

ADHERENCE BARRIERS FOLLOW-UP QUESTIONNAIRE

Pt. No. *Seq. No. **Step No. Date
mmm dd yyyy

1. Continued

	Never	Rarely	Sometimes	Often
m. Of not having enough food to eat (for example, to take with your pills)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Of concern that anti-HIV medications would work so well that you would lose public financial support?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. Of fear of stigmatization or being discriminated against outside the home (for example, what others may say)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. Of fear of stigmatization or being discriminated against within the home (for example, not wanting husband, wife, partner to know)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
q. You felt the anti-HIV medications were toxic or harmful?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
r. Your pills got damaged by heat or getting wet?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
s. You were too ill to attend clinic visits to collect medications?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
t. You felt depressed or overwhelmed?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
u. You didn't think they would really work?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
v. You were bothered by your dreams?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
w. Other reason? Please specify below.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Specify [70]: _____

Thank you very much for completing this questionnaire.