37 ANTIVIRAL MEDICATION ADHERENCE FORM

Most people with HIV have many pills to take at different times during the day.

Many people find it hard to always remember their pills.

- Some people get busy and forget to carry their pills with them.
- Some people find it hard to take their pills according to all the instructions, such as “take with meals” or “take every 8 hours”.
- Some people decide to skip, reduce or stop doses to avoid side effects.

We need to understand how people with HIV are really doing with their medication doses.

PLEASE PUT THE DRUG NAME IN THE BOX AND FILL IN THE CORRECT DRUG CODE BELOW THE DRUG NAME.

How many TIMES did you actually take this medication?

Yesterday

2 days ago (DAY)

3 days ago (DAY)

4 days ago (DAY)

Is this pattern typical of your recent use of [DRUG]?

Was there any time in the last 4 days that you took fewer PILLS per dose (time) than were prescribed?

PLEASE CONTINUE ON THE NEXT PAGE IF PARTICIPANT IS CURRENTLY TAKING MORE THAN THREE MEDICATIONS. OTHERWISE, SKIP TO Q.2.
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**Drug Code**

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How many TIMES did you actually take this medication?

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Is this pattern typical of your recent use of [DRUG]?

- [ ] No   [ ] Yes
- [ ] No   [ ] Yes
- [ ] No   [ ] Yes

Was there any time in the last 4 days that you took fewer PILLS per dose (time) than were prescribed?

- [ ] No   [ ] Yes
- [ ] No   [ ] Yes
- [ ] No   [ ] Yes

PLEASE CONTINUE ON THE NEXT PAGE IF PARTICIPANT IS CURRENTLY TAKING MORE THAN SIX MEDICATIONS. OTHERWISE, SKIP TO Q.2.
How many TIMES did you actually take this medication?

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Is this pattern typical of your recent use of [DRUG]?

- No
- Yes

Was there any time in the last 4 days that you took fewer PILLs per dose (time) than were prescribed?

- No
- Yes

2. When was the last time you skipped any of your medications?

- Never skip medications  → IF NEVER, SKIP TO Q.4.
- Within the past week
- 1–2 weeks ago
- 3–4 weeks ago
- 1–3 months ago
- More than 3 months ago
3. People miss taking their medications for various reasons. Here is a list of possible reasons.

How often have you missed taking your current medications because you:

a. Were away from home?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

b. Were busy with other things?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

c. Simply forgot?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

d. Had too many pills to take?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

e. Wanted to avoid side effects?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

f. Did not want others to notice you taking medication?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

g. Had a change in daily routine?
   (e.g., vacation, holiday, non-work day)
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

h. Felt like the drug was toxic or harmful?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

i. Fell asleep/slept through dose time?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

j. Felt sick or ill?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

k. Felt depressed or overwhelmed?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

l. Had problems taking the pills?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

m. Ran out of pills?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

n. Don’t want to take pills?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

o. Have special instructions that conflict?
   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

p. Other?
   - Specify:

4. Most anti-HIV medications need to be taken on a schedule, such as “2 times a day” or “every 8 hours.” How closely did you follow your specific schedule over the last four days?

- Never
- Some of the time
- About half of the time
- Most of the time
- All of the time

5. Do any of your anti-HIV medications have special instructions such as “take with food” or “take on an empty stomach” or “take with plenty of fluids”?

- No
- Yes

   If YES, how often did you follow those special instructions over the last four days?

   - Never
   - Some of the time
   - About half of the time
   - Most of the time
   - All of the time

   Do any of these special instructions conflict?

   - No
   - Yes

6. How do you remember to take your medications?

   - Calendar/diary
   - Pill box
   - Alarm
   - Friend/family member
   - Memory only
   - Other

   Specify: