



# Taking treatment?

*iPlan PLUS!* is designed to help you talk with your doctor/s about your HIV treatments to ensure that your combination:

- effectively controls HIV *and*
- protects other aspects of your health and wellbeing, *and*
- reduces the likelihood of treatment-related side effects in the long-term.

## Your best treatment

New and improved treatments, as well as an improved understanding of the benefits of existing treatments, allow you and your doctor/s to tailor an individual combination to suit you. Now more than ever, you can choose from combinations that can dramatically reduce the risk of side effects, both in the short and long term.

Importantly, modern treatment options can also protect neurocognitive (brain) health, even into old age. To ensure you're taking the best combination for you, speak to your doctor(s) and others involved in your HIV care.

## Do you experience . . .

	Never	Once a week	More than once a week	Once a day
Difficulty managing the food requirements of your treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue or disturbed sleep for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhoea or other tummy upsets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with memory or managing everyday tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of anxiety or depression for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The need to avoid interactions with your treatments and other medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin rashes, dry or itchy skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in appearance including yellowing of the eyes and/or skin (jaundice) or changes in body shape, including weight gain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



If you are not completely happy with your current treatment combination, think about writing down your concerns below to help you discuss them with your doctor/s.

Remember to take a list of all other medications, supplements and/or natural therapies that you are taking with you to your appointment.

Dear Doctor .....

Today, I would like to talk about:

- Heart       Kidneys       Bones       Healthy weight       Blood sugar  
 Brain       Liver       Mental health       Cholesterol

Is there anything we can do now to protect my health for the future?

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Could we talk about my treatment options please?