICATIONS, PLEASE PROCEED TO SAFER SEX PORTION OF QUESTIONNAIRE

Do you find your HIV drugs easy to take (please circle) **YES** **NO**

If no, Why ______________________________

Please list your HIV medications only below:

Trade Name	Generic Name	Number of Pills per Dose	Number of Doses per Day	What Times Do You Take Your Doses? (i.e. 12a/12p)	Special Instructions (e.g. with/without food)

Please estimate the number of doses you have missed (if any): today ______ yesterday _____ last week ______ last month ______

Why did you miss the dose (please circle) Forgot Sleeping Side Effects/Felt Sick Other

What percentage of your HIV medications do you estimate that you manage to take (circle one)

0% 50%-60% 70%-75% 80%-85% 90%-95% 100%

Some people forget to take their pills on the weekends. Did you forget a dose last weekend (please circle) **YES** **NO**

Would you like a reminder device (i.e. Pager, Pillbox) to assist you in taking your medications (please circle) **YES** **NO**

If NO, would you be interested in receiving a device to assist you in taking your medications (please circle) **YES** **NO**

Would you be interested in attending an HIV/Adherence Education Class (please circle) **YES** **NO**
($50 Grocery store certificate will be given upon completion of the Course)

SAFER SEX/STD SCREENING

Have you had unprotected sex (i.e. no condom) since your last visit (please circle) **YES** **NO**

If yes, which (please circle) Oral Sex Anal Insertive Anal Receptive Vaginal

Would you like to bring in your partner(s) for an HIV test **YES** **NO**

Comments: ______________________________

____
PROVIDER NAME

____
PROVIDER SIGNATURE

PATIENT NAME: ______________________________

PF NUMBER: ______________________________

White Copy: AHF Pharmacist

Yellow Copy: Progress Notes