

GOAL LOG

Done?

- Session 13:** 1. My goal related to staying healthy: _____
_____ ρ
2. Keep calendar, reports, and schedules going _____ ρ

- Session 14:** 1. My goal related to keeping health care appointments: _____
_____ ρ
2. Problem solve barrier to keeping health care appointments _____ ρ
3. Fill in drug and alcohol calendar _____ ρ

- Session 15:** 1. My goal related to being a partner in health care: _____
_____ ρ
2. Keep calendar and D & A reports _____ ρ

- Session 16:** 1. Continue to fill out calendar. _____ ρ
2. Fill out nutrition worksheet _____ ρ
3. Do a thought scan and write down barrier thoughts & reframes _____ ρ

Barrier Thought

1: _____

Reframe 1: _____

Barrier Thought

2: _____

Reframe 2: _____

Barrier Thought

3: _____

Reframe 3: _____

- Session 17:**
1. Work out my own adherence plan on worksheet _____ ρ
 2. Complete my weekly schedule _____ ρ

LOOKING GOOD

RICHARD/REBECCA: What's happening?

WILFRED/WINNIE: I haven't seen you in a long time.

R: You are really looking nice!

W: Thanks. I feel good.

R: The last time we talked you had just found out you were HIV-positive. You were pretty out of it.

W: Yes. It really hit me hard.

R: Sure. But I have to say, you looked kind of sick back then.

W: Just imagine getting that news. It really affected me.

R: I am amazed at how good you look now. It's everything. Your skin, your hair, your clothes, the way you're standing there. I know you for so long, and you never looked healthy like this before.

W: I decided I should make changes. I don't want to stay idle and just become sick when I can do things to feel better.

R: What things?

W: Changed the way I was eating, started taking care of my body by sleeping more and exercising. Found ways to just relax. Started going to the drop-in center every week to see a counselor and get treatment when I need it. I found a new group, HIV-positive like me, who really care about their health. I don't drink alcohol much anymore or use drugs. Trying to have fun without those things.

R: Sounds too hard.

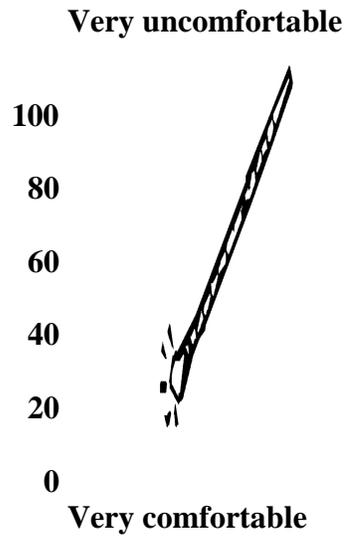
W: Sure sure, when I first tried to change. But I found ways and now it is not so difficult.

R: So, you're in charge.

W:

Listen, it was either the HIV or me. I like to look good and not feel sick. I like other people respecting me, even if I've got slim. I had to make it happen. No one else could do it for me.

THE END



Health Care Situations

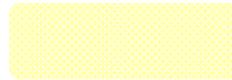
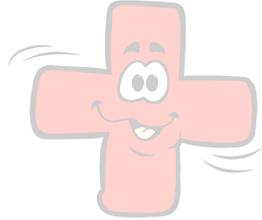
- ___ 1. You get out of breath easily when playing sports.
- ___ 2. All you had to eat for the day was food from a dustbin and a coke.
- ___ 3. You found some new sores or a strange rash somewhere on your body
- ___ 4. A friend told you that you looked really great.
- ___ 5. You worked up a real good sweat playing football instead of using drugs.
- ___ 6. You just left the drop-in centre and the nurse told you that your rash is healing nicely.

Targets for Staying Healthy

1.

Wanting to stay healthy.
ADVANTAGES

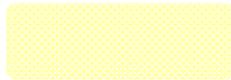
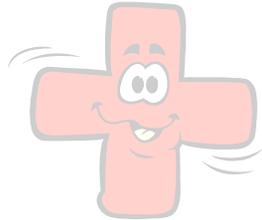
DISADVANTAGES



2.

