

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

Part 3. Adherence Questionnaire.

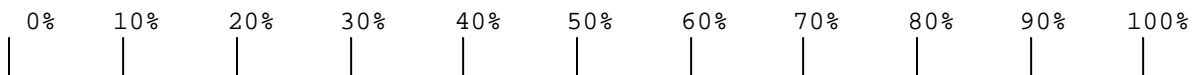
Instructions: After filling out the Part II Adherence form, continue to administer the questionnaire below reporting on missed doses of particular drugs. Continue to use the calendar as an aid in recall and use response cards as needed. THIS FORM IS FILLED OUT WEEKLY

NHN Script: **If you took only a portion of a dose on one or more of these days, please report the dose(s) as being missed.**

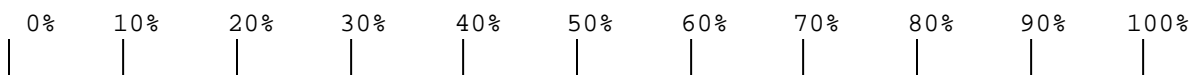
MEDICATION ADHERENCE

- e.g. **0%** means you have **taken no (DRUG A)**
50% means you have **taken half your (DRUG A)**
100% means you have **taken every single dose of (DRUG A)**

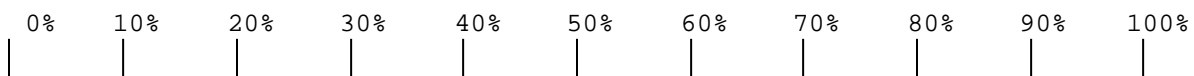
A1. How about (_____)



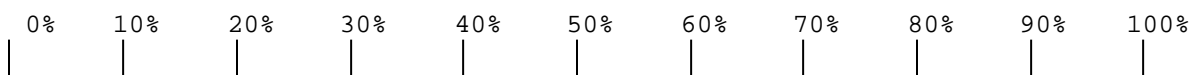
B1. How about (_____)?



C1. How about (_____)?

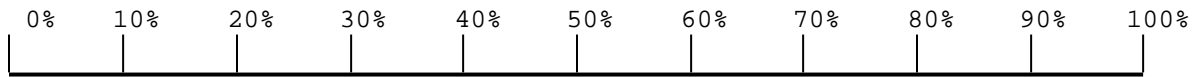


D1. How about (_____)?

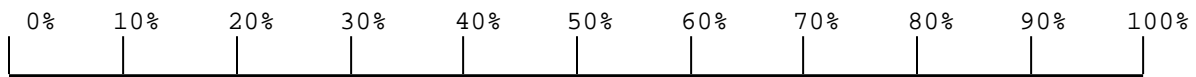


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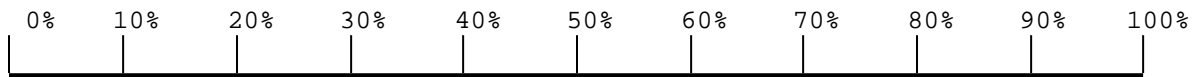
E1. How about (_____)?



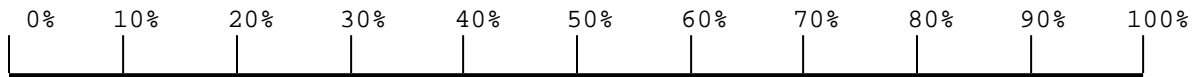
F1. How about (_____)?



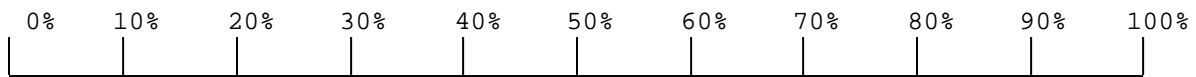
G1. How about (_____)?



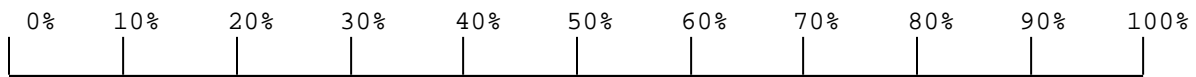
H1. How about (_____)?



I1. How about (_____)?

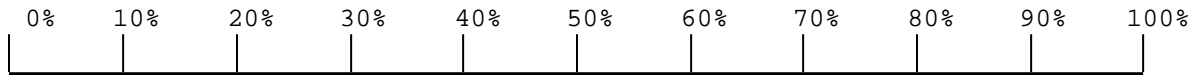


J1. How about (_____)?

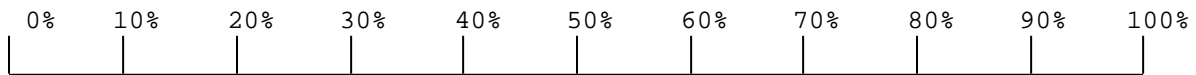


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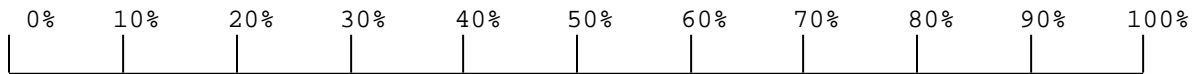
K1. How about (_____)?



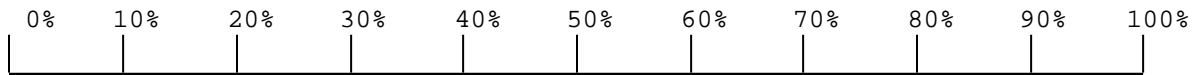
L1. How about (_____)?



