

**ACTG ABBREVIATED ADHERENCE MODULE**

NIAID ADULT AIDS CLINICAL TRIALS GROUP

Patient Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Patient Visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number	<input type="text"/>	<input type="text"/>	<input type="text"/>		mmm	dd	yyy		
Form Week	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Seq No.	<input type="text"/>	**Step No.	<input type="text"/>	Key Operator Code	<input type="text"/>

\* Enter a "1" if this is the first of this form for this date. Designate subsequent forms on same date with a 2, 3, etc.  
 \*\*Enter the subject's current study step number. Enter '1' if the study does not have multiple steps.

**FOR OFFICE USE ONLY - TEAR OFF SHEET**

**INSTRUCTIONS TO THE STUDY NURSE:**

The ACTG ABBREVIATED ADHERENCE MODULE should be given to the subject prior to the clinical exam and preferably in a quiet secluded area (e.g., exam room or other office). The subject must be able to read at the sixth-grade level at a minimum to complete the questionnaire without additional assistance.

It is important to be familiar with the content and format of the questionnaire before giving it to study participants. At the first visit, please begin by telling the subject:

"We would like you to answer some questions about your medical care, health and medication. Your answers will help us understand the effects of the medication you are taking. We appreciate your filling out this questionnaire."

You should then briefly go over the format of the questions and how to complete them. Have the subject complete the questionnaire before vital signs, history, and physical are completed. The questionnaire is very brief and should take no more than 10 minutes to complete.

Before giving the subject the questionnaire, please fill out the header(s) and DETACH THIS PAGE. Each question is in the same general format and contains several items. Note that the subject is always asked to make an "X" or a "✓" in the box that comes closest to how he/she has been feeling.

Drug names and abbreviations of the most common anti-HIV drugs have been included on the worksheet for reference and use.

For data keying, if the subject did not answer a question, enter "-1." Do not leave any fields blank.

**PLEASE COMPLETE THE FOLLOWING ITEMS AFTER SUBJECT COMPLETES THE QUESTIONNAIRE OR AFTER YOU ASCERTAIN THAT THIS IS NOT POSSIBLE:**

1. How was the questionnaire completed? .....
- 1-Self administered by the study subject
  - 2-Face-to-face interview that you conducted
  - 3-Both self-administered and interview
  - 4-Not completed
  - 9-Other, specify

If Other, specify [30]: \_\_\_\_\_

- a. If you answered "4-Not completed," please indicate the reason why :
- 1-Subject refused
  - 2-Subject missed clinic visit
  - 3-There was not enough time
  - 9-Other reason, specify

If Other, specify [30]: \_\_\_\_\_



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Patient Number        Date of Patient Visit         
 mmm dd yyyy

Protocol Number      Institution Code

Form Week    \* Seq. No.  \*\*Step No.  Key Operator Code

A. 1. Are you currently taking any anti-HIV medications?  Yes  No

**If No, STOP.**  
**If Yes, continue.**

2. The next section of the questionnaire asks about the medications that you took over the last four days. Please complete the following table by filling in the boxes below. Drug codes and abbreviations of the most common anti-HIV drugs have been included for your reference and use on the bottom of the page.

Most people with HIV have many pills to take at different times during the day. 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" or "on an empty stomach," "every 8 hours," "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 doing with 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."

The next section of the questionnaire asks about the study medications that you may have missed taking over the last four days. Please complete the table below, using one line for each study medication you are taking, and using the abbreviations on this page. **If you did not miss any doses, 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.**

Step 1 Abbreviation/ Name of Your Drugs	HOW MANY DOSES DID YOU MISS...				
	Number of Prescribed Doses Per Day	Step 2 Yesterday	Step 3 Day before yesterday (2 days ago)	Step 4 3 days ago	Step 5 4 days ago
	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses
	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses
	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses
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	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses
	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses	<input type="text"/> doses

**Anti-HIV Drugs**

Abacavir/ABC/Ziagen/1592U89	ddC/Zalcitabine/HIVID	Lopinavir/Ritonavir (LPV/RTV)/Kaletra ABT-378/r
Alovedine/CL-184824	ddI/Didanosine/Videx	Loviride/Lotrene
Amprenavir/APV/Agenerase/141W94/VX-479	DLV/delavirdine mesylate/Rescriptor	Nelfinavir/NFV/Viracept
Atazanavir/ATV/BMS-232632	Efavirenz/EFV/Sustiva/DMP266	Nevirapine/NVP/Viramune
Ateviridine mesylate U-87201E	Fluorouridine/935U83	Ritonavir/RTV/Norvir
Azidouridine/AzdU/azido-2',3'-dideoxyuridine	FTC/coviracil/emtricitabine	Saquinavir soft gel/FTV/Fortovase
AZT/ZDV/Zidovudine/Retrovir	GW433908	Saquinavir (HGC)/SQW/Invirase/R031-8959
CD4/RST4	Indinavir/IDV/Crixivan	T-20/pentafuside
Combivir (3TC/ZDV)	Interleukin-2/IL-2	TDF/Tenofovir/Tenofovir disoproxil fumarate/Viread
d4T/Stavudine/Zerit	Lamivudine/3TC/Epivir	Trizivir (3TC/ABC/ZDV)

12-17-02



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mmm dd yyyy

**INSTRUCTIONS:** Place a "✓" in the appropriate box. Please check one box for each question.

B. Most 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?

<b>Never</b>	<b>Some Of The Time</b>	<b>About Half Of The Time</b>	<b>Most Of The Time</b>	<b>All Of The Time</b>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	

C. Do any of your medications have special instructions, such as "take with food" or "on an empty stomach" or "with plenty of fluids"?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
1	2	

If No, go to G.

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

<b>Never</b>	<b>Some Of The Time</b>	<b>About Half Of The Time</b>	<b>Most Of The Time</b>	<b>All Of The Time</b>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
1	2	

E. When was the last time you missed any of your medications?

*(Check one box)*

Within the past week	5	<input type="checkbox"/>	<input type="checkbox"/>
1-2 weeks ago	4	<input type="checkbox"/>	
2-4 weeks ago	3	<input type="checkbox"/>	
1-3 months ago	2	<input type="checkbox"/>	
More than 3 months ago	1	<input type="checkbox"/>	
Never skip medications	0	<input type="checkbox"/>	

Language:   
English