Staying calm.
ADVANTAGES

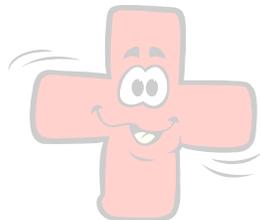
DISADVANTAGES



3.

Attending health care appointments.
ADVANTAGES

DISADVANTAGES

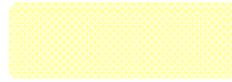
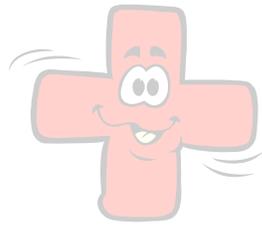


4.

Following a nutritious diet.

ADVANTAGES

DISADVANTAGES

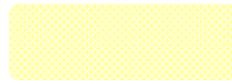
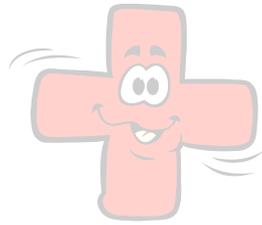


5.

Participating in health care decisions.

ADVANTAGES

DISADVANTAGES



GOOD HEALTH ACTIONS

1. EXAMINING YOUR USE OF DRUGS AND ALCOHOL
2. CHANGING YOUR ALCOHOL AND DRUG USE
3. PREVENTING RE-INFECTION
4. STAYING CALM
5. ATTENDING HEALTH CARE APPOINTMENTS
6. TAKING PRESCRIBED MEDICATIONS FOR OPPORTUNISTIC INFECTIONS
7. EATING NUTRITIOUS FOODS, LIKE FRUITS AND VEGETABLES, EVERY DAY
8. PARTICIPATING IN YOUR HEALTH CARE DECISIONS

WHAT SHOULD I DO?

- NINA: How do I look?
- EDWARD: You look nice.
- N: You're deceiving me.
- E: Am not deceiving.
- N: Am not happy with my size.
- E: What's wrong with your size?
- N: Since I found out I have AIDS am worried to eat. I'm thin. You couldn't tell that I lost weight?
- E: Well, yes I saw that.
- N: That I look thin and sick?
- E: No, that you are smaller than you were before.
- N: I knew you were deceiving me.
- E: Listen, I like you like that. I don't mind if you are small or big.
- N: Sure, sure. What about the way I'm always walking with my foot? I'm so worried lately.
- E: Well, I saw that you seemed a little worried.
- N: I just knew you were telling lies about looking good.
- E: So, you are unhappy with your weight and you don't like feeling worried all the time?
- N: I haven't seen the doctor for long. I was supposed to go back, but I don't want to hear any more bad news.
- E: You're afraid to see the doctor, but you think you should go.
- N: Yes. That's okay. What's the use?

E: You're telling me that you don't like many things you are doing, but you can't decide to make a change.

N: It takes a lot of time to change. I guess it would be better for me, but maybe I'd feel just as bad after I started eating better, got relaxed, and saw the doctor.

E: So you think it's good to live positively, but you don't know if you'll really feel better?

N: Maybe I couldn't gain weight anyway. I just can't eat when I'm worried.

E: Sure, you don't like eating!

N: I didn't say that. You know I like Matooke.

E: So why are you so sure that you couldn't make the changes?

N: Don't blame me. Of course, I could make them.

E: I wasn't blaming you. I thought you said something about doubting whether you could handle it.

N: You have it wrong. I'm a survivor. If I put my mind to it, it's done.

E: I know that's right! You can do it.

N: Are you talking irrelevant again?

E: You know, talking with you is really fun.

N: I think I'll start to rest more and eat more nutritious foods.

E: All right? It sounds like you have a plan!

THE END

WHAT TO CONSIDER TO INCREASE MOTIVATION

- **DO THE "PROS" OUT WEIGH THE "CONS"?**
- **WILL I FEEL BETTER?**
- **IS THERE PRESSURE FROM MY FRIENDS NOT TO CHANGE?**
- **DOES IT FIT IN WITH EXPRESSING MY HIGHER-SELF?**
- **DO I BELIEVE I CAN MAKE THE CHANGE?**

MISSING APPOINTMENTS

MARK/MARY: Are you John/Josephine?

JOHN/JOSEPHINE: Yes.

M: I'm Mark/Mary from the drop-in centre.

J: What drop-in centre?

M: Where you are supposed to come for counseling and nutrition meetings. You came a long time ago – some months now.

J: Oh, sure sure. I remember.

M: You need to return so we know how you're doing and so we can get you the kinds of help you need.

J: I feel okay, so why are you worried?

M: You feel okay now, but you need help to stay healthy so you don't feel bad later. You miss all of your appointments and we can never find you because you always move about.

J: I am always busy. I return to the centre when I need help.

M: If we went back to the drop-in centre right now, I'm sure I could get you in for a check-up with the nurse. She can tell you if you are as healthy as you think.

J: I can't do it now.

M: Listen, you are just idle. Come with me to the drop-in centre.

J: Thanks but I have plans now. I must go.

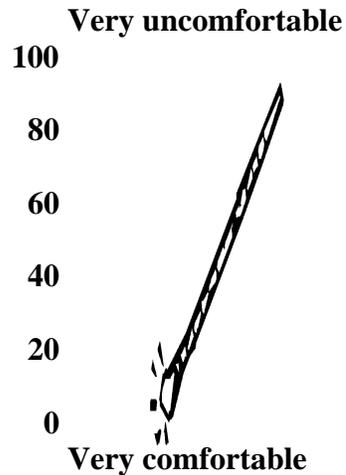
M: Listen, John/Josephine, this is really important. I'm HIV positive too. I volunteer some of my time to help find people who don't come in regularly. You have to care for your health now.

J: Now is no good. Thanks for looking for me, but not now.

M:

What's the problem?

THE END



HEALTH CARE APPOINTMENT SITUATIONS

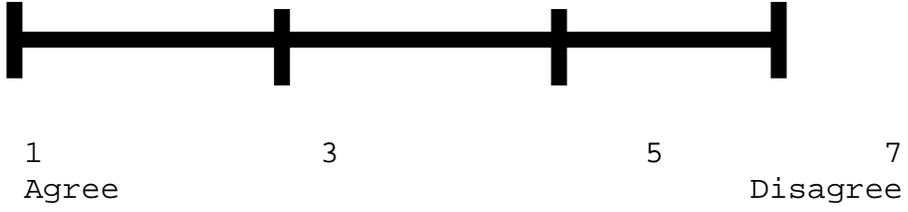
1. You sit in the waiting room at the clinic for three hours before your name is called.
2. The nurse keeps bothering you to take better care of yourself.
3. You look around in the waiting room at the clinic and see a lot of really sick looking people.
4. You see some of your friends making fun of someone who is sick.
5. The nurses at the clinic are rude to you and make you wait until last to be seen.
6. The health care workers give you condoms that are the wrong size.
7. The health care workers say you are too young to have sex and they won't help you.
8. The clinic is not open at times that are good for you.
9. This clinic is too far away to foot and you can't afford transport.
10. Your family is friends with a counselor at the clinic. The counselor might tell your family you were there.

11. You do not have money to pay for the appointment and medicines.

KEEPING HEALTH CARE APPOINTMENTS

<i>PROS</i>	<i>CONS</i>
	

Rating Scale



NEGATIVE HEALTH CARE ATTITUDES



"If I go to the clinic, people will know I am HIV+."



"I don't think I'm really sick."



"I hate taking orders from anybody, especially DOCTORS AND NURSES."



"There is nothing they can do for me anyway."



"IT IS MORE IMPORTANT THAT I WORK AND LOOK FOR FOOD."

"EVERYBODY DIES, AIDS OR NO AIDS. I HAVE OTHER THINGS TO WORRY ABOUT."



"The clinic is in a poor location. There are too many GROUPS around THAT BOTHER ME."

"I DON'T FEEL SICK, SO WHY WORRY ABOUT IT?"

"the nurses just give me a hard time when I ask for condoms. They don't think I SHOULD BE PLAYING SEX."

"there are too many police around that BOTHER me when I go to the clinic."

"I can't pay for the MEDICINES THEY SAY I NEED."

I FORGOT!

JOHN/JANE: You were not at the clinic today.

CHARLES/CONSTANCE: What do you mean?

J: Don't you remember? We both had appointments this afternoon.

C: Oh, No! I completely forgot. I'm sorry. Until you said it just now, I never thought of the clinic.

