

Assessment:

Medication Adherence

I would like to ask you some questions about the HIV medicines you are taking. Medicines that fight HIV are drugs like AZT, 3TC, and protease inhibitors. These drugs are often taken together and are known as combination therapy or triple drug cocktails. These drugs are called antiretrovirals.

1. Have you ever taken antiretroviral drugs to treat your HIV infection?

No.....1 [SKIP TO Q. 8]
Yes.....2

2. When did you first begin taking any of the antiretroviral drugs for your HIV infection?

____/____
month year

3. The AIDS virus can develop resistance to some of these drugs if they are not taken as prescribed. Once the virus develops resistance, the drugs are no longer effective. Has your doctor or health care provider ever discussed this problem with you?

No.....1
Yes.....2

4. How comfortable are you asking your health care provider about antiretroviral medicine? Would you say that you are:

Very comfortable.....1
Comfortable.....2
Neutral.....3
Uncomfortable.....4
Very uncomfortable.....5

5. Have you ever been prescribed any antiretroviral drugs which you have stopped taking?

No.....1
Yes.....2

6. Have you ever sold your HIV drugs for money?

No.....1
Yes.....2

7. Are you taking any antiretroviral drugs to treat your HIV/AIDS infection now?

No.....1
Yes.....2 [SKIP TO Q.9]

8. Not all people with HIV/AIDS choose to take medications, including new ones that are available. We are interested in understanding the reasons you are not currently taking antiretrovirals. Please say "yes" or "no" for each.

No
Yes
Don't know

- a. You did not know where to go to get them.....
- b. You were concerned about/experienced side effects.....
- c. Your doctor did not or refused to prescribe them.....
- d. Your doctor advised you not to take them/told you to stop
- e. You didn't believe they really work.....
- f. You didn't think it was a good idea to make a change in your current treatment.....
- g. You are/were on too many medications.....
- h. You could not afford them or did not know how to pay for them.....
- i. You thought you wouldn't be able to/weren't able to take them regularly.....
- j. You thought they would make you feel worse/they made you feel worse.....
- k. You wanted to wait, because you were feeling healthy.....
- l. You wanted to wait, because you were expecting better drugs to come out.....
- m. Your partner or others suggested you shouldn't take them/you should stop taking them.....
- n. You actively decided not to take medication.....

[SKIP TO NEXT SECTION, PEP QUESTIONS]

- a - AZT (azidothymidine, zidovudine, Retrovir)
- b - ddl (didanosine, dideoxyinosine, Videx)
- c - ddC (dideoxycytidine, Hivid, zalcitabine)
- d - d4T (stavudine, Zerit)
- e - 3TC (lamivudine, Epivir)
- f - Indinavir (Crixivan)
- g - Saquinavir (Invirase)
- h - Ritonavir (Norvir)
- i - Nelfinavir (Viracept)
- j - Nevirapine (Viramune)
- k - Delavirdine (Rescriptor)
- l - Combivir
- m - Fortovase
- n - Abacavir (Ziagen)
- o – Amprenavir
- p – Efavirenz (Sustiva)
- q – Adefovir (Preveon)
- r – Hydroxyurea
- s – Some other drug (Specify: _____)

[NOTE: ASK FOR ALL DRUGS USED FIRST (FILL IN COLUMN A. FIRST), THEN ASK ITEMS b – e FOR EACH DRUG.]

c, d, e: How many times did you skip or miss ...

- a. Which anti-HIV drugs are you currently prescribed?
- b. How many times per day are you supposed to take {name from a}?

How many times did you skip or miss.....

- c. Yesterday?
- d. Day before

e. 3 days

9. a. _____ b. _____ c. _____ times d. _____ times e. _____ times
times per day

10. a. _____ b. _____ c. _____ times d. _____ times e. _____ times
times per day

11. a. _____ b. _____ c. _____ times d. _____ times e. _____ times
times per day

12. a. _____ b. _____ c. _____ times d. _____ times e. _____ times
times per day

13. a. _____ b. _____ c. _____ times d. _____ times e. _____ times
times per day

14. a. _____ b. _____ c. _____ times d. _____ times e. _____ times
times per day

15. Some people find that they forget to take their pills on the weekend. Did you skip or miss any of your antiretroviral drugs last weekend – last Saturday or Sunday?

No.....1

Yes.....2

16. Do you think the HIV in your body will become resistant to antiretroviral drugs if you do not take them as prescribed?

Not at all sure.....1

Somewhat sure.....2

Very sure.....3

Extremely sure.....4

17. To what extent do your friends or family members help you remember to take your medication?

Not at all.....1

A little.....2

Somewhat.....3

A lot.....4

NOT APPLICABLE5

18. Besides your antiretrovirals, how many medications are you currently taking on a regular basis?

___ # of medications [DON'T KNOW, DK; REFUSED, R]

19. Are you currently participating in any clinical trials for antiretroviral medications for HIV?

No.....1

Yes.....2

DON'T KNOW.....7

20. Are you currently participating in any clinical trials for HIV prophylaxis (for medications that may help prevent opportunistic infections and other HIV-related problems)?

No.....1

Yes.....2

DON'T KNOW.....7