

PEDIATRIC ADHERENCE QUESTIONNAIRE MODULE 2- REVISED Page 2 of 3
GENERAL REASONS FOR NON-ADHERENCE

Pt. No. * Seq. No. ** Step No. Date
mmm dd yyyy

DRUG SPECIFIC ADHERENCE DIFFICULTIES:
Frequency Codes

Use these codes to indicate the frequency with which each listed reason for non-adherence occurs. This needs to be done for each antiretroviral drug the study participant is taking.

- 0-Never a problem
- 1-Hardly ever a problem (1-2 times per month)
- 2-Frequent problem (1-2 times per week)
- 3-Almost always a problem (≥ 3 times per week)

Enter Drug Code and Name:	Drug Code [8]:	Drug Code [8]:	Drug Code [8]:	Drug Code [8]:	Drug Code [8]:
	<i>Drug #1 Name[30]:</i>	<i>Drug #2 Name[30]:</i>	<i>Drug #3 Name[30]:</i>	<i>Drug #4 Name[30]:</i>	<i>Drug #5 Name[30]:</i>
4. Problem identified? (1-Yes, 2-No)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reasons for Non-adherence:</i>					
a. Can't get drug (drug store doesn't have supply):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Didn't refill; ran out:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taste, can't get it down, spits up, amount (pills or liquid):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Forgot:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Caused physical effects (rash, pain, headache, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Scheduling - Interferes with lifestyle (meals, school, sleep):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Child refuses:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Multiple caretakers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Concerns about disclosure:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Sick with other illness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Doesn't remember/not sure if dose was taken:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Fell asleep:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Away from home:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other, specify Specify [30]:					

Language: E
English

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DRUG CODE REFERENCE

*Drug Codes and Names for Commonly Used Drugs.
Refer to Appendix 3 or the Drug Code Lookup Program at the
DMC Web Site (<http://www.fstrf.org>) for drugs not listed below.*

Anti-HIV Drugs for Protocol			
08180407	Abacavi r/ABC/Ziagen/1592U89	08180415	FTC/Emtriva/emtricitabine
08180025	Alovedine/CL-184824	08180043	Indinavir/IDV/Crixivan
08181205	Amprenavir/APV/Agenerase/141W94/VX-479	10920013	Interleukin-2/IL-2
08181214	Atazanavir/ATV/BMS-232632	08181218	Lexiva/Fosamprenavir/GW433908
08180018	Ateviridine mesylate U-87201E	08180026	Lamivudine/3TC/Epivir
08180006	Azidouridine/AzdU/azido-2',3'-dideoxyuridine	08181208	Lopinavir/Ritonavir (LPV/RTV)/Kaletra/ ABT-378/r
08180021	AZT/ZDV/Zidovudine/Retrovir	08180048	Loviride/Lotrene
08180032	CD4/RST4	08181204	Nelfinavir/NFV/Viracept
08180412	Combivir (3TC/ZDV)	08180013	Nevirapine/NVP/Viramune
08180024	d4T/Stavudine/Zerit	08181203	Ritonavir/RTV/Norvir
08180052	d4T XR/Zerit XR	08181209	Saquinavir soft gel/FTV/Fortovase
08180414	DAPD/Amdoxovir/trimeric	08180030	Saquinavir/SQV/Invirase/R031-8959
08180020	ddC/Zalcitabine/HIVID	08188804	T-20/pentafuside/Enfuvirtide/ENF
08180007	ddI/Didanosine/Videx	08182002	TDF/Tenofovir/Tenofovir disoproxil fumarate/Viread
08180051	ddI EC/Didanosine EC/Videx EC	08180418	Trizivir (3TC/ABC/ZDV)
08180031	DLV/delavirdine mesylate/Rescriptor	08180421	Truvada(tenofovir disoproxil/emtricitabine)
08180804	Efavirenz/EFV/Sustiva/DMP266/Stocrin®		
08180420	Epzicom(Abacavir/lamivudine)		
08180411	Fluorouridine/935U83		