J: What's wrong with you? You keep forgetting things.

C: Listen, ever since I found out I have HIV I can't think right. I forget about everything but the HIV. I'm always worried and nervous. I say I will do something, but I forget.

J: Go to the clinic. You'll find out you are doing well. It will take the worry off your mind.

C: It will make it worse.

J: Why do you think that?

C: I know what they are going to tell me.

J: What?

C: That soon I will die. I don't want to hear that.

J: Who told you that?

C: Nobody. I can just feel it.

J: That's *not* what they are going to tell you. They are there to help you feel better. They will find ways to help you. Tell you what services they have, like nutrition programs and counseling for all your worries. You have to stop sitting idle and go.

C: Yes. But I'm so worried.

THE END

BARRIERS TO KEEPING HEALTH CARE APPOINTMENTS

- ✓

- ✓

- ✓

- ✓

- ✓

- ✓

- ✓

- ✓

PROBLEM SOLVING WORKSHEET –
Barriers to keeping health care appointments

BARRIER: _____

GOAL: _____

Option 1: _____

Advantages: _____

Disadvantages: _____

Option 2: _____

Advantages: _____

Disadvantages: _____

Option 3: _____

Advantages: _____

Disadvantages: _____

BEST SOLUTION _____

WHAT'S UP, DOC?

DOCTOR: *Sit down.*

PATIENT: *I am sitting down.*

DOCTOR: *You must be feeling badly.*

PATIENT: *Is it so? Why do you say that?*

DOCTOR: *Listen, without medications it is easy to get sick and feel weak.*

PATIENT: *But I am really feeling fine.*

DOCTOR: *I don't believe it.*

PATIENT: *I don't have medications, you are right. But I have been eating nutritious foods for some time now.*

DOCTOR: *Eating better does not make your HIV go away. Who told you that?*

PATIENT: *I know good food won't cure my HIV. But I have more energy now and my headaches are not so many since I started eating healthy.*

DOCTOR: *If you feel so good then why do you bother me? The clinic is so busy – there are so many other people to see. What do you want from me if you already know what is best for you?*

PATIENT: *You know much more about nutrition than I do. Maybe you can talk to me about what I eat now and tell me what other things to eat to keep me strong.*

DOCTOR: *If you want to learn about nutrition, you can talk to the nurse.*

PATIENT: *What about herbal medicines? Maybe I can try some of those.*

DOCTOR: *I don't prescribe such things. I don't know what they are good for, if anything.*

PATIENT: *I hear they are good for skin rashes and coughs and fevers and other symptoms.*

DOCTOR: *Listen, son. I have no time to talk about food and herbs. I will be here into the night seeing patients. There is nothing I can do for you now. Talk to the nurse when you leave. Come back in some weeks. If you are having symptoms then, I will give you medicines for your symptoms.*

THE END

BEING A PARTNER WITH MY HEALTH CARE PROVIDERS

<u>ADVANTAGES</u>	<u>DISADVANTAGES</u>
KNOW WHAT IS GOING ON	HEALTH CARE PROVIDER MAY GET ANGRY
CAN MAKE BETTER DECISIONS	HEALTH CARE PROVIDER MAY REFUSE TO TALK
WILL FEEL BETTER ABOUT SELF	MAY HAVE TO TAKE RESPONSIBILITY

TALK TOOLS

GUIDELINES FOR TALK-iING WITH HEALTH CARE PROVIDERS

T

= Tell my provider "I hear you."

Let them know that you understand their situation or position.

a

= Assert what I want in a positive way.

State what you want without criticizing or making your provider wrong.

L

= List the reasons that I am making the request.

Help your provider understand why it's important to you.

K

= Know some alternatives and my bottom line.

Have some options to suggest, but don't give up your goal.

TIPS ON TALKING TO HEALTH CARE PROVIDERS

1) USE "I" STATEMENTS.

Put your comments to health care workers in terms of "I want" or "I need;" not "you should."

2) STAY POSITIVE.

It puts people in a better frame of mind. They won't be defensive.

3) LISTEN TO THE HEALTH CARE WORKER AND SHOW YOU UNDERSTAND

It helps when others think you understand their situation, and it changes your own point of view.

