Patient Name ______________________

Treatment Assessment Readiness Tool (TART)

STAFF NAME conducting TART interview: ______________________
Signature ______________________ *Date* ____________

CLIENT - I hereby acknowledge that I participated in this Treatment Assessment process.
Signature ______________________ *Date* ____________

1. Name: ______________________
Date of Birth: ______________ **Age:** ________
Gender: ☐ **Male** ☐ **Female** ☐ **Transgender** ☐**Other**

2. Do you have a place to live? ☐ yes ☐ no
- ❖ If yes, how long have you stayed there? ______________________
- ❖ Who lives in your house? ______________________

Details: ______________________

3. How many people in your life know about your HIV status?

☐ All of them ☐ Some of them
☐ One person ☐ None

- ❖ How many people in your life are supportive of you and treating your HIV disease?

☐ All of them ☐ Some of them
☐ One person ☐ None

4. Do you have difficulty getting to your medical appointments? ☐ yes ☐ no
- ❖ If so, check which obstacles make it difficult:

☐ Transportation ☐ School ☐ Work
☐ Family ☐Privacy ☐ Live Alone
☐ Other ______________________

5. What kind of work do you do? ____________
Are you working now? ☐ yes ☐ no
- ❖ If yes, do you get to take breaks at work when you need to? ☐ yes ☐ no
- ❖ Do you have privacy on the job? ☐ yes ☐ no
- ❖ If no, do you have a source of income? ☐ yes ☐ no

____

6. What grade of school have you finished? ____________

7. Do you have health insurance? ☐ yes ☐ no
What type? ______________________
Do you have medication coverage? ☐ yes ☐ no

8. Are you on a special diet? ☐ Yes ☐ No
If yes, what kind? ______________________

9. Reproductive Health
- ❖ Are you currently sexually active ☐ Yes ☐ No
- ❖ Do you use condoms or other birth control? ______________________
- ❖ The Last time you had sex, did you use a condom? ☐ Yes ☐ No
- ❖ Do you do self breast exams (SBE)? ☐ Yes ☐ No

10. Substance Use History
- ❖ Do you smoke? ☐ Yes ☐ No
  How much do you smoke a day? ____________
- ❖ Do you drink alcohol? ☐ Yes ☐ No
  How much do you drink a day? ____________
  a week? ____________
- ❖ Do you use drugs? ☐ Yes ☐ No
  Details: ______________________
- ❖ Would you like to reduce or quit? ____________
  Have you ever tried to reduce or quit? ☐ Yes ☐ No

11. Mental Health
- ❖ Have you experienced any recent mood changes? ______________________
- ❖ Are you currently experiencing?

☐ Depression ☐ Nerves ☐ Flashbacks
☐ Irritability ☐ Social Withdrawl ☐ Other

Details: ______________________

How long have you been experiencing these symptoms? ______________________
- ❖ Have you ever seen a counselor or anything for your nerves or thoughts? ☐ Yes ☐ No
- ❖ Are you currently seeing a counselor? ☐ Yes ☐ No

Details: ______________________

12. Do you have any religious or cultural beliefs that your health care providers need to know about? ☐ Yes ☐ No

____
____
____

Patient Name ____________________

13. How much would any of these side effects or inconveniences bother you?

	A lot	Somewhat	A little	Not at all	Not sure
Diarrhea					
Taking medications on an empty stomach					
Taking medications more than twice a day					
Headache					
Taking medications with meals					
Having to drink a lot of water					
Sensitive stomach					
Change in body shape					
Skin rash					
Bad dreams					

Details: ____________________

14. Have you ever taken HIV meds?

☐ Yes ☐ No

15. Complete ONLY if client answered "yes" to #1:

List the HIV medications that your are presently taking

____

What do you do when or if you have side effects?

____

What is the hardest thing about taking medications?

____

Has the need for transportation ever stopped you from getting your medications from the pharmacy?

☐ Yes ☐ No

Were you able to make it to your last doctor visit?

☐ Yes ☐ No

Which statement best describes you? (*circle one*)

a. I always take my meds at the correct times.
b. I take my meds at the correct times most of the time. (Skip my meds or take my meds late, *some of the time*)
c. I take my meds at the correct times at least half of the time.
d. Taking meds at the scheduled time causes a lot of problems for me; I take my meds at the correct times less than half of the time.

What keep (kept) you from taking your medications on time? List reasons:

____

Would you like help taking your medications on time?

☐ Yes ☐ No

What type of help? ____________________

Adherence Tools Used Before:

- ☐ watch
- ☐ Beeper/ Alarm
- ☐ pillbox
- ☐ MedChart
- ☐ Other (specify) ____________________

Are they effective?

☐ yes ☐ no (explain) ____________________

16. Do you have any questions or concerns that you want your doctor to know about? ☐ Yes ☐ No

Details: ____________________

Please add here any ***additional comments*** *you may have:*

____

Patient Name ______________________________

Treatment Assessment Readiness Tool

What Is HIV?

1. I believe that HIV infection is a disease that, if not treated, can kill people who have it.
   a) I strongly agree d) I disagree
   b) I agree e) I strongly disagree
   c) I am not sure

2. HIV infection weakens the immune (defense) system of the body by attacking white blood cells called T cells.
   a) I strongly agree d) I disagree
   b) I agree e) I strongly disagree
   c) I am not sure

3. A high viral load means a person will probably get sick sooner.
   a) I strongly agree d) I disagree
   b) I agree e) I strongly disagree
   c) I am not sure

4. When the viral load goes down, T-cell levels go up and the immune system gets stronger.
   a) I strongly agree d) I disagree
   b) I agree e) I strongly disagree
   c) I am not sure

5. Anti-HIV medications are used to make the viral load go down.
   a) I strongly agree d) I disagree
   b) I agree e) I strongly disagree
   c) I am not sure

6. I believe that anti-HIV medications can greatly help me to live a long and healthy life.
   a) I strongly agree d) I disagree
   b) I agree e) I strongly disagree
   c) I am not sure

7. It does not matter if I miss my medication because it takes a lot of missed doses for the HIV virus to become resistant (immune) to the medication.
   a) I strongly agree d) I disagree
   b) I agree e) I strongly disagree
   c) I am not sure

8. If the medications I am taking no longer work because the virus has become resistant (immune) to them, there are plenty more to switch to.
   a) I strongly agree d) I disagree
   b) I agree e) I strongly disagree
   c) I am not sure

9. I believe that I play an important part in my fight against HIV and my ability to stay healthy.
   a) I strongly agree d) I disagree
   b) I agree e) I strongly disagree
   c) I am not sure

10. I understand and believe what my doctor has told me about my HIV disease.
    a) Very well c) Some idea
    b) Well d) No idea at all

11. I feel ready to start medicines to fight HIV.
    a) Very much so c) Somewhat
    b) Mostly d) Not at all

12. Do you know what a protease inhibitor is?
    ☐ yes ☐ no ☐ not sure

13. Do you know what "triple combination therapy or HAART therapy" means?
    ☐ yes ☐ no ☐ not sure

14. Do you know what a CD4 count is?
    ☐ yes ☐ no ☐ not sure

15. Would you like to have more information about HIV and HIV treatment?
    ☐ yes ☐ no ☐ not sure

16. Other than medication to fight HIV, I believe I can do the following things to improve my health:
    ____
    ____
    ____
    ____
    ____
    ____
    ____

17. I have the following concerns about the medications that fight HIV:
    ____
    ____
    ____
    ____
    ____
    ____
    ____

With permission from Treatment for Life Center at Brookdale University Hospital and Medical Center
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