

# BRIEF ADHERENCE SELF-REPORT QUESTIONNAIRE

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 PAGES 1 AND 2

### INSTRUCTIONS TO THE STUDY NURSE:

The BRIEF ADHERENCE SELF-REPORT QUESTIONNAIRE should be given to the study participant prior to the clinical exam and preferably in a quiet secluded area (for example, exam room or other office). This questionnaire is designed for study participants who can read at the sixth-grade level; participants who have difficulty reading may need additional assistance.

Briefly go over the format of the questions. The questionnaire should take 2 minutes or less to complete. Before giving the questionnaire to the study participant, please fill out the headers and DETACH PAGES 1 & 2 from the rest of the form.

### INSTRUCTIONS FOR READING THE BRIEF ADHERENCE SELF-REPORT QUESTIONNAIRE:

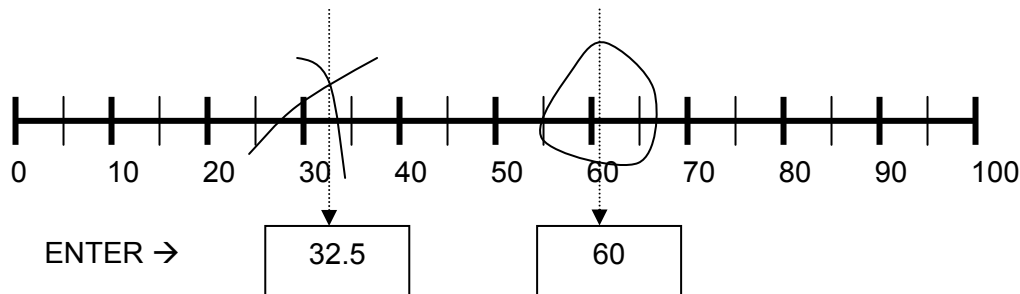
- Study participants should fill out this questionnaire with as little assistance as possible.
- Study participants do not need to understand percentages in order to fill out this form.
- Please do not complete the adherence VAS for the study participant.

### How to Score the Study Participant's Answer:

- The center of an "x", "o", "√" or other mark will be used.
- If more than one mark is made on the line, one will be selected using the following rank:  $x > o > \sqrt{\phantom{x}}$  > other.
- If an "x" is used, the intersection of the two lines will be used as the center.
- If "o" or other mark is used, the center of the mark will be used.
- A vertical line should be drawn from the center of the mark. An adherence score should be estimated, choosing the closest percentage (nearest 2.5, if in the center, then round down). The lowest possible score is 0 and the highest is 100. Possible scores include: 0, 2.5, 5, 7.5, 10, .....85, 87.5, 90, 92.5, 95, 97.5 and 100. Enter the score in the Clinic Use Only box on page 3.

### Examples:

- If unanswered (no mark) then enter 988.8 in the box on page 3.
- If marks were made, but the form cannot be scored using the rules in the instructions, enter 999.9 in the box on page 3.



**BRIEF ADHERENCE SELF-REPORT QUESTIONNAIRE**

Pt. No.        \*Seq. No.   \*\*Step No.   Date        
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**PLEASE COMPLETE THE FOLLOWING ITEMS AFTER STUDY PARTICIPANT COMPLETES THE QUESTIONNAIRE OR AFTER YOU ASCERTAIN THAT THIS IS NOT POSSIBLE.**

**Key questions 1 and 2, and the Score in the box on page 3.**

1. How was the questionnaire completed? .....   
 If "4-Not completed," complete 'a' and STOP.  
 1-Self administered by the participant  
 2-Face-to-face interview  
 3-Both self-administered and interview  
 4-Not completed  
 9-Other, specify

If Other, specify [70]: \_\_\_\_\_

- a. If "4-Not completed," indicate the reason and stop:.....   
 1-Participant declined  
 2-There was not enough time  
 9-Other reason, specify

If Other, specify [70]: \_\_\_\_\_

2. Enter the country code for the location of the clinic and the language used to complete the form. Refer to Appendix 80 for Country and Language Codes.

Country:        Language:

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mmm dd yyyy

Protocol Number  **A**      Institution Code

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

**Section I: Anti-HIV Medications**

1. During the last month, have you been prescribed any anti-HIV medications? **(Check one box.)**  
 Yes      No → **STOP.**  
1                      2

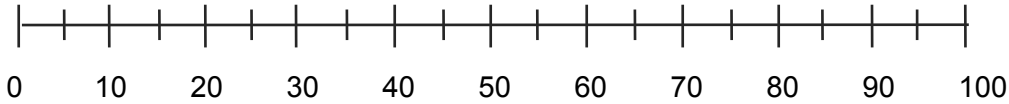


**Complete the scale below.**

2. We understand that many people on anti-HIV medications find it very difficult to take them regularly. We would like to know HOW MUCH of your anti-HIV medications you have taken DURING THE LAST MONTH.

Please put a cross (X) on the line below at the point showing your best guess about how much of your anti-HIV medication you have taken **in the last month**. We would be surprised if this was 100% for most people.

For example: **0%** means you have taken **none** of your anti-HIV medication.  
**50%** means you have taken **half** your anti-HIV medication.  
**100%** means that you have taken **every single dose** of your anti-HIV medication in the past month.



**Thank you very much for filling out this form.**

**For Clinic Use Only:**  
**Score:**  
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