My HIV Health Record

| 1a. | a. How long I've been infected with HIV: 3 years | | |
|--|--|--|--|
| 1b. | How I was infected with HIV: Born with HIV | protected sex Injection drug use Blood transfusion | |
| 1c. | . How I found out that I have HIV: Igot an anonymous text from one of those services | | |
| 2a. | a. Who <i>I've told</i> about my HIV status: Nobody | | |
| 2b. | . Who else knows about my HIV status: Nobody | | |
| 3. | I've had: | | |
| 4. | How many of my partner(s) know I have HIV: All So | ome 🔀 None | |
| 5a. | I use condoms for oral sex: ✓ Never (0%) ☐ Rarely (<10%) ☐ Occasionally (30%) ☐ Some | etimes (50%) | |
| 5b. | I use condoms for anal sex: ☐ Never (0%) ■ Rarely (<10%) ☐ Occasionally (30%) ☐ Some | etimes (50%) | |
| 5c. | I use condoms for vaginal sex: ☐ Never (0%) ☐ Rarely (<10%) ☐ Occasionally (30%) 【 Some | etimes (50%) | |
| 6. | How long I've been on HIV meds: 2 years | | |
| 7. | HIV meds I'm currently taking + when: | | |
| | Name: Atripla | Name: | |
| # of pills I take each time: 1 When I take it: Morning Afternoon Evening | | # of pills I take each time: | |
| | | When I take it: Morning Afternoon Evening | |
| | Name: | Name: | |
| | # of pills I take each time: | # of pills I take each time: | |
| | When I take it: Morning Afternoon Evening | When I take it: Morning Afternoon Evening | |
| 8. | On average, I take all of my meds: ☐ Never (0%) ☐ Rarely (<10%) ☐ Occasionally (30%) 【 Sometimes (50%) ☐ Frequently (70%) ☐ Usually (90%) ☐ Every time (100%) | | |
| 9. Problems that get in the way of taking my HIV meds: | | | |
| | Getting the meds Unable to pay for the | meds Trouble swallowing the pills | |
| | ☐ Too many pills to take ☐ The taste of the pills | Side effects from the pills | |
| | My mood/emotions Forgetting to take the | | |
| | ☐ Drinking alcohol ☐ Using drugs | Other: | |

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