40 ANTIVIRAL MEDICATION ADHERENCE FORM

ID Number | Visit No. | Date (Jan–Dec; DAY; YEAR)

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.

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	Drug Code	Drug Code

How many TIMES did you actually take this medication?

Yesterday			
2 days ago [DAY]			
3 days ago [DAY]			
4 days ago [DAY]			
Is this pattern typical of your recent use of [DRUG]?	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes
Was there any time in the last 4 days that you took fewer PILLS per dose (time) than were prescribed?	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes

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

SERIAL #

PLEASE DO NOT WRITE IN THIS AREA

Name of Drug: 4	Name of Drug: 5	Name of Drug: 6
Drug Code	Drug Code	Drug Code

How many TIMES did you actually take this medication?

Yesterday	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
2 days ago [DAY]	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
3 days ago [DAY]	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
4 days ago [DAY]	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
Is this pattern typical of your recent use of [DRUG]?	◯ No ◯ Yes	◯ No ◯ Yes	◯ No ◯ Yes
Was there any time in the last 4 days that you took fewer PILLS per dose (time) than were prescribed?	◯ No ◯ Yes	◯ No ◯ Yes	◯ No ◯ Yes

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

Name of Drug: 7	Name of Drug: 8	Name of Drug: 9
Drug Code	Drug Code	Drug Code

How many TIMES did you actually take this medication?

Yesterday	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
2 days ago [DAY]	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
3 days ago [DAY]	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
4 days ago [DAY]	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
Is this pattern typical of your recent use of [DRUG]?	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes
Was there any time in the last 4 days that you took fewer PILLS per dose (time) than were prescribed?	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes

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

- ○ 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?	○	○	○	○
b. Were busy with other things?	○	○	○	○
c. Simply forgot?	○	○	○	○
d. Had too many pills to take?	○	○	○	○
e. Wanted to avoid side effects?	○	○	○	○
f. Did not want others to notice you taking medication?	○	○	○	○
g. Had a change in daily routine? (e.g., vacation, holiday, non-work day)	○	○	○	○
h. Felt like the drug was toxic or harmful?	○	○	○	○
i. Fell asleep/slept through dose time?	○	○	○	○
j. Felt sick or ill?	○	○	○	○
k. Felt depressed or overwhelmed?	○	○	○	○
l. Had problems taking the pills?	○	○	○	○
m. Ran out of pills?	○	○	○	○
n. Don't want to take pills?	○	○	○	○
o. Have special instructions that conflict?	○	○	○	○
p. Other?	○	○	○	○

→ 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
- ○ 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**
- ○ Yes

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

- ○ Never
- ○ 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
- ○ Yes

6. How do you remember to take your medications?

	No	Yes
a. Calendar/diary	○	○
b. Pill box	○	○
c. Alarm	○	○
d. Friend/family member	○	○
e. Memory only	○	○
f. Other	○	○

→ Specify:

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #