

ANTIVIRAL MEDICATION ADHERENCE FORM

Most people with HIV have many pills to take at different times during the day.

Many people find it hard to always remember their pills.

- Some people get busy and forget to carry their pills with them.
- Some people find it hard to take their pills according to all the instructions, such as "take with meals" or "take every 8 hours".
- Some people decide to skip, reduce or stop doses to avoid side effects.

We need to understand how people with HIV are really doing with their medication doses.

ID Number	Visit No.	Date
MACSID	VISIT_30	<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> Aug <input type="radio"/> Sept <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec
DAY	YEAR	
		ADQM_30
		ADQD_30
		ADQY_30
		4 98
		5 99
		6
		7
		8
		9

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the circle completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

RIGHT MARK: WRONG MARKS:

1. This section of the questionnaire asks about anti-HIV medications you are currently taking.

PLEASE PUT THE DRUG NAME IN THE BOX AND FILL IN THE CORRECT DRUG CODE BELOW THE DRUG NAME.

Name of Drug: 1	Name of Drug: 2	Name of Drug: 3
Drug Code ADAV1_30	Drug Code ADAV2_30	Drug Code ADAV3_30

According to your doctor, how many times a day should you take [DRUG]?	PRES1_30	PRES2_30	PRES3_30
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How many times did you take this medication?			
Yesterday	NYES1_30	NYES2_30	NYES3_30
2 days ago [DAY]	N2DA1_30	N2DA2_30	N2DA3_30
3 days ago [DAY]	N3DA1_30	N3DA2_30	N3DA3_30
4 days ago [DAY]	N4DA1_30	N4DA2_30	N4DA3_30

Is this pattern of use typical of your recent use of [DRUG]?	TYPI1_30	TYPI2_30	TYPI3_30
Was there any time in the last 4 days that you took fewer pills per dose (time) than were prescribed?	MPIL1_30	MPIL2_30	MPIL3_30

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

Name of Drug:

4 **ADAV4_30**

Drug Code

<input type="radio"/>	0	100	200	300	400	500	600	700	800	900
<input type="radio"/>	0	10	20	30	40	50	60	70	80	90
<input type="radio"/>	0	1	2	3	4	5	6	7	8	9

Name of Drug:

5 **ADAV5_30**

Drug Code

<input type="radio"/>	0	100	200	300	400	500	600	700	800	900
<input type="radio"/>	0	10	20	30	40	50	60	70	80	90
<input type="radio"/>	0	1	2	3	4	5	6	7	8	9

Name of Drug:

6 **ADAV6_30**

Drug Code

<input type="radio"/>	0	100	200	300	400	500	600	700	800	900
<input type="radio"/>	0	10	20	30	40	50	60	70	80	90
<input type="radio"/>	0	1	2	3	4	5	6	7	8	9

According to your doctor, how many times a day should you take [DRUG]?	<input type="radio"/> PRES4_30 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> PRES5_30 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> PRES6_30 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
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How many times did you take this medication?			
Yesterday	<input type="radio"/> NYES4_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> NYES5_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> NYES6_30 <input type="radio"/> 8 <input type="radio"/> 9
2 days ago [DAY]	<input type="radio"/> N2DA4_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> N2DA5_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> N2DA6_30 <input type="radio"/> 8 <input type="radio"/> 9
3 days ago [DAY]	<input type="radio"/> N3DA4_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> N3DA5_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> N3DA6_30 <input type="radio"/> 8 <input type="radio"/> 9
4 days ago [DAY]	<input type="radio"/> N4DA4_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> N4DA5_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> N4DA6_30 <input type="radio"/> 8 <input type="radio"/> 9

Is this pattern of use typical of your recent use of [DRUG]?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
	TYPI4_30	TYPI5_30	TYPI6_30
Was there any time in the last 4 days that you took fewer pills per dose (time) than were prescribed?	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
	MPIL4_30	MPIL5_30	MPIL6_30

