

Seek, Test, Treat and Retain for Criminal Justice Populations: Data Harmonization Measure

HIV ADHERENCE

ACTG Adherence Questionnaire

References:

- 1) Cunningham WE, Hays RD, Williams KW, et al. [Access to medical care and health-related quality of life for low-income persons with symptomatic human immunodeficiency virus.](#) Med Care. 1995 Jul; 33(7):739-54.
- 2) Cunningham WE, Andersen RM, Katz MH et al. [The impact of competing subsistence needs and barriers on access to medical care for persons with human immunodeficiency virus receiving care in the United States.](#) Med Care. 1999 Dec; 37(12):1270-81.
- 3) HCSUS measure at RAND website. Available at: <http://m.rand.org/content/dam/rand/www/external/health/projects/hcsus/Base/b02a.pdf>

Adapted from the NIAIDS AIDS Clinical Trials Group Adherence Interview

HIV Adherence Measures

1. Have you been prescribed any anti-HIV medications?

- Yes (Proceed to Question 2)
 No (STOP-END INTERVIEW)

2. When was the last time you missed taking any of your anti-HIV medications?

- Within the past week
 1-2 weeks ago
 2-4 weeks ago
 1-3 months ago
 More than 3 months ago
 Never skip medications (END INTERVIEW)

This section of the questionnaire asks about the anti-HIV medications that you may have missed taking over the **past three days** and the **past two weeks**. Using the drug codes and names provided below, please complete the table on this page using one line for each anti-HIV medication you are taking.

3. How many doses did you miss? If you have **NOT** missed **any** medications within the **past month**, please check this box and STOP: None

In the following table, if you did not miss any doses of your anti-HIV drug, write a zero (0) in the box. Note that the table asks about DOSES, not PILLS.

IF YOU TOOK ONLY A PORTION OF A DOSE ON ONE OR MORE OF THESE DAYS, PLEASE REPORT THE DOSE(S) AS BEING MISSED.

| Drug Code | Abbreviation/ Name of Your Drugs | Number of Prescribed Doses Per Day | Number of Prescribed Doses Missed Yesterday | Number of Prescribed Doses Missed Day before Yesterday (2 days ago) | Number of Prescribed Doses Missed (3 days ago) | Number of Prescribed Doses Missed (Past 2 weeks)* |
|--|--|--|--|--|--|--|
| <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> doses | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> doses | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> doses | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> doses | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> doses |
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* Past two weeks includes the doses missed yesterday, 2 days ago, and 3 days ago.

Anti-HIV Drugs

| | |
|-------------|-----------------------------------|
| 0101 | Abacavir sulfate |
| 0102 | Abacavir sulfate/Lamivudine |
| 0103 | Abacavir/Lamivudine/Zidovudine |
| 0110 | Atazanavir sulfate |
| 0201 | Darunavir Ethanolate |
| 0202 | Delavirdine mesylate |
| 0203 | Didanosine |
| 0301 | Efavirenz |
| 0302 | Efavirenz/Emtricitab/Tenofovir |
| 0303 | Efavirenz/Emtricitabine/Tenofovir |
| 0310 | Emtricitabine |
| 0311 | Emtricitabine/Tenofovir |
| 0320 | Enfuvirtide |
| 0321 | Etravirine |
| 0401 | Fosamprenavir calcium |
| 0501 | Indinavir sulfate |
| 0601 | Lamivudine |
| 0602 | Lamivudine/Zidovudine |
| 0610 | Lopinavir/Ritonavir |
| 0701 | Maraviroc |
| 0801 | Nelfinavir mesylate |
| 0802 | Nevirapine |
| 0901 | Raltegravir |
| 0902 | Raltegravir potassium |
| 0903 | Ritonavir |
| 1001 | Saquinavir mesylate |
| 1002 | Stavudine |
| 1101 | Tenofovir disoproxil fumarate |
| 1102 | Tipranavir |
| 1201 | Zidovudine |
| 1202 | Zidovudine/Lamivudine |

The following questions refer to anti-HIV drugs.

4. During the past 4 days, for **how many days** have you missed taking **all your doses**?

- _____ None
- _____ One day
- _____ Two days
- _____ Three days
- _____ Four days

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

- _____ Yes
- _____ No

People may miss taking their medications for various reasons. Here is a list of possible reasons why you may have missed taking any medications within the **past month**.

| 6. In the past month, how often have you missed taking your medications because you: <i>Please check one box for each question.</i> | Never | Rarely | Sometimes | Often |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a. Wanted to avoid side effects? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Could not follow dietary instructions? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Sharing ART with other family members and friends? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. Religious beliefs? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. Not fully understanding the regimen and its requirements? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f. Traveling away from home? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g. Transportation problems getting to the clinic or pharmacy? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| h. Lost pills? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| i. Forgot? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| j. Didn't get prescription refilled; ran out of pills? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| k. Busy doing other things (e.g. working, trying to survive, getting food)? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| l. Tired of taking too many pills? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

| | 0 | 1 | 2 | 3 |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| m. Other illness or health problem got in the way? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| n. Stigmatization (what others may say or discover about my disease)? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| o. Pills got damaged by heat or getting wet? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| p. Pills getting stolen? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| q. Having to wake up very early to go to work and no time to eat? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| r. Didn't think I need it anymore; I can stay healthy without it? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| s. Didn't think they would really work? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| t. Bothered by your dreams? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| u. Other? <i>Specify:</i> _____ | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

7. Is there any other pertinent information regarding this individual's adherence to ARVs?

- _____ No
 _____ Yes (please comment below)

Comments: _____

Thank you very much for completing these questions.