

|                    |
|--------------------|
| CLINIC NUMBER..... |
| DATE.....          |

**WEST SUSSEX SEXUAL HEALTH STRUCTURED INTERVIEW (WeSSI)**

**POST HIV POSITIVE DIAGNOSIS**

**Mental Health / Wellbeing**

Assessment questions:

Social support

Disclosed HIV result to anyone? .....

Ever get low? .....

If feeling low, people to turn to? .....

Know other people with HIV? .....

How are they? .....

Coping

Able to continue with normal routine? (Consider sleep, appetite) .....

.....

How do they feel they are coping? .....

How do they describe mood? .....

Mental Health History

Experienced emotional difficulties in the past? Yes / No

Details .....

Sought help? Yes / No

From whom? .....

Current / Past (give dates). .....

Alcohol and drug use

Increase since diagnosis? Yes / No

|         | <b>Quantity</b> | <b>Frequency</b> | <b>Comments</b> |
|---------|-----------------|------------------|-----------------|
| Alcohol |                 |                  |                 |
| Drugs   |                 |                  |                 |

Sex

Increase / decrease in sexual activity since diagnosis?

Increase / decrease in libido since diagnosis?

Comments

Sexual dysfunction since diagnosis Yes / No

Comments. ....

|   |          |
|---|----------|
| Referral to Psychiatry / Psychology / other | Yes / No |
|---|----------|

**Disclosure**

| Close others | Disclosed | Reasons |
|--------------|-----------|---------|
| Friends      |           |         |
| Family       |           |         |
| Partner      |           |         |

Aware of criminalisation of transmission? Yes / No  
 Discussed Yes / No  
 Comments. ....  
 GP aware Yes / No

**Confidentiality**

MDT discussed Yes / No  
 Concerns attending for appointments Yes / No  
 Comments. ....  
 ....

**Occupation**

Occupation. ....

|                                 |               |
|---------------------------------|---------------|
| Referral to Occupational Health | Yes / No / NA |
|---------------------------------|---------------|

**Ethnicity**

Country of origin. ....  
 Immigration Status. ....  
 Comments. ....

|                   |
|-------------------|
| Referral to. .... |
|-------------------|



|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Comments (eg follow up for testing). . . . .

**Preconceptual issues**

Aware of prevention of MtCT? Yes / No / NA  
 Discussed Yes / No  
 Comments. . . . .

**Actions**

| Action | Date | Signature |
|--------|------|-----------|
|        |      |           |
|        |      |           |
|        |      |           |

**Further Comments**

. . . . .  
 . . . . .  
 . . . . .  
 . . . . .  
 . . . . .  
 . . . . .  
 . . . . .

|  |
|--|
| Time for completion of interview . . . . . |
|--|

**Demographic Data**

Age .....

Sex .....

Sexual orientation                  Heterosexual                  Homosexual                  Bisexual

Country of origin .....

Time since diagnosis .....

**POST HIV POSITIVE DIAGNOSIS STRUCTURED INTERVIEW**

**PATIENT QUESTIONNAIRE**

**Demographic Data**

Age.....

Sex.....

Sexual orientation                  Heterosexual                  Homosexual                  Bisexual

Country of origin.....

Time since diagnosis.....

1. Were all your concerns relating to your HIV addressed?

Yes, completely                  Yes, mostly                  A little                  No, not at all

Please give details.....  
.....  
.....

2. Were the issues raised relevant to the management of your HIV?

Yes, completely                  Yes, mostly                  A little                  No, not at all

Please give details.....  
.....  
.....

3. Are there other areas that should be covered?

Yes                                  No                                  Don't know

Please give details.....  
.....  
.....



|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| <b><u>Confidentiality concerns</u></b>   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| <b><u>Referral to OH</u></b>             |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| <b><u>Referral re: Immigration</u></b>   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| <b><u>P/N</u></b>                        |  |  |  |  |  |  |  |
| Outcome                                  |  |  |  |  |  |  |  |
| Provider Notification                    |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| <b><u>Prevention</u></b>                 |  |  |  |  |  |  |  |
| Aware of safe sex                        |  |  |  |  |  |  |  |
| Discussed                                |  |  |  |  |  |  |  |
| Aware of PEPSE                           |  |  |  |  |  |  |  |
| Discussed                                |  |  |  |  |  |  |  |
| Condoms used                             |  |  |  |  |  |  |  |
| 1:1                                      |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| <b><u>Testing children discussed</u></b> |  |  |  |  |  |  |  |
| Outcome                                  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| <b><u>Aware of VT</u></b>                |  |  |  |  |  |  |  |
| Discussed                                |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| <b><u>Actions</u></b>                    |  |  |  |  |  |  |  |

**PN Outcomes:** I=Informed T=Tested V=Verified (include result)