

# Health survey Quality registry InfCareHIV

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Personal number:

Birth year:

Name:

*Please tick the appropriate box for each statement*

## 1. How satisfied are you with your physical health?

Very unsatisfied	Unsatisfied	Rather unsatisfied	Rather satisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. How satisfied are you with your psychological wellbeing?

Very unsatisfied	Unsatisfied	Rather unsatisfied	Rather satisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. How satisfied are you with your sexual life (regardless if you have sex with a partner or on your own)?

Very unsatisfied	Unsatisfied	Rather unsatisfied	Rather satisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4a. Are you currently taking HIV medication?

Yes  → Go to question 4b. No  → Go to question 5.

## 4b. Do you experience any side effects?

Yes  → Go to question 4c. No  → Go to question 4d.

## 4c. To what extent are you troubled by medical side effects?

Very troubled	Troubled	Rather troubled	Not very troubled	Not at all troubled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4d. How many doses have you missed the last week?

0	1-2	3 or mote doses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 5. Do you smoke?

Never	Quitted	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 6. Do you feel involved in the planning and realization of your HIV care and treatment?

Never	Seldom	Sometimes	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 7. How satisfied are you with the quality of care provided at your HIV clinic?

Very unsatisfied	Unsatisfied	Rather unsatisfied	Rather satisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for your participation!**