

# 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.

<b>ID Number</b> <b>MACSID</b>	<b>Visit No.</b> <b>VISIT_058</b>
0 0 0 0	0 0
1 1 1 1 1	1 1
2 2 2 2 2	2 2
3 3 3 3 3	3 3
4 4 4 4 4	4 4
5 5 5 5	5 5 5
6 6 6 6	6 6
7 7 7 7	7 7
8 8 8 8	8 8
9 9 9 9	9 9

<b>Date</b>	<b>DAY</b>	<b>YEAR</b>
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	<b>ADQM_058</b>	
<input type="radio"/> Apr	<b>ADQD_058</b>	
<input type="radio"/> May	<b>ADQY_058</b>	
<input type="radio"/> June	30 3 12	
<input type="radio"/> July	4 13	
<input type="radio"/> Aug	5 14	
<input type="radio"/> Sept	6 15	
<input type="radio"/> Oct	7 16	
<input type="radio"/> Nov	8 17	
<input type="radio"/> Dec	9 18	

### 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.

<b>Name of Drug:</b> 1	<b>Name of Drug:</b> 2	<b>Name of Drug:</b> 3
<b>Drug Code</b> 0 100 200 300 400 500 600 700 800 900 0 10 <b>ADAV1_058</b> 70 80 90 0 1 2 3 4 5 6 7 8 9	<b>Drug Code</b> 0 100 200 300 400 500 600 700 800 900 0 10 <b>ADAV2_058</b> 70 80 90 0 1 2 3 4 5 6 7 8 9	<b>Drug Code</b> 0 100 200 300 400 500 600 700 800 900 0 10 <b>ADAV3_058</b> 70 80 90 0 1 2 3 4 5 6 7 8 9

How many TIMES did you actually take this medication?

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

<b>Yesterday</b>	0 1 <b>NYES1_058</b> 7 8 9	0 1 <b>NYES2_058</b> 7 8 9	0 1 <b>NYES3_058</b> 7 8 9
<b>2 days ago</b> [DAY]	0 1 <b>N2DA1_058</b> 7 8 9	0 1 <b>N2DA2_058</b> 7 8 9	0 1 <b>N2DA3_058</b> 7 8 9
<b>3 days ago</b> [DAY]	0 1 <b>N3DA1_058</b> 7 8 9	0 1 <b>N3DA2_058</b> 7 8 9	0 1 <b>N3DA3_058</b> 7 8 9
<b>4 days ago</b> [DAY]	0 1 <b>N4DA1_058</b> 7 8 9	0 1 <b>N4DA2_058</b> 7 8 9	0 1 <b>N4DA3_058</b> 7 8 9
<b>Is this pattern typical of your recent use of [DRUG]?</b>	<input type="radio"/> No <input type="radio"/> Yes <b>TYPI1_058</b>	<input type="radio"/> No <input type="radio"/> Yes <b>TYPI2_058</b>	<input type="radio"/> No <input type="radio"/> Yes <b>TYPI3_058</b>
<b>Was there any time in the last 4 days that you took fewer PILLS per dose (time) than were prescribed?</b>	<input type="radio"/> No <input type="radio"/> Yes <b>MPIL1_058</b>	<input type="radio"/> No <input type="radio"/> Yes <b>MPIL2_058</b>	<input type="radio"/> No <input type="radio"/> Yes <b>MPIL3_058</b>

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



PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

Name of Drug:  
4

Drug Code

0	100	200	300	400	500	600	700	800	900
0	10	20	ADAV4_058	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_058	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_058	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_058 <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_058 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> NYES6_058 <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_058 <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_058 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> N2DA6_058 <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_058 <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_058 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> N3DA6_058 <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_058 <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_058 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> N4DA6_058 <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\_058

No  Yes  
TYPI5\_058

No  Yes  
TYPI6\_058

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

No  Yes  
MPIL4\_058

No  Yes  
MPIL5\_058

No  Yes  
MPIL6\_058

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\_058

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\_058

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\_058

How many TIMES did you actually take this medication?

