

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 NYES4_055 <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_055 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 NYES6_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
2 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 N2DA4_055 <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_055 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 N2DA6_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
3 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 N3DA4_055 <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_055 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 N3DA6_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
4 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 N4DA4_055 <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_055 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 N4DA6_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9

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

No Yes
TYPI4_055

No Yes
TYPI5_055

No Yes
TYPI6_055

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

MPIL4_055
 No Yes

MPIL5_055
 No Yes

MPIL6_055
 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

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_055

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_055

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_055

How many TIMES did you actually take this medication?

Yesterday	<input type="radio"/> 0 <input type="radio"/> 1 NYES7_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 NYES8_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 NYES9_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
2 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 N2DA7_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 N2DA8_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 N2DA9_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
3 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 N3DA7_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 N3DA8_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 N3DA9_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
4 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 N4DA7_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 N4DA8_055 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 N4DA9_055 <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_055

No Yes
TYPI8_055

No Yes
TYPI9_055

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

MPIL7_055
 No Yes

MPIL8_055
 No Yes

MPIL9_055
 No Yes

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

ASKIP_055

- 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_055
- 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_055
- Yes

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

- Never
- Some of the time FSPIN_055
- About half of the time
- Most of the time
- All of the time

Do any of these special instructions conflict?

- No CONFL_055
- Yes

6. How do you remember to take your medications?

	No	Yes
a. Calendar/diary	<input type="radio"/>	<input checked="" 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 #