

Adherence Assessment Form—Non-Daily

Adherence Assessment Self-Report Date: / / (mm/dd/yyyy)							
Client is enrolled in:							
Quarterly Health Promotion/F	HIV Self-M	anagement	(no ART)	Quarterly Healt	h Promotion / I	HIV Self-Mana	gement
Monthly Health Promotion/HI	V Self-Ma	nagement	Weekly Hea	Ith Promotion	/HIV Self-Man	agement	
NOTE: This interview should	only be c	onducted	with clients	who are curr	ently on ART		
Introduction: The purpose of this form is to learn about pill-taking and the issues that affect pill-taking, or adherence. This form is used if any of the medications in the regimen is prescribed for less-than-daily use. » Please answer all questions honestly; you will not be "judged" based on your responses.							
» Please feel free to ask if you r	•	·	·	•			
The answers you give in this interview will be used to plan ways to help other people who must take pills on a difficult schedule. Many people find it hard to always remember their pills:							
» Some people get busy and for	rget to car	ry their pills	s with them.				
» Some people find it hard to take their pills according to all the instructions, such as "with meals," "on an empty stomach," or "with plenty of fluids."							
» Some people decide to skip p	oills to avo	id side effe	cts or to just n	ot be taking pi	ills that day.		
We need to understand how people with HIV are really managing their pills. Please tell us what you are actually doing. Don't worry about telling us that you don't take all your pills. We need to know what is really happening, not what you think we "want to hear."							
Complete this page with your client. Be prepared to help the client remember and name medications in his/her regimen, as needed.							
Please indicate the name of the daily HIV medications you take, the number of pills in each dose, number of doses							ber of doses
each day, and any doses that you may have misse			How Many Doses Did You Miss				
Medication Regimen							
Step 1. Names of your HIV drugs (eg. Kaletra)	# Pills/ dose	# Dose/ day	Yesterday?	Day before yesterday?	3 days ago?	4 days ago?	Step 3. Total Doses Missed?
1.							
2.							
3.							
4.							
	For each row (each HIV drug), add up the missed doses and place # in "Step 3" column on far right. Then enter column total (the sum across ART drugs) in box to the right.				С		
Step 2 (non-daily): Prescribed Doses Across ART Medications (ONLY use and sum this row if the patient has an ART regimen in which the number of doses per day varies)							Total Rx'd doses B

Client Name: _____Client Record #:____



Client Name:	Client Record #:	

For program staff: (Adherence Assessment Form) ONLY COUNT ART ADHERENCE

A. Number of ART drugs in regimen

Count the rows completed in Step 1

B. Prescribed # ART doses in 4-day period Total Rx'd doses from Step

2 above

C. Total doses missed Total in outlined box from Step 3

D. 4-Day Adherence Percentage (%) [(Box B-Box C)/Box B)]

x 100.

Verified by Supervisor

Verified by Supervisor

Verified by Supervisor

2. When was the last time you missed any of your HIV medications? Check only one

5 Within the past week

2 1-3 months ago

4 1-2 weeks ago

1 More than 3 months ago

3 3-4 weeks ago

0 Never skip medications

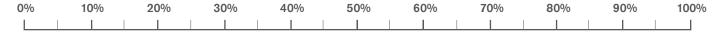
3. People may miss taking their medications for various reasons. Here is a list of possible reasons why you may miss taking your medications. Have you missed taking your HIV medications because you: (Read choices aloud, and check as many as apply.)

Reasons for non-adherence:

Yes	No	Simply forgot	Yes	No	Felt depressed/overwhelmed
Yes	No	Were away from home	Yes	No	Felt there were too many pills
Yes	No	Were busy with other things	Yes	No	Did not want others to notice you taking pills
Yes	No	Had change in daily routine	Yes	No	Felt like the drug was toxic/harmful
Yes	No	Fell asleep/slept through dose time	Yes	No	Ran out of pills
Yes	No	Felt ill or sick	Yes	No	Felt good
Yes	No	Wanted to avoid side effects	Yes	No	Other (Specify:)

4. Self-assessed Adherence Visual Analog Scale (VAS): (Show VAS to client during and after question.)

In general over the past 4 weeks, how much of the time did you take all of your HIV medication as prescribed by your doctor? Put an "X" on the line below at the point that shows about how much of the medication you have taken. 0% means you have taken none. 50% means you have taken about half of the prescribed amount of HIV medications. 100% means you have taken every single prescribed dose of your medications.















For program staff:					
4a. Best estimate based on VAS:%					
5. What adherence support tools or reminders is this client using now?					
Pillbox/organizer Pharmacy support (e.g., delivery and/or automatic refill)					
Electronic reminder (e.g., text/email/calendar alerts, PillStation, alarm, or MEMS caps)					
Other: None					
5a. If one of the tools listed above was used as another adherence measurement at this visit, What is the result (as a percentage)? %					
6. Adherence Problem Identified: YES NO (If Yes, PCP Notified Care Coordinator Notified)					
6a. If Yes, Was Adherence Section in Client Care Plan updated? YES NO If Yes, Date: / /					
Staff Member Completing Form:					
Date/					
Name Signature mm dd yy	У				