

51 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_###	<input type="radio"/> Jan	DAY	YEAR
0 0 0 0	0 0	<input type="radio"/> Feb	ADQM_###	
1 1 1 1	1 1	<input type="radio"/> Mar	ADQD_###	
### = Visit 053		<input type="radio"/> Apr	ADQY_###	
4 4 4 4	4 4	<input type="radio"/> May	20 2 11	
5 5 5 5	5 5 5	<input type="radio"/> June	30 3 12	
6 6 6 6	6 6	<input type="radio"/> July	4 13	
7 7 7 7	7 7	<input type="radio"/> Aug	5 14	
8 8 8 8	8 8	<input type="radio"/> Sept	6 15	
9 9 9 9	9 9	<input type="radio"/> Oct	7 16	
		<input type="radio"/> Nov	8 17	
		<input type="radio"/> Dec	9 18	

MARKING INSTRUCTIONS	RIGHT MARK	WRONG MARKS
<ul style="list-style-type: none"> • Use a No. 2 pencil only. • Do not use ink, ballpoint, or felt tip pens. 	<ul style="list-style-type: none"> • Make solid marks that fill the circle completely. • Erase cleanly any marks you wish to change. • Make no stray marks on this form. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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 0 100 200 300 400 500 600 700 800 900 ADAV1_###	Drug Code 0 100 200 300 400 500 600 700 800 900 ADAV2_###	Drug Code 0 100 200 300 400 500 600 700 800 900 ADAV3_###

How many TIMES did you actually take this medication?

[Interviewer: List corresponding days of the week to assist participant with recall.]

Yesterday	0 1 NYES1_### 8 9	0 1 NYES2_### 7 8 9	0 1 NYES3_### 7 8 9
2 days ago [DAY]	0 1 N2DA1_### 8 9	0 1 N2DA2_### 7 8 9	0 1 N2DA3_### 7 8 9
3 days ago [DAY]	0 1 N3DA1_### 8 9	0 1 N3DA2_### 7 8 9	0 1 N3DA3_### 7 8 9
4 days ago [DAY]	0 1 N4DA1_### 8 9	0 1 N4DA2_### 7 8 9	0 1 N4DA3_### 7 8 9
Is this pattern typical of your recent use of [DRUG]?	<input type="radio"/> No <input type="radio"/> Yes TYPI1_###	<input type="radio"/> No <input type="radio"/> Yes TYPI2_###	<input type="radio"/> No <input type="radio"/> Yes TYPI3_###
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 MPIL1_###	<input type="radio"/> No <input type="radio"/> Yes MPIL2_###	<input type="radio"/> No <input type="radio"/> Yes MPIL3_###

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

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

ADAV4_###

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

ADAV5_###

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

ADAV6_###

How many TIMES did you actually take this medication?

Yesterday	<input type="radio"/> 0 <input type="radio"/> 1 NYES4_### <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 NYES5_### <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 NYES6_### <input type="radio"/> 8 <input type="radio"/> 9
2 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 N2DA4_### <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 N2DA5_### <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 N2DA6_### <input type="radio"/> 8 <input type="radio"/> 9
3 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 N3DA4_### <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 N3DA5_### <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 N3DA6_### <input type="radio"/> 8 <input type="radio"/> 9
4 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 N4DA4_### <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 N4DA5_### <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 N4DA6_### <input type="radio"/> 8 <input type="radio"/> 9

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

No Yes
TYPI4_###

No Yes
TYPI5_###

No Yes
TYPI6_###

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

No Yes
MPIL4_###

No Yes
MPIL5_###

No Yes
MPIL6_###

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_###

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_###

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_###

How many TIMES did you actually take this medication?

Yesterday	0 1 NYES7_### 7 8 9	0 1 NYES8_### 7 8 9	0 1 NYES9_### 7 8 9
2 days ago [DAY]	0 1 N2DA7_### 7 8 9	0 1 N2DA8_### 7 8 9	0 1 N2DA9_### 7 8 9
3 days ago [DAY]	0 1 N3DA7_### 7 8 9	0 1 N3DA8_### 7 8 9	0 1 N3DA9_### 7 8 9
4 days ago [DAY]	0 1 N4DA7_### 7 8 9	0 1 N4DA8_### 7 8 9	0 1 N4DA9_### 7 8 9

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

No Yes
TYPI7_###

No Yes
TYPI8_###

No Yes
TYPI9_###

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

No Yes
MPIL7_###

No Yes
MPIL8_###

No Yes
MPIL9_###

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

ASKIP_###

- 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_###
- 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_###
- Yes

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

- Never
- Some of the time FSPIN_###
- About half of the time
- Most of the time
- All of the time

Do any of these special instructions conflict?

- No CONFL_###
- 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 checked="" type="radio"/>	<input type="radio"/>
c. Alarm	<input checked="" type="radio"/>	<input type="radio"/>
d. Friend/family member	<input checked="" type="radio"/>	<input type="radio"/>
e. Memory only	<input checked="" type="radio"/>	<input type="radio"/>
f. Other	<input checked="" type="radio"/>	<input type="radio"/>

Specify:



PLEASE DO NOT WRITE IN THIS AREA

SERIAL #