ADHERENCE INTERVIEW

NIAID AIDS CLINICAL TRIALS GROUP

Patient Number ☐☐☐ ☐☐☐☐ ☐ Date of Patient Visit/Contact ☐☐☐ ☐☐ ☐☐☐☐ 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.

FOR OFFICE USE ONLY - TEAR OFF SHEET

1. Was the questionnaire conducted as a face-to-face interview? …… (1-Yes, 2-No) ☐
   If Yes, go to question 2.
   If No, continue.

   a. Indicate the reason why :……..…… ☐
      If 1, 2 or 3, STOP.
      If 4, go to question 2.
      If 9, complete 'a1' and STOP.

      1-Study participant refused
      2-Study participant missed clinic visit
      3-There was not enough time
      4-Self-administered by the study participant
      9-Other reason, specify

   a1. **If 9-Other reason,** specify [30]: _____

2. Indicate the language used to conduct the interview or self-administer the form [30]: _____

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Protocol Number A 0 0 0 0 | | Institution Code | | | | | | |

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

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INSTRUCTIONS TO SITE PERSONNEL:

- Please check one box for each question where there are check boxes.
- In question 3, enter the name or abbreviation for each drug that the study participant is taking from the list below. For each drug, enter the number of prescribed doses that the study participant is supposed to be taking each day. In the remaining columns enter the number of doses missed for each time period listed.

1. Have you been prescribed any anti-HIV medications today or since the last visit?..... ☐ Yes (1) ☐ No (2)

   For Protocol A0000:

   If No, STOP.
   If Yes, continue.

2. When was the last time you missed taking any of your anti-HIV medications?

Within the past week	5 ☐
1-2 weeks ago	4 ☐
2-4 weeks ago	3 ☐
1-3 months ago	2 ☐
More than 3 months ago	1 ☐
Never skip medications	0 ☐

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The next section of the questionnaire asks about the anti-HIV medications that you may have missed taking over the **past three days** and the **past two weeks**. Using the drug abbreviations provided, please complete the table on the next page using one line for each anti-HIV medication you are taking.

3. How many doses did you miss?

If you have **NOT** missed **any** medications within the **past month**, please check this box and STOP: .... ☐ 1

If you did not miss any doses of your anti-HIV drug, write a zero (0) in the box.
Note that the table asks about DOSES, not PILLS.

For Protocol A0000:

IF YOU TOOK ONLY A PORTION OF A DOSE ON ONE OR MORE OF THESE DAYS, PLEASE REPORT THE DOSE(S) AS BEING MISSED.

Abbreviation/ Name of Your Drugs [30]	Number of Prescribed Doses *Per Day*	Number of Prescribed Doses Missed *Yesterday*	Number of Prescribed Doses Missed *Day before yesterday (2 days ago)*	Number of Prescribed Doses Missed *(3 days ago)*	Number of Prescribed Doses Missed *(Past 2 weeks)**
	☐ doses	☐ doses	☐ doses	☐ doses	☐☐ doses
	☐ doses	☐ doses	☐ doses	☐ doses	☐☐ doses
	☐ doses	☐ doses	☐ doses	☐ doses	☐☐ doses
	☐ doses	☐ doses	☐ doses	☐ doses	☐☐ doses
	☐ doses	☐ doses	☐ doses	☐ doses	☐☐ doses
	☐ doses	☐ doses	☐ doses	☐ doses	☐☐ doses
	☐ doses	☐ doses	☐ doses	☐ doses	☐☐ doses

**** Past two weeks includes the doses missed yesterday, 2 days ago, and 3 days ago.***

Anti-HIV Drugs for Protocol A0000:
Insert current drug code list here.

TB Regimen for Protocol A0000:
A Rifampin (RIF) based TB regimen according to World Health Organization (WHO) treatment guidelines and in-country National Treatment Guidelines.

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The following questions pertain to the medications on page 3.
For Protocol A0000: The following questions refer to anti-HIV drugs and TB regimen.

4. During the past 4 days, for **how many days** have you missed taking **all your doses?**

None	0 ☐
One day	1 ☐
Two days	2 ☐
Three days	3 ☐
Four days	4 ☐

5. Some people find that they forget to take their pills on the weekend days. Did you miss any of your study medications last Saturday **or** Sunday?

☐ Yes (1) ☐ No (2)

People may miss taking their medications for various reasons. Here is a list of possible reasons why you may have missed taking any medications within the **past month**.

6. In the **past month**, how often have you **missed taking your medications** because you:
Please check one box for each question.

	Never	Rarely	Some-Times	Often
a. Wanted to avoid side effects?	☐ 0	☐ 1	☐ 2	☐ 3
b. Could not follow dietary instruction?	☐ 0	☐ 1	☐ 2	☐ 3
c. Sharing ART with other family members and friends?	☐ 0	☐ 1	☐ 2	☐ 3
d. Religious beliefs?	☐ 0	☐ 1	☐ 2	☐ 3
e. Not fully understanding the regimen and its requirements?	☐ 0	☐ 1	☐ 2	☐ 3
f. Traveling away from home?	☐ 0	☐ 1	☐ 2	☐ 3
g. Transportation problems getting to the clinic?	☐ 0	☐ 1	☐ 2	☐ 3
h. Lost pills?	☐ 0	☐ 1	☐ 2	☐ 3

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mmm dd yyyy

6. Continued…

Please check one box for each question.

	Never	Rarely	Some-Times	Often
i. Had too many pills? ……	☐ 0	☐ 1	☐ 2	☐ 3
j. Had a bad event happen that you felt was related to taking the pills? ……	☐ 0	☐ 1	☐ 2	☐ 3
k. Forgot? ……	☐ 0	☐ 1	☐ 2	☐ 3
l. Ran out of pills? ……	☐ 0	☐ 1	☐ 2	☐ 3
m. Busy doing other things (e.g. working, trying to survive, getting food)? ……	☐ 0	☐ 1	☐ 2	☐ 3
n. Tired of taking too many pills? ……	☐ 0	☐ 1	☐ 2	☐ 3
o. Other illness or health problems got in the way? ……	☐ 0	☐ 1	☐ 2	☐ 3
p. Stigmatization (what others may say or discover about my disease) by people outside of one's family? ……	☐ 0	☐ 1	☐ 2	☐ 3
q. Fear of stigmatization within the home (e.g. not wanting the husband or wife to know)? ……	☐ 0	☐ 1	☐ 2	☐ 3
r. Pills got damaged by heat or getting wet?	☐ 0	☐ 1	☐ 2	☐ 3
s. Too ill to attend clinic to collect drugs? ……	☐ 0	☐ 1	☐ 2	☐ 3
t. Pills getting stolen (e.g. while in transit in a taxi/bus/train)? ……	☐ 0	☐ 1	☐ 2	☐ 3
u. Having to wake up very early to commute to work and no time to eat? ……	☐ 0	☐ 1	☐ 2	☐ 3
v. Didn't think they would really work? ……	☐ 0	☐ 1	☐ 2	☐ 3
w. Bothered by your dreams? ……	☐ 0	☐ 1	☐ 2	☐ 3
x. Other? ……	☐ 0	☐ 1	☐ 2	☐ 3

Specify [30]: _____

Thank you very much for completing these questions.

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