4) PROVIDE INFORMATION THEY NEED TO KNOW

You may know more about what is important than they do. Tell them what you think is important and give them the information they ask you for.

THE NEXT APPOINTMENT

- RECEPTIONIST: We will see you again next Friday afternoon.
- YOUTH: I am sorry, but that time does not work for me. Fridays are too busy. I am often made to wait into the evening. Sometimes I am sent away without ever seeing the doctor. Wednesday morning is better.
- RECEPTIONIST: Look, we have many clients and few resources. Everyone has to wait.
- YOUTH: I understand that you are very busy, but Wednesdays are really better for me.
- RECEPTIONIST: It is not possible to see you on Wednesday. Wednesday clinic is for women, infants and young children only.
- YOUTH: Yes. I understand the clinic has a schedule. I suppose I can come again on Friday if I can be seen early in the morning.
- RECEPTIONIST: Maybe that is not possible. Friday morning appointments are reserved for adults. That's why we tell you to come in the afternoon.
- YOUTH: I understand, but I must take care of my health. There is another way, I'm sure.
- RECEPTIONIST: Fine. Come on Friday at noon. I will make sure you are the first to be seen after the adults.
- YOUTH: Thank you. I feel better knowing I am sure to be seen by the doctor. I'll see you Friday at noon.

THE END

GUIDELINES FOR BEING A PARTNER IN YOUR HEALTH CARE

1. INFORM
2. QUESTION
3. CLARIFY
4. STICK-WITH-IT
5. ASSERT
6. BE CAUTIOUS
7. FOLLOW-UP



"TALKING WITH MY DOCTOR"

- PATIENT: I am concerned because I have been coughing a lot during the last two weeks.
- DOCTOR: Your voice is not hoarse. Have you lost a lot of weight recently?
- PATIENT: No, but I have pain in my chest. I want to make sure I haven't got TB.
- DOCTOR: It's possible, but it could just be a bad cough. We don't have the resources to test everyone that complains of a cough.
- PATIENT: I want to be on the safe side. If you are HIV positive, like I am, you can't be too cautious. Maybe if you can't test me here you can tell me another clinic where I can go for testing.
- DOCTOR: Have you been coughing up sputum? That is how we test for TB.
- PATIENT: No. I haven't coughed up sputum. I understand that you don't have many resources, but isn't there another way to test for TB? I am trying very hard to stay healthy, so it is important to me that I find out.
- DOCTOR: If you are really that concerned, I can run other tests on you.
- PATIENT: What other tests?
- DOCTOR: I can give you a skin test and take an X-ray of your chest.
- PATIENT: Oh, good. Please, can you explain them to me so I can understand how they work.

DOCTOR: OK.

PATIENT: Thanks, that way I will be comfortable knowing what you are doing and why.

THE END

SOMETIMES

AGNES/ANDREW: All these medicines! What are they for?

MARY/MOSES: TB. It takes two or more medicines to cure it.

A: Is it? You take them all at the same time? It is abnormal.

M: No. There are special instructions for each medicine.

A: Are you sure? Don't you get confused?

M: Sure. They confuse sometimes.

A: Why don't you sell some?

M: To you? Why? You do not have TB.

A: I like the colors of some of them. What do they do for you?

M: They work together as part of a treatment plan. I also have to eat nutritious foods and rest a lot.

A: It is too much to worry about. I don't know how you do it.

M: Yes. The treatment plan is difficult. Sometimes I can't do it all.

A: Why not?

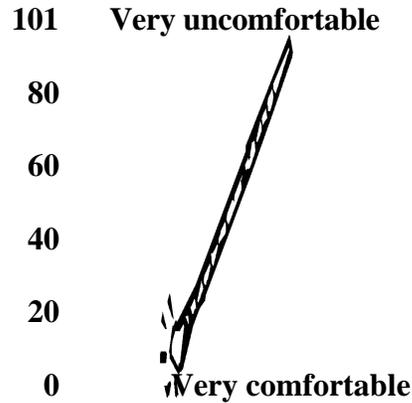
M: Sometimes I forget. Other times I just don't feel like it.

A: But how will your TB be cured?

M: I know. It is a problem. Maybe it will just take longer. But the medicines and eating nutritious food all the time give me a lot of trouble. Sometimes they are more trouble than the sickness.