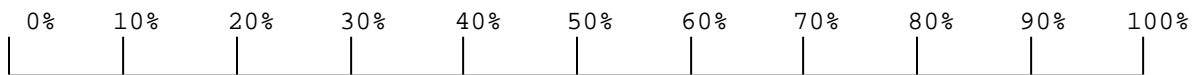
M1. How about (_____)?



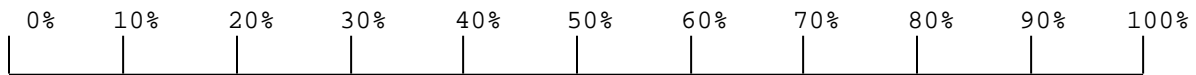
N1. How about (_____)?



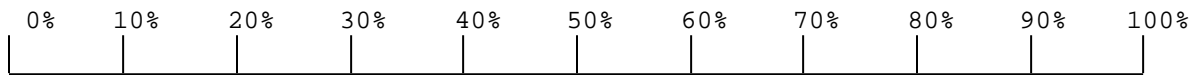
O1. How about (_____)?



P1. How about (_____)?

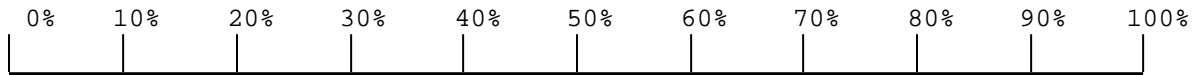


Q1. How about (_____)?

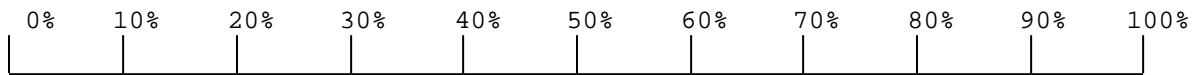


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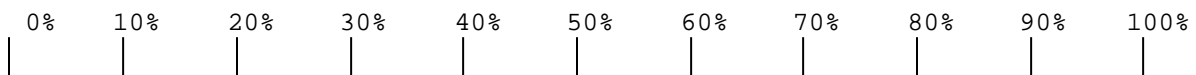
R1. How about (_____)?



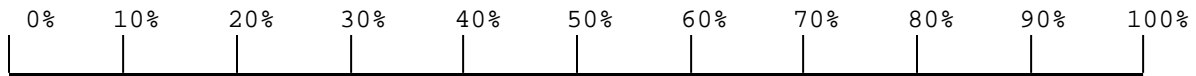
S1. How about (_____)?



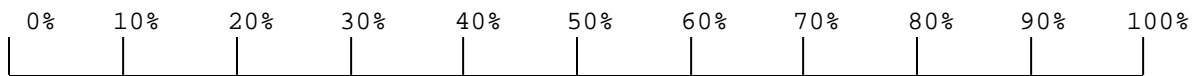
T1. How about (_____)?



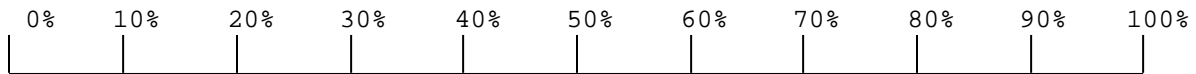
U1. How about (_____)?



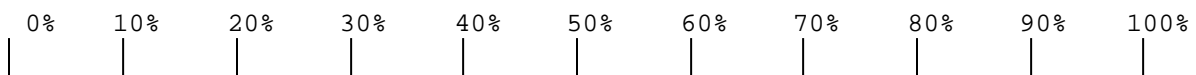
V1. How about (_____)?



W1. How about (_____)?

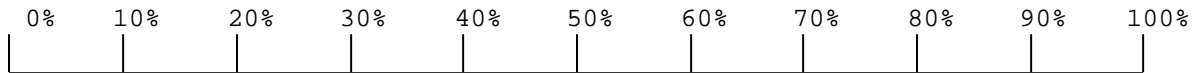


X1. How about (_____)?



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Y1. How about (_____)?



NHN: Continue to have the calendar available as an aid in answering the following questions.

1. During the past 4 days, on **how many days** have you missed taking **all your doses**?
(Check one box)

- None - 0
- One day - 1
- Two days - 2
- Three days - 3
- Four days - 4

2. Most anti-HIV medications need to be taken on a schedule, such as “2 times a day” or “3 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 the Time	Most of the Time	All of the Time	N/A- not on HIV meds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	9

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

Yes	No	N/A- not on HIV meds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	9

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

Never	Some of the time	About Half the Time	Most of the Time	All of the Time	N/A- not on HIV meds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	9

5. Some people find that they forget to take their pills on the weekend days. Did you miss any of your anti-HIV medications last weekend - last Saturday or Sunday?

Yes	No	N/A- not on HIV meds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	9

6. When was the last time you missed any of your medications? (*Check one box*)

- Within the past week - 5
- 1-2 weeks ago -4
- 2-4 weeks ago - 3
- 1-3 months ago - 2
- More than 3 months ago- 1

IF PARTICIPANT NEVER MISSED HIS/HER STUDY MEDICATIONS, SKIP TO PART 5. OTHERWISE, CONTINUE BY ASKING THE NEXT SET OF QUESTIONS IN PART 4.