

My HIV Health Record

Date: _____

1a. How long I've been infected with HIV: _____

1b. How I was infected with HIV: Born with HIV Sex Injection drug use Blood transfusion

1c. How I found out that I have HIV: _____

2a. Who I've told about my HIV status: _____

2b. Who else knows about my HIV status: _____

3. I've had: Oral sex with female(s) Oral sex with male(s)

Anal sex with female(s) Anal sex with male(s)

Vaginal sex with female(s)

I'm a virgin (If you're a virgin, skip questions 4 + 5)

4. How many of my partner(s) know I have HIV: All Some None

5. I use condoms (for vaginal/anal/oral sex): All of the time Some of the time None of the time

6. HIV meds I'm taking + when:

Name: _____

of pills/dose: _____

When I take it: Morning Afternoon Evening

Name: _____

of pills/dose: _____

When I take it: Morning Afternoon Evening

Name: _____

of pills/dose: _____

When I take it: Morning Afternoon Evening

Name: _____

of pills/dose: _____

When I take it: Morning Afternoon Evening

7. How many doses I miss per week: _____

8. How long I've been on HIV meds: _____

9. Problems that get in the way of taking my HIV meds:

Having trouble getting them Having trouble paying for them Having trouble swallowing the pills

Having too many pills Not liking the taste Being bothered by side effects

My mood/emotions Forgetting to take them Feeling ashamed

Drinking alcohol Using drugs Other: _____