A: It is better that they have only one kind of medicine for TB. I could not manage so many if I got TB.

THE END



NUTRITION SITUATIONS

-  You recently had diarrhoea and lost some weight.
-  You have lost your appetite and are beginning to feel tired and weak all the time.
-  You are taking medication for an infection and it causes you to vomit. You are worried that you will lose weight.
-  It is difficult to eat three complete meals everyday and you think you do not eat enough different fruits and vegetables.
-  You cannot always find soap and clean water to wash your hands before eating.

WHAT IS HIV AND WHAT IS AIDS?

- 1) HIV is the virus that causes AIDS.
- 2) When HIV gets into the bloodstream it invades specific blood cells that are part of the immune system. These are called T-cells.
- 3) Once inside T-cells, HIV can make many new copies of itself.
- 4) The new copies then break out of the T-cells, destroying the T-cells and weakening the immune system.
- 5) Now moving freely in the blood, all the new HIV copies can then invade more T-cells.
- 6) The number of HIV copies goes up; and the number of T-cells goes down.
- 7) This is serious because without enough T-cells the body has a hard time fighting off even minor infections.
- 8) When the T-cell count goes low enough, or the person with HIV starts getting certain infections that the body would normally fight off, they are said to have AIDS.

WHY PROPER NUTRITION?

- 1) There is no known cure for HIV Disease.
- 2) Proper nutrition and healthy living are good ways to manage HIV disease, to stay as healthy as possible for as long as possible.
- 3) Most people living with HIV try to keep their immune systems strong to fight HIV disease.
- 4) Opportunistic infections, like sore throat and tuberculosis, can weaken your immune system and make it difficult to fight HIV disease.
- 5) Proper nutrition helps keep the immune system strong and protect people from opportunistic infections.
- 6) A strong immune system helps keep HIV from turning into AIDS.
- 7) It is easier for your immune system to prevent infection than to fight infection.
- 8) Many people living with HIV who regularly eat balanced meals feel healthier and get fewer infections.
- 9) Feeling healthy does not mean your HIV is cured. It is important to always eat nutritious food to keep your immune system strong and stay healthy.
- 10) People with HIV that maintain nutritious diets can still get infections. When they do, it is important to keep eating well and eating enough so their immune system can fight the infection.

WHY IS MAINTAINING A NUTRITIOUS DIET SO IMPORTANT?

- 1) People with HIV have increased nutrient needs, even when they don't show symptoms.
- 2) When the body is infected with HIV the immune system has to work harder than usual to fight infection.
- 3) Working harder requires extra energy and nutrient requirements.
- 4) Once people are infected with HIV they have to eat more to get the extra energy and nutrients they need to fight infection.
- 5) When the body does not get the extra energy and nutrients it needs, it becomes weak and cannot function properly.
- 6) Eating a nutritious diet means eating the right types of foods in the right amounts to keep healthy.
- 7) A nutritious diet includes staple foods, legumes, animal and milk products, vegetables and fruits, fats and oils, and lots of clean water.
- 8) Maintaining a nutritious diet is difficult but worth it!

WHAT DOES IT MEAN TO MAINTAIN A NUTRITIOUS DIET?

People infected with HIV need more protein to rebuild muscle tissue, more energy-rich foods for weight gain, more vitamins and minerals to build the immune system, and water to prevent dehydration.

- 1) There are multiple parts to your nutrition schedule: staple foods; legumes; animal and milk products; vegetables and fruits; fats, oils, and sugars; and water.
- 2) Staple foods provide energy, protein, and small amounts of vitamins and minerals. They include cereals, like rice and maize; starchy roots, like sweet potatoes and cassava; and starchy fruit, like plantains.
- 3) Legumes provide protein for repair and strong muscles. They include beans, peas, lentils and groundnuts.
- 4) Animal and milk products provide proteins, vitamins, minerals and extra energy to strengthen muscles and the immune system. They include meat, poultry (chicken), fish, eggs, milk, buttermilk, cheese, and insects, like grasshoppers.
- 5) Vegetables and fruits provide lots of vitamins and minerals. They include spinach, cassava leaves, papaya, mangoes, green peppers, carrots, tomatoes, cabbage, passionfruit, and pineapples.
- 6) Fats, oils and sugary foods help maintain or increase body weight and improve the appetite. They include butter, cooking oil, cream, avocados, fatty meat and fish, cheese, honey, jam and cakes.
- 7) Plenty of clean, safe water is required everyday to prevent dehydration. Fluid can also come from juices, soups, vegetables and fruits. Alcoholic drinks remove water from the body and interfere with any medicines you might be taking.
- 8) It is important to eat a variety of foods everyday. Protein, vitamins, and minerals are absorbed into the body and work better when they are eaten together.
- 9) Medicines for opportunistic infections work better when paired with a nutritious diet.