Yesterday	0 1 2 NYES7_058 7 8 9	0 1 2 NYES8_058 7 8 9	0 1 2 NYES9_058 7 8 9
2 days ago [DAY]	0 1 2 N2DA7_058 7 8 9	0 1 2 N2DA8_058 7 8 9	0 1 2 N2DA9_058 7 8 9
3 days ago [DAY]	0 1 2 N3DA7_058 7 8 9	0 1 2 N3DA8_058 7 8 9	0 1 2 N3DA9_058 7 8 9
4 days ago [DAY]	0 1 2 N4DA7_058 7 8 9	0 1 2 N4DA8_058 7 8 9	0 1 2 N4DA9_058 7 8 9

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

No  Yes  
TYPI7\_058

No  Yes  
TYPI8\_058

No  Yes  
TYPI9\_058

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

No  Yes  
MPIL7\_058

No  Yes  
MPIL8\_058

No  Yes  
MPIL9\_058

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\_058

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_058	<input type="radio"/>	<input type="radio"/>
b. Were busy with other things?	<input type="radio"/>	<input checked="" type="radio"/> ABUSY_058	<input type="radio"/>	<input type="radio"/>
c. Simply forgot?	<input type="radio"/>	<input checked="" type="radio"/> AFORG_058	<input type="radio"/>	<input type="radio"/>
d. Had too many pills to take?	<input type="radio"/>	<input checked="" type="radio"/> ATPIL_058	<input type="radio"/>	<input type="radio"/>
e. Wanted to avoid side effects?	<input type="radio"/>	<input checked="" type="radio"/> ASE_058	<input type="radio"/>	<input type="radio"/>
f. Did not want others to notice you taking medication?	<input type="radio"/>	<input checked="" type="radio"/> ANOTC_058	<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_058	<input type="radio"/>	<input type="radio"/>
h. Felt like the drug was toxic or harmful?	<input type="radio"/>	<input checked="" type="radio"/> ATOX_058	<input type="radio"/>	<input type="radio"/>
i. Fell asleep/slept through dose time?	<input type="radio"/>	<input checked="" type="radio"/> AASLE_058	<input type="radio"/>	<input type="radio"/>
j. Felt sick or ill?	<input type="radio"/>	<input checked="" type="radio"/> ASICK_058	<input type="radio"/>	<input type="radio"/>
k. Felt depressed or overwhelmed?	<input type="radio"/>	<input checked="" type="radio"/> ADEPP_058	<input type="radio"/>	<input type="radio"/>
l. Had problems taking the pills?	<input type="radio"/>	<input checked="" type="radio"/> APROB_058	<input type="radio"/>	<input type="radio"/>
m. Ran out of pills?	<input type="radio"/>	<input checked="" type="radio"/> ARAN_058	<input type="radio"/>	<input type="radio"/>
n. Don't want to take pills?	<input type="radio"/>	<input checked="" type="radio"/> ANPIL_058	<input type="radio"/>	<input type="radio"/>
o. Have special instructions that conflict?	<input type="radio"/>	<input checked="" type="radio"/> ANCFL_058	<input type="radio"/>	<input type="radio"/>
p. Other?	<input type="radio"/>	<input checked="" type="radio"/> AOTH_058	<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\_058
- 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\_058
- Yes

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

- Never
- Some of the time FSPIN\_058
- About half of the time
- Most of the time
- All of the time

Do any of these special instructions conflict?

- No CONFL\_058
- Yes

6. How do you remember to take your medications?

	No	Yes
a. Calendar/diary	<input type="radio"/>	<input checked="" type="radio"/> RMCAL_058
b. Pill box	<input type="radio"/>	<input checked="" type="radio"/> RMPBX_058
c. Alarm	<input type="radio"/>	<input checked="" type="radio"/> RMALM_058
d. Friend/family member	<input type="radio"/>	<input checked="" type="radio"/> RMFAM_058
e. Memory only	<input type="radio"/>	<input checked="" type="radio"/> RMMEM_058
f. Other	<input type="radio"/>	<input checked="" type="radio"/> RMOTH_058

Specify:



PLEASE DO NOT WRITE IN THIS AREA

SERIAL #