

PERINATAL ADHERENCE QUESTIONNAIRE MODULE 2
GENERAL REASONS FOR NON-ADHERENCE
 NIAID PEDIATRIC AIDS CLINICAL TRIALS GROUP

Patient Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Patient Visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
							mmm	dd	yyyy				
Protocol Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Institution Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Form Week	<input type="text"/>	<input type="text"/>	<input type="text"/>	* Seq No.	<input type="text"/>	** Step No.	<input type="text"/>	Key Operator Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* 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.

This module captures the general reasons for non-adherence linked to each drug taken. In this step, the interviewer will collect information on reasons why the subject may be having difficulty taking each agent.

QUESTIONS 1 AND 2 ARE TO BE COMPLETED BY THE STUDY NURSE:

1. Was the questionnaire completed at this visit? (1-Yes, 2-No)
 If Yes, go to question 2.
 If No, complete 'a.'
- a. Indicate the reason the questionnaire was not completed:....
 1-Subject refused
 2-Subject missed clinic visit
 3-There was not enough time
 9-Other reason, specify

If Other, specify [30]: _____

2. Who responded to the questions?..... 1-Subject
 9-Other, specify

If Other, specify [30]: _____

INSTRUCTIONS FOR COMPLETION OF DRUG SPECIFIC TABLE:

- Enter the drug code name of each antiretroviral drug that the subject is receiving in the space provided at the top of each column. Refer to page 3 for the list of most commonly used anti-HIV medications. Refer to Appendix 3 or the Drug Code Lookup Program at the DMC Web Site (<http://www.fstrf.org>) for any medications not listed.

Identification of Reasons for Non-Adherence:

READ the following paragraph to the subject or primary caregiver:
 "Mucha gente en ciertas ocasiones tiene dificultad con estos medicamentos. Quisiéramos entender mejor las cosas que hacen difícil para las familias dar medicamentos. Estas son algunas de las razones que otras personas han identificado como causantes de la dificultad para tomar [dar] todas las medicinas de VIH."

Show and read the list of reasons to the subject or primary caregiver.

After the list is read, ask the following question for each drug (question 3 on page 2):
 "Durante las últimas dos semanas, algunos de los siguientes han sido problemas para usted respecto de _____ (nombre del medicamento o características)?"

If "Yes," enter the frequency code for each reason (a-n).

If "No," go to the next drug.

For data entry, use the tab key after the last entry on the page.

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mmm dd yyyy

DRUG SPECIFIC ADHERENCE DIFFICULTIES:

Frequency Codes

Use these codes to indicate the frequency with which each listed reason for non-adherence occurs. This needs to be done for each antiretroviral drug the subject is taking.

- 0-Never a problem
- 1-Hardly ever a problem
- 2-Frequent problem
- 3-Almost always a problem

Enter Drug Code and Name:	Drug Code [8]:	Drug Code [8]:	Drug Code [8]:	Drug Code [8]:	Drug Code [8]:
	Drug #1 Name [15]:	Drug #2 Name [15]:	Drug #3 Name [15]:	Drug #4 Name [15]:	Drug #5 Name [15]:
3. ¿Problema identificado? (1- Sí, 2-No)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for Non-Adherence:

a. No puede obtener el medicamento (la droguería no lo tiene):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. No obtuve más medicamento; se me acabó:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sentí náusea, no pude mantenerlo, tuve dificultad para ingerirlo, sabor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Se me olvidó:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Efectos secundarios/toxicidad:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Horario:					
1. Interfiere con mi estilo de vida (trabajo, comidas, escuela, sueño)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Muy ocupado(a) con el bebé	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. No pude manejarlo ese día; no sentí ganas de tomarlo; necesitaba un descanso:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cambio en las condiciones de vida:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Preocupación sobre divulgación:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Enfermo con otra enfermedad:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. No creo que lo necesite más:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Falta de apoyo familiar/social:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Preocupación por los efectos del medicamento en el bebé:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Otro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Especifique [30]:					

Language: Spanish



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DRUG CODE REFERENCE

*Drug Codes and Names for Commonly Used Drugs.
Refer to Appendix 3 or the Drug Code Lookup Program at the
DMC Web Site (<http://www.fstrf.org>) for drugs not listed below.*

Anti-HIV Drugs		
08180407	Abacavir/ABC/Ziagen/1592U89	08180043 Indinavir/IDV/Crixivan 10920013
08180025	Alovudine/CL-184824	Interleukin-2/IL-2
08181205	Amprenavir/APV/Agenerase/141W94/VX-479	08180026 Lamivudine/3TC/Epivir
08181214	Atazanavir/ATV/BMS-232632	08181208 Lopinavir/Ritonavir (LPV/RTV)/Kaletra
08180018	Ateviridine mesylate U-87201E	ABT-378/r
08180006	Azidouridine/AzdU/azido-2',3'-dideoxyuridine	08180048 Loviride/Lotrene
08180021	AZT/ZDV/Zidovudine/Retrovir	08181204 Nelfinavir/NFV/Viracept
08180032	CD4/RST4	08180013 Nevirapine/NVP/Viramune
08180412	Combivir (3TC/ZDV)	08181203 Ritonavir/RTV/Norvir
08180024	d4T/Stavudine/Zerit	08181209 Saquinavir soft gel/FTV/Fortovase
08180414	DAPD/Amdoxovir/trimeric	08180030 Saquinavir (HGC)/SQV/Invirase/R031-8959
08180020	ddC/Zalcitabine/HIVID	08188804 T-20/pentafuside/Enfuvirtide/ENF
08180007	ddI/Didanosine/Videx	08182002 TDF/Tenofovir/Tenofovir disoproxil
08180031	DLV/delavirdine mesylate/Rescriptor	fumarate/Viread
08180804	Efavirenz/EFV/Sustiva/DMP266	08180418 Trizivir (3TC/ABC/ZDV)
08180411	Fluorouridine/935U83	
08180415	FTC/coviracil/emtricitabine	99999998 Blinded Study Drug
08181218	GW433908	99999999 Drug Code Pending

