

ADOLESCENT 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"/>	Date of Patient Visit	<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"/>	Institution Code	<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"/>

* 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.

- This form should be completed for subjects ≥ 13 years of age. For subjects < 13 years of age, complete the PEDIATRIC ADHERENCE QUESTIONNAIRE MODULE 2 form (QL5001).
- If the subject has assumed sole responsibility for his/her own drug regimen, the subject should complete this form.
- If the primary caregiver is solely responsible for distributing the medications to the subject, the primary caregiver should complete this form.
- If the responsibility is shared, the subject and the caregiver should jointly complete this form.

QUESTIONS 1 - 5 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-Primary caregiver refused
 - 3-Subject missed clinic visit
 - 4-There was not enough time
 - 5-Primary caregiver not available
 - 9-Other reason, specify

If Other, specify [30]: _____

2. Does the subject know his/her HIV status? (1-Yes, 2-No, 3-Information not available/not known)

3. Was the subject perinatally infected? (1-Yes, 2-No, 3-Information not available/not known)

4. Who is responsible for administering the medications?

- 1-Primary caregiver solely responsible
- 2-Subject solely responsible
- 3-Subject and caregiver jointly
- 4-Subject and other individual
- 9-Other, specify

If "9-Other", specify [30]: _____

5. Who responded to the questions?.....

- 1-Primary caregiver
- 2-Caregiver and subject jointly
- 3-Subject alone
- 9-Other, specify

If "9-Other", specify [30]: _____



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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 the bottom of this page 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 5 on pages 2 and 3):

“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-r).

If “No,” go to the next drug.

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

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.*

NOTE TO DM: You may add to or delete from this list.

<u>Anti-HIV Drugs for Protocol</u>		
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 fumarate/Viread
08180031	DLV/delavirdine mesylate/Rescriptor	08180418 Trizivir (3TC/ABC/ZDV)
08180804	Efavirenz/EFV/Sustiva/DMP266	
08180411	Fluorouridine/935U83	
08180415	FTC/coviracil/emtricitabine	99999998 Blinded Study Drug
08181218	GW433908	99999999 Drug Code Pending



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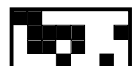
DRUG SPECIFIC ADHERENCE DIFFICULTIES:

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]:
6. ¿Problema identificado? (1-Yes, 2-No)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reasons for Non-adherence:</i>					
a. No puedo obtener el medicamento en la droguería	<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. Me enfermó del estómago; vomité; tenía mal 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. Me causó otros síntomas físicos (por ejemplo, ronchas, dolor de cabeza)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Interfirió con mi horario diario (escuela, trabajo); muy ocupado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. No pude manejarlo; 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; me mudé	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	Drug #1	Drug #2	Drug #3	Drug #4	Drug #5
<i>Reasons for Non-adherence (cont'd):</i>					
i. Me preocupé de que la gente supiera de mi HIV; no quería que mis amigos me hicieran preguntas; me sentí avergonzado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Me puse malo con otra enfermedad; no me sentía bien (por ejemplo, catarro, influenza, indisposición estomacal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. No creo que lo necesite más; puedo mantenerme saludable sin él	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Familiares y/o amigos no me ayudan a recordar; me dicen que no debo tomarlo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. No hay lugar para guardarlo en la escuela o en el trabajo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. No entiendo por qué tengo que tomarlo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Sigo enfermándome inclusive cuando lo tomo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. El tomarlo me recuerda el HIV; simplemente quiero olvidarme del diagnóstico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Yo no quiero hablar de esto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Otro Especifique [30]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language: Spanish

