## **SECope Items**

Please think about any symptoms that you have experienced in the past 30 days that you believe are
caused by your HIV medications. If you have experienced more than one side effect, please choose the one
that is most important (that is: which is the most bothersome or disruptive).
Specify here:———

Please think about a time recently when you were experiencing this side effect. There are many things that people do in order to deal with problems such as side effects from treatment. Please listen to the following list and choose the number that best describes how often you use each way of dealing with this side effect. Again, please think about this side effect each time I say side effect.

When you experience this do you:	side effect, how often	0 Never	1 Rarely	2 Some- times	3 Often	4 Very Often
you do?	ers have it worse than					
side effect and stop						
<ol><li>Get support from ot</li></ol>						
Try to get more info medication or side 6	effect?					
<ol><li>Reduce the dose of causing the side eff</li></ol>	the medication that is ect?					
	t the reason you are ct is that you need the healthy?					
7. Talk to family, friend problem?	ls, loved ones about the					
8. Share your feelings others?	and thoughts with					
<ol><li>Take a break from t</li></ol>	he medication?					
<ol> <li>Take a medication t effect feel better or</li> </ol>						
11. Take another medic side effect?						
less frequent)?	bad (smaller doses or					
13. Talk to a counselor, manager?	therapist, or case					
14. Request a medication help the side effect?						
15. Talk to your doctor about the problem?	or health care provider					
16. Think about good tii	nes in the past?					
17. Try to find out as me the side effect and v						
18. Let others know what through?	at you are going					
19. Try to have compas suffering?	sion for others who are					
20. Try to keep your set	nse of humor?				_	