# PrEP medication follow up.

Name: ______________________________ DOB: ________________________ Date: _____________________

The following questions are about your PrEP medication (Descovy or Truvada). Many patients find it difficult to take their PrEP exactly as prescribed. Please take a moment to answers the follow questions.

1. Thinking about the past 4 weeks, on average how would you rate your ability to take all PrEP as prescribed?

☐ Excellent
☐ Good
☐ Fair
☐ Poor

2. How many doses of PrEP did you miss in the last 7 days?

☐ 0 ☐ 2 ☐ 4
☐ 1 ☐ 3 ☐ 5 or more doses.

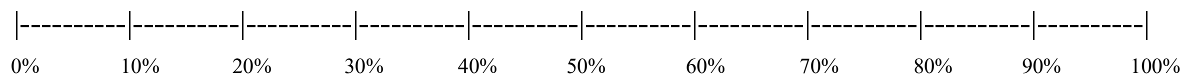
3. Some people find that they forget to take their pill on the weekend days. Did you miss any of your medication last weekend? (Saturday or Sunday)

☐ Yes
☐ No

4). When was the last time you missed your PrEP?

☐ Within the past week
☐ 1-2 weeks ago
☐ 2-4 weeks ago
☐ 1-3 months ago
☐ More than 3 months ago
☐ Never missed medications

5). Circle the point along the line that most closely reflects how much of your PrEP medications you have taken in the last three months.



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The follow questions are to be answered honestly and as accurate as possible. Five Horizons Health Services is dedicated to keeping you healthy in providing the best possible care. Our goal is to help prevent you from getting STI's including HIV. Please take a moment to answers the follow questions.

6. Approximately, how many sexual partners have you had in the past 3 months?

| | |
|---|---|
| ☐ 0 (If 0, skip to question #14) | ☐ 6-7 |
| ☐ 1 | ☐ 8-10 |
| ☐ 2 | ☐ 11-15 |
| ☐ 3 | ☐ 16-20 |
| ☐ 4-5 | ☐ >20 |

7. How many partners have you had oral sex with in the last 3 months?

| | |
|---|---|
| ☐ 0 | ☐ 6-7 |
| ☐ 1 | ☐ 8-10 |
| ☐ 2 | ☐ 11-15 |
| ☐ 3 | ☐ 16-20 |
| ☐ 4-5 | ☐ >20 |

8. Have you had anal sex in the last 3 months?

☐ No (If no skip to # 10) ☐ Yes

9. With how many people have you had anal sex with in the past 3 months?

| | |
|---|---|
| ☐ 0 | ☐ 6-7 |
| ☐ 1 | ☐ 8-10 |
| ☐ 2 | ☐ 11-15 |
| ☐ 3 | ☐ 16-20 |
| ☐ 4-5 | ☐ >20 |

10. Have you had vaginal sex in the last 3 months?

☐ No (If no skip to # 12) ☐ Yes

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11. With how many people have you had vaginal sex with in the past 3 months?
    - ☐ 0
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4-5
    - ☐ 6-7
    - ☐ 8-10
    - ☐ 11-15
    - ☐ 16-20
    - ☐ >20

12. In the past 3 months, how often did you use condoms when you had sex?
    - ☐ Never
    - ☐ Sometimes
    - ☐ Always

13. I know the ________ status of my recent sexual partners. (Within the last 3 months)
    - ☐ HIV
    - ☐ STI
    - ☐ Both
    - ☐ I don't know the STI or HIV status of my recent sexual partners.

14. Are you having sex or considering having sex with someone who is HIV positive?
    - ☐ Yes
    - ☐ No

15. Have you ever injected drugs that were not prescribed by a medical provider.
    - ☐ Yes     If yes, when did you last use injectable drugs? ________________
    - ☐ No

16. In the last 3 months have you started taking any new prescription or over the counter medications?
    - ☐ Yes
    - ☐ No

    If yes, please list medications.

    ________________________________________________________________________________

17. Other questions or concerns about your sexual health:

________________________________________________________________________________