Path For Triples		Michael Blank, Ph.D.
Patient Initials: ___ ___ ___	**Patient ID #:** ___ ___ ___ ___ ___	**Date** M: ___ ___ / D: ___ ___ / Yr: ___ ___ ___ ___
Interviewer Initials: ___ ___ ___		**Week # ____ ____**

Part 1. CURRENT MEDICATIONS

Nurse Health Navigator (NHN) Instructions: PART I IS TO BE COMPLETED BY THE NURSE DURING THE INITIAL ASSESSMENT AND UPDATED WHEN MEDICATIONS CHANGE.

NHN Script: The purpose of this form is to learn about potential influences of treatment adherence. Please answer all questions honestly; you will not be "judged" based on your responses. If you do not wish to answer a question, please let me know. Please feel free to ask if you need any of the questions explained to you.

Write the names of the medications in the boxes	What is the medicine for?	# of pills each time you take a dose	# of Doses per day	Special Instructions: Do you have any of the following special instructions for taking the pills? Check all that apply	Do you ever have any problems taking it?
1. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
2. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____			___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____

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3. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
4. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
5. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
6. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____

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7. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
8. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
9. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
10. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____

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11. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
12. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
13. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
14. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____

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15. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
16. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
17. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
18. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____

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19. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____
20. _____ # of pills on hand _____ # of pills Expected ____ Actual ____	_____ _____ _____	_____	_____	___ With food ___ Empty stomach ___ Drink Plenty of fluids ___ No special Instructions ____ Other, specify: _____	0 No 1 Yes If yes, specify: _____