



Name of Drug:  
4

Drug Code

0	100	200	300	400	500	600	700	800	900
0	10	20	ADAV4_056	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	ADAV5_056	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	ADAV6_056	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 <input checked="" type="radio"/> NYES4_056 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> NYES5_056 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> NYES6_056 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
2 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> N2DA4_056 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> N2DA5_056 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> N2DA6_056 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
3 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> N3DA4_056 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> N3DA5_056 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> N3DA6_056 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
4 days ago [DAY]	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> N4DA4_056 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> N4DA5_056 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> N4DA6_056 <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\_056

No  Yes  
TYPI5\_056

No  Yes  
TYPI6\_056

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

MPIL4\_056  No  Yes

MPIL5\_056  No  Yes

MPIL6\_056  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\_056

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\_056

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\_056

How many TIMES did you actually take this medication?

Yesterday	0 1 2 NYES7_056 7 8 9	0 1 2 NYES8_056 7 8 9	0 1 2 NYES9_056 7 8 9
2 days ago [DAY]	0 1 2 N2DA7_056 7 8 9	0 1 2 N2DA8_056 7 8 9	0 1 2 N2DA9_056 7 8 9
3 days ago [DAY]	0 1 2 N3DA7_056 7 8 9	0 1 2 N3DA8_056 7 8 9	0 1 2 N3DA9_056 7 8 9
4 days ago [DAY]	0 1 2 N4DA7_056 7 8 9	0 1 2 N4DA8_056 7 8 9	0 1 2 N4DA9_056 7 8 9

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

No  Yes  
TYPI7\_056

No  Yes  
TYPI8\_056

No  Yes  
TYPI9\_056

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

No  Yes  
MPIL7\_056

No  Yes  
MPIL8\_056

No  Yes  
MPIL9\_056

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
- ASKIP\_056

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"/> AAWAY_056	<input type="radio"/>	<input type="radio"/>
b. Were busy with other things?	<input type="radio"/>	<input checked="" type="radio"/> ABUSY_056	<input type="radio"/>	<input type="radio"/>
c. Simply forgot?	<input type="radio"/>	<input checked="" type="radio"/> AFORG_056	<input type="radio"/>	<input type="radio"/>
d. Had too many pills to take?	<input type="radio"/>	<input checked="" type="radio"/> ATPIL_056	<input type="radio"/>	<input type="radio"/>
e. Wanted to avoid side effects?	<input type="radio"/>	<input checked="" type="radio"/> ASE_056	<input type="radio"/>	<input type="radio"/>
f. Did not want others to notice you taking medication?	<input type="radio"/>	<input checked="" type="radio"/> ANOTC_056	<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"/> ADR_056	<input type="radio"/>	<input type="radio"/>
h. Felt like the drug was toxic or harmful?	<input type="radio"/>	<input checked="" type="radio"/> ATOX_056	<input type="radio"/>	<input type="radio"/>
i. Fell asleep/slept through dose time?	<input type="radio"/>	<input checked="" type="radio"/> AASLE_056	<input type="radio"/>	<input type="radio"/>
j. Felt sick or ill?	<input type="radio"/>	<input checked="" type="radio"/> ASICK_056	<input type="radio"/>	<input type="radio"/>
k. Felt depressed or overwhelmed?	<input type="radio"/>	<input checked="" type="radio"/> ADEPP_056	<input type="radio"/>	<input type="radio"/>
l. Had problems taking the pills?	<input type="radio"/>	<input checked="" type="radio"/> APROB_056	<input type="radio"/>	<input type="radio"/>
m. Ran out of pills?	<input type="radio"/>	<input checked="" type="radio"/> ARAN_056	<input type="radio"/>	<input type="radio"/>
n. Don't want to take pills?	<input type="radio"/>	<input checked="" type="radio"/> ANPIL_056	<input type="radio"/>	<input type="radio"/>
o. Have special instructions that conflict?	<input type="radio"/>	<input checked="" type="radio"/> ANCFL_056	<input type="radio"/>	<input type="radio"/>
p. Other?	<input type="radio"/>	<input checked="" type="radio"/> AOTH_056	<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\_056
- 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\_056
- Yes

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

- Never
- Some of the time FSPIN\_056
- About half of the time
- Most of the time
- All of the time

Do any of these special instructions conflict?

- No CONFL\_056
- Yes

6. How do you remember to take your medications?

	No	Yes
a. Calendar/diary	<input type="radio"/>	<input checked="" type="radio"/> RMCAL_056
b. Pill box	<input type="radio"/>	<input checked="" type="radio"/> RMPBX_056
c. Alarm	<input type="radio"/>	<input checked="" type="radio"/> RMALM_056
d. Friend/family member	<input type="radio"/>	<input checked="" type="radio"/> RMFAM_056
e. Memory only	<input type="radio"/>	<input checked="" type="radio"/> RMMEM_056
f. Other	<input type="radio"/>	<input checked="" type="radio"/> RMOTH_056

Specify:



PLEASE DO NOT WRITE IN THIS AREA

SERIAL #