SUPPLEMENTAL POSTPARTUM ADHERENCE QUESTIONNAIRE

NIAID AIDS CLINICAL TRIALS GROUP

Patient Number ☐☐ ☐☐☐☐ ☐ Date of Patient Visit ☐☐☐ ☐☐ ☐☐☐☐
mmm dd yyyy

Protocol Number ☐☐☐☐☐☐ Institution Code ☐☐☐☐☐☐

Form Week ☐☐☐ * Seq No. ☐ ** Step No. ☐ Key Operator Code ☐☐☐

* Enter a "1" if this is the first of this form for this date. Designate subsequent forms on the 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.

INSTRUCTIONS TO THE STUDY NURSE:

The SUPPLEMENTAL POSTPARTUM ADHERENCE QUESTIONNAIRE should be given to the subject prior to the clinical exam and preferably in a quiet, secluded area (e.g., exam room or other office). The subject must be able to read at the sixth-grade level at a minimum to complete the questionnaire without additional assistance.

It is important to be familiar with the content and format of the questionnaire before giving it to study subjects.

At the first visit, please begin by telling the subject:

- The purpose of this form is to learn about potential influences of treatment adherence.
- Please answer the questions as well as you can as we will try to use this information to help You and others to be more successful with your medicines.
- If you do not wish to answer a question, please draw a line through it. This choice will not affect your care in any way
- Please feel free to ask if you need any of the questions explained to you.

You should then briefly go over the format of the questions and how to complete them.
The questionnaire should take no more than 5 minutes to complete.
Before giving the subject the questionnaire, please fill out the header.

Each question is in the same general format and contains several items.
Note that the subject is always asked to make a "✓" next to the appropriate category.

Collect the completed questionnaire before the clinical exam. Before going on, review the questionnaire for omissions. If the subject missed any of the questions, point this out and encourage her to complete the omissions.

For data keying, if the subject did not answer a question, enter "-1." Do not leave any fields blank.

PLEASE COMPLETE THE FOLLOWING ITEMS AFTER SUBJECT COMPLETES THE QUESTIONNAIRE OR AFTER YOU ASCERTAIN THAT THIS IS NOT POSSIBLE:

1. How was the questionnaire completed? ..... 1-Self administered by the study subject
2-Face-to-face interview that you conducted
3-Both self-administered and interview
4-Not completed
9-Other, specify ☐

If Other, specify [30]: _____

a. If "**4-Not completed**," indicate the reason: …… 1-Subject refused
2-Subject missed clinic visit
3-There was not enough time
9-Other reason, specify ☐

If Other, specify [30]: _____

SUPPLEMENTAL POSTPARTUM ADHERENCE QUESTIONNAIRE

NIAID ADULT AIDS CLINICAL TRIALS GROUP

Patient Number ☐☐ ☐☐☐☐ ☐ Date of Patient Visit ☐☐☐ (mmm) ☐☐ (dd) ☐☐☐☐ (yyyy)

Protocol Number ☐☐☐☐☐☐ Institution Code ☐☐☐☐☐☐

Form Week ☐☐☐ * Seq. No. ☐ ** Step No. ☐ Key Operator Code ☐☐☐

INSTRUCTIONS:

Please answer the following questions by placing a "✓" in the appropriate box to show how much you agree or disagree with each one.

(Check one)

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know	Does Not Apply
1. The HIV medications that you are taking make you healthier.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 8
2. If you do not take HIV medications properly, the medications won't work as well.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
3. Your friends or family members help you remember to take your medications.	☐ 0	☐ 1	☐ 2	☐ 3		☐ 8
4. Your friends and family are supportive of you.	☐ 0	☐ 1	☐ 2	☐ 3		☐ 8
5. Your partner is supportive of you.	☐ 0	☐ 1	☐ 2	☐ 3		☐ 8
6. You feel you have a good understanding of HIV disease.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
7. You have a good understanding of how HIV medications work.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	

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

People may miss taking their HIV medications for various reasons.
Here is a list of possible reasons why you may have missed taking any HIV medications.
If a reason does not apply to you, check **Never.**

8. In the **past 30 days**, how often have you **missed taking your medications** because you:

	(Check one)			
	Never	**Rarely**	**Some-Times**	**Often**
a. Were away from home? ……	☐ 0	☐ 1	☐ 2	☐ 3
b. Were busy with other things? ……	☐ 0	☐ 1	☐ 2	☐ 3
c. Simply forgot? ……	☐ 0	☐ 1	☐ 2	☐ 3
d. Had too many pills to take? ……	☐ 0	☐ 1	☐ 2	☐ 3
e. Wanted to avoid side effects? ……	☐ 0	☐ 1	☐ 2	☐ 3
f. Did not want others to notice you taking medication? ……	☐ 0	☐ 1	☐ 2	☐ 3
g. Had a change in daily routine? ……	☐ 0	☐ 1	☐ 2	☐ 3
h. Felt like the HIV medication was harmful to you? ……	☐ 0	☐ 1	☐ 2	☐ 3
i. Fell asleep/slept through dose time? ……	☐ 0	☐ 1	☐ 2	☐ 3
j. Felt sick or ill? ……	☐ 0	☐ 1	☐ 2	☐ 3
k. Felt depressed/overwhelmed? ……	☐ 0	☐ 1	☐ 2	☐ 3
l. Ran out of pills? ……	☐ 0	☐ 1	☐ 2	☐ 3
m. Felt healthy, so thought I didn't need them?	☐ 0	☐ 1	☐ 2	☐ 3
n. Were overwhelmed caring for other family members? ……	☐ 0	☐ 1	☐ 2	☐ 3
o. Had trouble paying for HIV medications? ……	☐ 0	☐ 1	☐ 2	☐ 3
p. Your medications were lost or stolen? ……	☐ 0	☐ 1	☐ 2	☐ 3
q. Confused baby's medication schedule with your own? ……	☐ 0	☐ 1	☐ 2	☐ 3

9. Of all the choices above (a-q), what is the MAIN reason that you didn't take your medication? ☐

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10. In the **past 30 days**, have you used any of the following to help you remember to take your HIV medications.

	Used?		If Used, Was It Helpful?	
a. Pill boxes: ……	Yes ☐ 1	No ☐ 2	Yes ☐ 1	No ☐ 2
b. Beepers: ……	Yes ☐ 1	No ☐ 2	Yes ☐ 1	No ☐ 2
c. Timers/Programmable wrist watch: …..	Yes ☐ 1	No ☐ 2	Yes ☐ 1	No ☐ 2
d. Connecting taking HIV medications with routine activities (meals, brushing teeth, etc.): ……	Yes ☐ 1	No ☐ 2	Yes ☐ 1	No ☐ 2
e. Phone contact with study staff: ……	Yes ☐ 1	No ☐ 2	Yes ☐ 1	No ☐ 2
f. Other, specify: ……	Yes ☐ 1	No ☐ 2	Yes ☐ 1	No ☐ 2

Specify [30]: _____

Language: English ☐ E

10-22-01

Date Form Keyed (DO NOT KEY): _____ / _____ / _____