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

Name of Drug:
7 **ADAV7_30**

Drug Code

<input type="radio"/>	0	100	200	300	400	500	600	700	800	900
<input type="radio"/>	0	10	20	30	40	50	60	70	80	90
<input type="radio"/>	0	1	2	3	4	5	6	7	8	9

Name of Drug:
8 **ADAV8_30**

Drug Code

<input type="radio"/>	0	100	200	300	400	500	600	700	800	900
<input type="radio"/>	0	10	20	30	40	50	60	70	80	90
<input type="radio"/>	0	1	2	3	4	5	6	7	8	9

Name of Drug:
9 **ADAV9_30**

Drug Code

<input type="radio"/>	0	100	200	300	400	500	600	700	800	900
<input type="radio"/>	0	10	20	30	40	50	60	70	80	90
<input type="radio"/>	0	1	2	3	4	5	6	7	8	9

According to your doctor, how many times a day should you take [DRUG]?

<input type="radio"/> 1 PRES7_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 1 PRES8_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 1 PRES9_30 <input type="radio"/> 8 <input type="radio"/> 9
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How many times did you take this medication?

Yesterday	<input type="radio"/> NYES7_30 <input type="radio"/> 9	<input type="radio"/> NYES8_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> NYES9_30 <input type="radio"/> 8 <input type="radio"/> 9
2 days ago [DAY]	<input type="radio"/> N2DA7_30 <input type="radio"/> 9	<input type="radio"/> N2DA8_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> N2DA9_30 <input type="radio"/> 8 <input type="radio"/> 9
3 days ago [DAY]	<input type="radio"/> N3DA7_30 <input type="radio"/> 9	<input type="radio"/> N3DA8_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> N3DA9_30 <input type="radio"/> 8 <input type="radio"/> 9
4 days ago [DAY]	<input type="radio"/> N4DA7_30 <input type="radio"/> 9	<input type="radio"/> N4DA8_30 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> N4DA9_30 <input type="radio"/> 8 <input type="radio"/> 9

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

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

<input type="radio"/> No <input type="radio"/> Yes TYPI7_30	<input type="radio"/> No <input type="radio"/> Yes TYPI8_30	<input type="radio"/> No <input type="radio"/> Yes TYPI9_30
<input type="radio"/> No <input type="radio"/> Yes MPIL7_30	<input type="radio"/> No <input type="radio"/> Yes MPIL8_30	<input type="radio"/> No <input type="radio"/> Yes MPIL9_30

2. 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_30**
 - Some of the time
 - About half of the time
 - Most of the time
 - All of the time

3. 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 → **IF NO, SKIP TO Q.4.** **SPINT_30**
- Yes
- ↓
- IF YES, how often did you follow those special instructions over the last four days?**
- Never **FSPIN_30**
 - Some of the time
 - About half of the time
 - Most of the time
 - All of the time
- Do any of these special instructions conflict?**
- No **CONFL_30**
 - Yes

IF PARTICIPANT DID NOT MISS ANY DOSES OF HIS ANTI-HIV MEDICATIONS OR TAKE FEWER PILLS PER DOSE IN THE LAST FOUR DAYS AND THIS PATTERN OF ADHERENCE IS TYPICAL FOR THIS PARTICIPANT, STOP HERE.

4. 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?	AAWAY_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were busy with other things?	ABUSY_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Simply forgot?	AFORG_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Had too many pills to take?	ATPIL_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Wanted to avoid side effects?	ASE_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Did not want others to notice you taking medication?	ANOTC_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Had a change in daily routine? (e.g., vacation, holiday, non-work day)	ADR_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Felt like the drug was toxic or harmful?	ATOX_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Fell asleep/slept through dose time?	AASLE_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Felt sick or ill?	ASICK_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Felt depressed or overwhelmed?	ADEPP_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Had problems taking the pills?	APROB_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Ran out of pills?	ARAN_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Don't want to take pills?	ANPIL_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Have special instructions that conflict?	ACNFL_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Other?	AOTH_30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify:

Comments:
