

Client Name: \_\_\_\_\_ Client Record #: \_\_\_\_\_

**Adherence Assessment Self-Report Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

**Client is enrolled in:**

- Quarterly Health Promotion/HIV Self-Management (no ART)    Quarterly Health Promotion /HIV Self-Management  
 Monthly Health Promotion/HIV Self-Management    Weekly Health Promotion /HIV Self-Management

**NOTE: This interview should only be conducted with clients who are currently on ART.**

**Introduction:** The purpose of this form is to learn about pill-taking and the issues that affect pill-taking, or adherence.

- » Please answer all questions honestly; you will not be “judged” based on your responses.
- » Please feel free to ask if you need any of the questions explained to you.

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 forget to carry their pills 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 pills to avoid side effects or to just not be taking pills 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.*

**1. Please indicate the name of the daily HIV medications you take, the number of pills in each dose, number of doses each day, and any doses that you may have missed.**

*Include only daily ART prescriptions here; special calculations are required for less-than-daily ARTs.*

Medication Regimen			How Many Doses Did You Miss...				
Step 1. Names of your HIV drugs (eg. Kaletra)	# Pills/ dose	Step 2. # Dose/ day	Yesterday?	Day before yesterday?	3 days ago?	4 days ago?	Step 3. Total Doses Missed?
1.							
2.							
3.							
4.							
Total doses/day, across ART medications:			<i>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.</i>				

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<b>For program staff: (Adherence Assessment Form) ONLY COUNT ART ADHERENCE</b>			
<b>A. Number of ART drugs in regimen</b> <i>Count the rows completed in Step 1</i>	<b>B. Prescribed # ART doses</b> <i>Multiply total in outlined box from Step 2 by 4</i>	<b>C. Total doses</b> <i>Total in outlined box from Step 3</i>	<b>D. 4-Day Adherence Percentage (%)</b> <i>[(Box B-Box C)/Box B] x 100.</i>
	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***

- |                      |                                |
|----------------------|--------------------------------|
| Within the past week | More than 1 month–3 months ago |
| 1–2 weeks ago        | More than 3 months ago         |
| 3–4 weeks ago        | <u>Never</u> skip medications  |

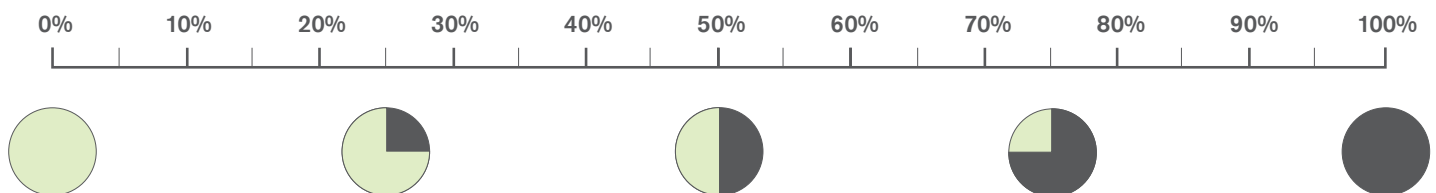
**3. People may miss taking their medications for various reasons. Here is a list of possible reasons why you may miss taking your medications. Have you missed taking your HIV medications because you: *(Read choices aloud, and check as many as apply.)***

**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