

# MTCT-PLUS PSYCHOSOCIAL NEEDS ASSESSMENT

<b>Patient Name:</b>	<b>I.D :</b>
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<b>Date of 1<sup>st</sup> Interview:</b>	<b>Date</b>
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## Family Situation and Sources of Support

▪ Who currently lives in your household?	
▪ How many children do you have and how old are they?	
▪ Do you have a partner that you live with? How long have you lived together?	
▪ Do you have other family members? Where do they live?	
▪ Do you see/talk to others in your household or other family members outside of your home?	
▪ To whom do you feel closest in your household? In your family? Outside of your family?	
▪ Have you confided in anyone in your family about your HIV status? Who with? What was their reaction?	
▪ Have you told anyone outside your family your HIV status? What was their reaction? Have you felt shunned by anyone because of your HIV status?	
▪ Who do you count on for emotional support?	
▪ Where else have you sought support? (examples: Religious person/organization, other community organizations) Have they helped you? If not, why not?	
▪ How do you support your own and your family's needs (examples: housing, food)?	
▪ What concerns do you have about your children or other family members?	
▪ Who generally makes decisions on behalf of the family?	
▪ Do you work outside your home? What kind of work do you do?	

### **Notes and Dates:**


## Mental Health and Coping

▪ How have you been feeling in the past month?	
▪ Have you felt particularly sad or alone? Do you have trouble sleeping? How do concerns about your HIV affect your mood? Does the treatment you receive from people around you affect your mood? What would help you feel better?	
▪ How much alcohol, if any, do you drink in a week? Do you feel that you must drink regularly?	
▪ Do you use any drugs? If so, which ones and how often?	
▪ How do you feel about the future? Are you hopeful, or do you feel your situation is desperate?	
▪ Have you felt so sad/hopeless that you've wanted to take your life? If so, did you make a plan?	

