Patients diagnosed with HIV, with *any visit* in 2017

Patients diagnosed with HIV with an *HIV-related medical visit* in 2017

Patients diagnosed with HIV who were *virally suppressed* at the last test in 2017 (have less than 200 copies per mL at the last blood test)

Patients diagnosed with HIV who were *prescribed HIV medication* in 2017

**Help Us Bring [Facility Name]’s Cascade to Life!**

**2017**

**Your Story of Coming to [Facility Name]**

**Your Story of Becoming an “Active” Patient at [Facility Name]**

**Your Story of Getting on Antiretroviral Therapy (ART) at [Facility Name]**

**Your Story of Becoming Virally Suppressed at [Facility Name]**

1. Did you receive your HIV diagnosis at [Facility name]?

☐ Yes ☐ No

1a) If yes, about how long did it take to get your first appointment for HIV primary care at [Facility name]?

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 1b) If no, why did you choose [Facility Name] for your HIV primary care?

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1. How did you get linked to care at [Facility Name]? Did any person help you make your first appointment?

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1. Did you face any challenges getting your first appointment at [Facility Name], at another healthcare organization, or in your personal life? If yes, please describe the challenges.

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1. What was your first visit to the HIV program at [Facility Name] like?

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1. Since becoming a patient at [Facility Name], have you ever gone more than a year without coming here for a medical visit?

☐ Yes ☐ No

5a) If yes, why?

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1. What helps or motivates you to come to your appointments at [Facility Name]?

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1. What makes it hard to come to or keep your appointments?

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1. Is there any additional information you would like to share about your experience receiving health care at [Facility Name]?

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1. Have you been prescribed HIV medication, commonly known as ART, at [Facility Name]?

☐ Yes ☐ No

9a) If yes, how soon after your HIV diagnosis did you start taking HIV medication?

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9b) If no, why have you not been prescribed HIV medication by [Facility Name] staff?

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1. Overall, do you take your HIV medication the way your healthcare provider recommends?

☐ Yes ☐ No

10a) If no, why?

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1. In the last five years, or since you began taking HIV medication at [Facility Name], have you ever stopped taking this medication for more than one week?

☐ Yes ☐ No

11a) If yes, why did you stop? What helps you get back on track with taking your HIV medication?

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1. Are you virally suppressed (defined as having a viral load of less than 200 copies/mL)?

[ ]  Yes [ ]  No

12a) What helped you become virally suppressed?

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1. What has been the hardest part about regularly taking your HIV medication?

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1. What helps you take your HIV medication?

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14a) Do you have any tricks, tools, people, or things in your life that motivate you to stay on track with your HIV medication and stay engaged in your health care?

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 An "Active" patient has at least one HIV medical visit each year. Even if you've been positive or coming to [Facility Name] for a long time, you aren't "Active" unless you have at least one appointment every year.

**Antiretroviral therapy (ART) = HIV medication**

**Not sure? Ask your doctor or nurse for the results of your most recent blood test!**

An **HIV viral load** is the amount of the HIV virus in a milliliter of blood.

A ***suppressed viral load*** is defined as less than 200 copies of the HIV virus per milliliter of blood.