

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. 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 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.**

| Medication Regimen  |                  |                | How Many Doses Did You Miss...   |                          |             |             | Step 3.<br>Total Doses Missed? |
|---|------------------|----------------|--|--------------------------|-------------|-------------|--------------------------------|
| Step 1.<br>Names of your HIV drugs<br>(eg. Kaletra)   | # Pills/<br>dose | # Dose/<br>day | Yesterday?   | Day before<br>yesterday? | 3 days ago? | 4 days ago? |                                |
| 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. |                          |             |             | <b>C</b>                       |
| Step 2 (non-daily):<br>Prescribed Doses Across ART Medications<br>(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<br><b>B</b>   |

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**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
- 4 1–2 weeks ago
- 3 3–4 weeks ago
- 2 1–3 months ago
- 1 More than 3 months 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.



