



Name of Drug:  
4

Drug Code

0	100	200	300	400	500	600	700	800	900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

Name of Drug:  
5

Drug Code

0	100	200	300	400	500	600	700	800	900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

Name of Drug:  
6

Drug Code

0	100	200	300	400	500	600	700	800	900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

How many TIMES did you actually take this medication?

Yesterday	<input type="radio"/> 0 <input type="radio"/> 1 <b>NYES4_51</b> <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <b>NYES5_51</b> <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <b>NYES6_51</b> <input type="radio"/> 8 <input type="radio"/> 9
2 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 <b>N2DA4_51</b> <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <b>N2DA5_51</b> <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <b>N2DA6_51</b> <input type="radio"/> 8 <input type="radio"/> 9
3 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 <b>N3DA4_51</b> <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <b>N3DA5_51</b> <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <b>N3DA6_51</b> <input type="radio"/> 8 <input type="radio"/> 9
4 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 <b>N4DA4_51</b> <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <b>N4DA5_51</b> <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <b>N4DA6_51</b> <input type="radio"/> 8 <input type="radio"/> 9

Is this pattern typical of your recent use of [DRUG]?

No  Yes  
**TYPI4\_51**

No  Yes  
**TYPI5\_51**

No  Yes  
**TYPI6\_51**

Was there any time in the last 4 days that you took fewer PILLS per dose (time) than were prescribed?

No  Yes  
**MPIL4\_51**

No  Yes  
**MPIL5\_51**

No  Yes  
**MPIL6\_51**

PLEASE CONTINUE ON THE NEXT PAGE IF PARTICIPANT IS CURRENTLY TAKING MORE THAN SIX MEDICATIONS. OTHERWISE, SKIP TO Q.2.

Name of Drug:  
7

Drug Code

0	100	200	300	400	500	600	700	800	900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

ADAV7\_51

Name of Drug:  
8

Drug Code

0	100	200	300	400	500	600	700	800	900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

ADAV8\_51

Name of Drug:  
9

Drug Code

0	100	200	300	400	500	600	700	800	900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

ADAV9\_51

How many TIMES did you actually take this medication?

Yesterday	<input type="radio"/> 0 <input type="radio"/> 1 <b>NYES7_51</b> ) <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <b>NYES8_51</b> ) <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <b>NYES9_51</b> ) <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
2 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 <b>N2DA7_51</b> ) <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <b>N2DA8_51</b> ) <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <b>N2DA9_51</b> ) <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
3 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 <b>N3DA7_51</b> ) <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <b>N3DA8_51</b> ) <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <b>N3DA9_51</b> ) <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
4 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 <b>N4DA7_51</b> ) <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <b>N4DA8_51</b> ) <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <b>N4DA9_51</b> ) <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9

Is this pattern typical of your recent use of [DRUG]?

No  Yes  
**TYPI7\_51**

No  Yes  
**TYPI8\_51**

No  Yes  
**TYPI9\_51**

Was there any time in the last 4 days that you took fewer PILLS per dose (time) than were prescribed?

**MPIL7\_51**  
 No  Yes

**MPIL8\_51**  
 No  Yes

**MPIL9\_51**  
 No  Yes

2. When was the last time you skipped any of your medications?

**ASKIP\_51**

- Never skip medications → **IF NEVER, SKIP TO Q.4.**
- Within the past week
- 1–2 weeks ago
- 3–4 weeks ago
- 1–3 months ago
- More than 3 months ago

3. People miss taking their medications for various reasons. Here is a list of possible reasons.

How often have you missed taking your current medications because you:

	Never	Rarely	Sometimes	Often
a. Were away from home?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were busy with other things?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Simply forgot?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Had too many pills to take?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Wanted to avoid side effects?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Did not want others to notice you taking medication?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Had a change in daily routine? (e.g., vacation, holiday, non-work day)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Felt like the drug was toxic or harmful?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Fell asleep/slept through dose time?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Felt sick or ill?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Felt depressed or overwhelmed?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Had problems taking the pills?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Ran out of pills?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Don't want to take pills?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Have special instructions that conflict?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Other?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify:

4. Most anti-HIV medications need to be taken on a schedule, such as "2 times a day" or "every 8 hours." How closely did you follow your specific schedule over the last four days?

- Never ADSCH\_51
- Some of the time
- About half of the time
- Most of the time
- All of the time

5. Do any of your anti-HIV medications have special instructions such as "take with food" or "take on an empty stomach" or "take with plenty of fluids"?

- No → SKIP TO Q6 SPINT\_51
- Yes



IF YES, how often did you follow those special instructions over the last four days?

- Never
- Some of the time FSPIN\_51
- About half of the time
- Most of the time
- All of the time

Do any of these special instructions conflict?

- No CONFL\_51
- Yes

6. How do you remember to take your medications?

	No	Yes
a. Calendar/diary	<input checked="" type="radio"/>	<input type="radio"/>
b. Pill box	<input type="radio"/>	<input checked="" type="radio"/>
c. Alarm	<input type="radio"/>	<input checked="" type="radio"/>
d. Friend/family member	<input type="radio"/>	<input checked="" type="radio"/>
e. Memory only	<input type="radio"/>	<input checked="" type="radio"/>
f. Other	<input type="radio"/>	<input checked="" type="radio"/>

Specify:



PLEASE DO NOT WRITE IN THIS AREA

SERIAL #