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.

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.

How many TIMES did you actually take this medication?

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

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

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

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

<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Name of Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 100 200 300 400 500 600 700 800 900</td>
<td><strong>ADAV4_752</strong></td>
</tr>
<tr>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
<td><strong>ADAV5_752</strong></td>
</tr>
<tr>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td><strong>ADAV6_752</strong></td>
</tr>
</tbody>
</table>

### How many TIMES did you actually take this medication?

<table>
<thead>
<tr>
<th></th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yesterday</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>2 days ago</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>3 days ago</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>4 days ago</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

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

- No
- Yes

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

- No
- Yes

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**PLEASE CONTINUE ON THE NEXT PAGE IF PARTICIPANT IS CURRENTLY TAKING MORE THAN SIX MEDICATIONS. OTHERWISE, SKIP TO Q.2.**
**Name of Drug:** (Blank)

<table>
<thead>
<tr>
<th>Drug Code</th>
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<th>NYES8_752</th>
<th>NYES9_752</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td></td>
</tr>
</tbody>
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<td>0 1 2 3 4 5 6 7 8 9</td>
<td>ADAV8_752</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>ADAV9_752</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>ADAV9_752</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

**How many TIMES did you actually take this medication?**

<table>
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</tr>
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<tbody>
<tr>
<td>Yesterday</td>
<td>NYES7_752</td>
</tr>
<tr>
<td>2 days ago [DAY]</td>
<td>N2DA7_752</td>
</tr>
<tr>
<td>3 days ago [DAY]</td>
<td>N3DA7_752</td>
</tr>
<tr>
<td>4 days ago [DAY]</td>
<td>N4DA7_752</td>
</tr>
</tbody>
</table>

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

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

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<th></th>
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</tr>
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<tbody>
<tr>
<td>NPI7_752</td>
<td>No</td>
</tr>
<tr>
<td>NPI8_752</td>
<td>No</td>
</tr>
<tr>
<td>NPI9_752</td>
<td>No</td>
</tr>
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</table>

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

- Never skip medications
- Within the past week
- 1–3 weeks ago
- 3–4 weeks ago
- 1–3 months ago
- More than 3 months ago

**ASKIP_752**

IF NEVER, SKIP TO Q.4.
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:

- 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
- 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?

- Calendar/diary
- Pill box
- Alarm
- Friend/family member
- Memory only
- Other

Specify: