QL0777(000)/00-00-00

## ADHERENCE BARRIERS SELF REPORT

NIAID ADULT AIDS CLINICAL TRIALS GROUP Pa					
Patient Number	Date of Patient Visit				
Protocol Number	mmm Institution Code	dd yyyy			
Form Week *Seq No.	**Step No. Key Opera	tor Code			
*Enter a "1" if this is the first of this form for this date. Designate subsequent forms on same date with a 2, 3, etc.  **Enter the subject's current study step number. Enter '1' if the study does not have multiple steps.  FOR OFFICE USE ONLY - DETACH THIS PAGE					
INSTRUCTIONS TO THE STUDY PERSONNEL: The ADHERENCE BARRIERS SELF REPORT sho exam. The participant must be able to read at the questionnaire without additional assistance.					
It is important to be familiar with the content and for participants. At the first visit, please begin by telling	rmat of the questionnaire before given the participant:	ing it to study			
<ul> <li>The purpose of this form is to learn why you may please answer all questions honestly; you will reflect to if you do not wish to answer a question, please when completed, the form will be quickly review questions (without crossing them out); your specifies please feel free to ask if you need any of the questions.</li> </ul>	draw a line through it. wed to make sure vou didn't mistak	enlv skip			
The questionnaire is very brief and should take less participant the questionnaire, please fill out the hea	s than 5 minutes to complete. Befo der(s) and DETACH THIS PAGE.	re giving the			
Each question is in the same general format and coalways asked to make a "✓" next to the appropriate	ontains several items. Note that the category.	e participant is			
Collect the completed questionnaire. Before going If the participant missed any of the questions, point omissions.	on, review the questionnaire for or this out and encourage him/her to	nissions. complete the			
For data keying, if the participant did not answer a	question, enter "-1." Do not leave a	any fields blank.			
PLEASE COMPLETE THE FOLLOWING ITEMS AFTER THE PARTICIPANT COMPLETES THE QUESTIONNAIRE OR AFTER YOU ASCERTAIN THAT THIS IS NOT POSSIBLE:					
How was the questionnaire completed?	1-Self administered by the study partic 2-Face-to-face interview that you cond 3-Both self-administered and interview 4-Not completed 9-Other, specify	ducted 🔲			
If Other, specify [30]:	, . , ,				
a. If "4-Not completed", indicate the reason:	1-Participant refused 2-Participant missed clinic visit 3-There was not enough time 4-Not taking any protocol specified 9-Other reason, specify	d medications			
If Other, specify [30]:	, , ,				

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## ADHERENCE BARRIERS SELF REPORT

NIAID ADULT AIDS (	<u>JLINICAL II</u>	RIALS GRO	OUP Pag	ge 2 of 2
Patient Number Da	ate of Patien	t Visit [	mmm dd	уууу
Protocol Number		Institution		
Form Week Seq. No. ** \$	Step No.	K	ey Operator Cod	e
The answers you give on this form will be used to plaifficult schedule. Please do the best you can to an a question, please draw a line through it. If you do nurse for help. Thank you for helping in this importa	swer all the o not know how	questions.	lf you do not wis	h to answer
People may miss taking their medications for various you may miss taking your medications. In the last medications listed below because you:	s reasons. I nonth, how o	Here is a lis ften have y	t of possible reas ou <b>missed taki</b> r	sons why I <b>g the</b>
			•	neck one)
Please check one box for each question.	Never	Rarely	Sometimes	Often
1. Were away from home?	0	1	2	3
2. Were busy with other things?				3
3. Simply forgot?	Ö		$\frac{\overline{2}}{\Box}$	3
4. Had too many pills to take?			2	
5. Wanted to avoid side effects?	0	1	2	3
6. Did not want others to notice you taking medication?	0 	1	2 	3 
7. Had a change in daily routine?				
8. Felt like the drug was toxic/harmful?	0	1	2	3
9. Fell asleep/slept through dose time?	0	1	2	3
10. Felt sick or ill?	0	1	2	3
11. Felt depressed/overwhelmed?	0	1	2	3
12. Had problem taking pills at specified times (with meals, on empty stomach, etc.)?	0	1 1	2 2	3 3 3
13. Ran out of pills?				
14. Felt good?	0	1	2	3
06-23-03 Date Form Keyed (DO NOT KEY):	/	/	Langua English	