My Nutrition Schedule

	Staple Food	Legumes	Animal & Milk Products	Vegetables & Fruits	Fats, oils, and sugars	Water
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

MY MEDICATION ROUTINES WORKSHEET

My Routine:

My *New* Routine:

A PLAN THAT WORKS

Mustafa/Mary: *Hey girl/pal, I see you now you have gained more weight and clean clothes. You found a sugar daddy/mummy to buy you food and clothes?*

Joseph/Jane: *Not sugar daddy/mummy! It's my brother.*

M: *Yes? You must be doing so much housework.*

J: *It's not that.*

M: *No? So why does your brother give you help?*

J: *You see, when my brother's wife had another baby, she says there is no room left for me. So she makes me leave. My brother finds me idle sometimes in the day and is angry when I look like I don't take so much care of myself. He sees I have some infection and rash and my clothes always are dirty. Always, he gets angry.*

M: *Yes. So?*

J: *So I tell him I have no money to buy nutritious food or soap, and it is too much trouble to foot all the way to the clinic for medicines.*

M: *I know your brother can't take you back home. So what could he do?*

J: *I told him I could take care of myself better with money for food and transport, but how to get my clothes clean?*

M: *So you told your brother to give money and wash your clothes?*

J: *It is not quite like that. My brother says if I go to the clinic to get medicines and show him that I went with a receipt from the nurse, he will bring me food and clean clothes.*

M: *That is nice, but for how long does he do this?*

j: *Every week I have to prove I went to the clinic. Sometimes it is just for counseling because now all my infections and rashes are treated. Then he gives me clean clothes and takes my dirty clothes home to*

clean. Also he gives food his wife prepares and some little money for other food. He is happy and I am learning to care for my health.

M: *It is a good plan you have with your brother!*

THE END

EXPERIENCE COUNTS

Eddy/Ella: *You know, I like you, but it is difficult to be in this group with you.*

Henry/Harriett: *Is it? Why?*

E: *You know everything already. Every time the peer leader asks me a question, I sound stupid compared to you.*

H: *I have been coming here for a long time. What did I know in the beginning? Nothing. But I've had much help.*

E: *So you didn't always know everything?*

H: *Of course not! I made lots of mistakes in the beginning when I first was learning.*

E: *I don't believe it! Tell me the mistakes?*

H: *You know how they tell us what to eat to stay healthy. Well,, when did I eat those things? Not so much. My peer counselor always bothered me about it.*

E: *What did you do about it?*

H: *I started to eat a meal every morning before I did anything else.*

E: *OK?*

H: *See, my peer counselor taught me that eating right is part of positive living. Before I always thought that it didn't if I took care of myself or not – with AIDS you have to die eventually, yes? But my peer counselor helped me see that I am not going to die so soon and there are things I can do now, like eating healthy and getting enough rest, that can keep me healthy and active for a long time still.*

E: *And that made all the difference?*

H: *I thought to try. It couldn't hurt. So my first idea was to eat a good meal every morning.*

- E:** *You made other changes, too?*
- H:** *Of course. It is not enough to eat only in the morning!*
- E:** *Please, I want to know what other changes.*
- H:** *Before, I ate only once, sometimes more, every day. I ate only what scraps I could find, not worried about healthy foods or eating enough. My peer counselor explained that to have more energy and feel good I need three balanced meals everyday, with all the important vitamins and energy and things.*
- E:** *That is good. But what if there is no food or money to buy?*
- H:** *I told my peer counselor that same thing. He helped me make a plan.*
- E:** *Sure sure. What plan?*
- H:** *I explained all the things I do in the day. I saw I am idle too much. I spend much time near the market, where they sell vegetables and things. I talked to people there and they say if I help keep their place clean, they give me a small food – maybe a sweet potato or cassava. Sometimes I earn some little money, so I buy for eggs and porridge and things to make my breakfast each morning.*
- E:** *So what else besides eating good foods.*
- H:** *I don't stay awake all night anymore. I sleep enough now. With rest and healthy food, I have so much energy. I play sports and I am not idle anymore. I always am busy and doing good things.*
- E:** *But it is not so easy everyday, is it? Sometimes you don't eat well or you stay awake too long, yes?*
- H:** *That is right. It is not easy to manage it all some days. There is not always work for me to do, so no money or food. But my peer counselor told me of organizations where to get food for emergencies.*
- E:** *So it is always right – you eat well and sleep enough always?*

H: *No! It is not always so. But before I did not even try. Now I try everyday and most days it is enough.*

E: *Maybe then you can help me!*

THE END

MY ADHERENCE PLAN

R

eframes:

R

outines:

R

eminders:

R

ewards: :

R

eserves:

THE DRUG AND ALCOHOL QUESTIONNAIRE

Instructions: This questionnaire is designed to help you determine how drugs and alcohol affect your life. Read each statement and decide if it applied to you anytime in the last 6 weeks. If it does, check "yes;" and, if it does not, check "no."

1. I use drugs or alcohol every week.

yes ___ no ___

2. When I am on drugs and alcohol, I have a loss of consciousness or blackout.

yes ___ no ___

3. I have been late, missed school, or been kicked out of school because of being high on drugs or alcohol.

yes ___ no ___

4. I have lost a job because of drugs or alcohol.

yes ___ no ___

5. My boyfriend or girlfriend and I fight a lot or he/ she has left me because of my drug or alcohol use.

yes ___ no ___

6. My drug or alcohol use has caused family fighting and disturbance.

yes ___ no ___

7. My drug or alcohol use takes more money than I have.

yes ___ no ___

8. I have stolen money or goods to pay for my drug or alcohol use.

yes ___ no ___

9. I need drugs or alcohol to have sex.

yes ___ no ___

10. After using drugs or alcohol, I have found myself in a strange place next to someone I did not know.
- yes ___ no ___
11. I sell drugs in order to pay for more drugs and alcohol.
- yes ___ no ___
12. I've tried to kill myself while on drugs or alcohol.
- yes ___ no ___
13. I have gotten into a fight while high or drunk.
- yes ___ no ___
14. I have gone on drug highs or alcohol binges that lasted several days.
- yes ___ no ___
15. I am not comfortable socially unless I take drugs or have some drinks.
- yes ___ no ___
16. There are big blocks of time I can't remember or account for when I was high on drugs or alcohol.
- yes ___ no ___
17. I lost touch with friends who don't use drugs or alcohol.
- yes ___ no ___
18. I figure things out when I'm high that don't make any sense when I'm sober.
- yes ___ no ___
19. People tell me about things that I said or did when I was high on drugs or alcohol that I regret or feel bad about doing.
- yes ___ no ___

GOAL PLAN FOR MY FUTURE.

9. *The 3 things I want most in my future are:*

1. _____

2. _____

3. _____

9 (a). *The 3 aspects of my higher self I can express to help reach these goals*

are:

1. _____

2. _____

3. _____

99. *My next steps toward my substance use goals are:*

1. _____

2. _____

3. _____

99 (a). *The main strategies or tools I will use to reach my substance use goals*

are:

1. _____

2. _____

3. _____

299. *My next steps toward reducing sexual risk acts are:*

1. _____

2. _____

3. _____

299 (a). *The main strategies or tools I will use to reach my sexual risk goals*

are:

1. _____

2. _____

3. _____

299. *My main goals for staying healthy in the future are:*

1. _____

2. _____

3. _____

299 (a). *The main strategies or tools I will use to reach my goals for staying*

healthy are:

1. _____

2. _____

3. _____

9. *My personal theme or motto for the future is:*



Project CLEAR

“Good, better, best,”

“I will never let it rest.”

“Until my good gets better,”

“And my better gets best.”

Motto