

PEDIATRIC DOMESTIC ADHERENCE QUESTIONNAIRE

NIAID AIDS CLINICAL TRIALS GROUP

Page 1 of 6

Patient Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
								mmm	dd	yyyy				
Protocol Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Institution Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Form Week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	* Seq. No.	<input type="text"/>	** Step No.	<input type="text"/>	<input type="text"/>	Key Operator Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Enter a '1' if this is the first of this form for this date. Designate subsequent forms on the 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.

The **purpose** of this questionnaire is to collect data which will quantify the proportion of prescribed antiretroviral therapy actually taken within the last 3 days in order to examine drug effect during the analysis phase of a study protocol. In order to have confidence in the data that will be collected with this instrument, the **process** through which these data are collected has been **standardized**. Please read and observe the following directions.

QUESTION 1-7 INSTRUCTIONS:

Who administers? Any member of the professional clinical care or research team who has experience filling out other ACTG study forms.

Who is questioned? The research study participant's primary caregiver (the person responsible for administering the prescribed drugs at home). If the primary caregiver is not present for a particular study visit when this form is scheduled, the form should be marked as such (below) and the assessment omitted.

How is the questionnaire administered? The questionnaire has very specific introductory comments (and prompts) which should be read as stated, item after item, until the assessment is completed. No interruptions for primary caregiver education should occur; any necessary or additional education or counseling should take place **after** the questionnaire is completed.

The accuracy of self report is very good if the attitude of the interviewer is non-judgemental and supportive. The form has introductory statements to set this tone. However, since information about erratic adherence may be elicited by the survey, what interaction happens after the questionnaire is completed is critically important. The attitude of the clinical response, the manner in which information is subsequently corrected, and the nature of behavioral counseling will **absolutely** influence future validity. It is imperative that clinical teams review the characteristics of therapeutic relationships and strive to adopt these practices in promoting drug adherence in study participants.

QUESTIONS 8-10 INSTRUCTIONS:

These questions capture the general reasons for non-adherence linked to each drug taken. In this step, the interviewer will collect information on reasons why the study participant may be having difficulty taking each agent.

This form should be completed for study participants < 13 years of age. For study participants ≥ 13 years of age, complete the ADOLESCENT ADHERENCE QUESTIONNAIRE form (QL5022).

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QUESTIONS 1 - 6 ARE TO BE COMPLETED BY THE STUDY NURSE:

1. Was the questionnaire completed at this visit? (1-Yes, 2-No)

If Yes, go to question 2.
If No, complete 'a' and STOP.

- a. Indicate the reason the questionnaire was not completed:
- 1-Study participant refused
 - 2-Primary caregiver refused
 - 3-Primary caregiver missed clinic visit
 - 4-There was not enough time
 - 5-Primary caregiver not available
 - 9-Other reason, specify

If Other reason, specify [30]: _____

2. Who responded to the questions?.....

- 11-Primary caregiver
- 12-Study participant
- 13-Study participant and primary caregiver jointly
- 14-Study participant and other individual
- 15-Biological mother
- 16-Biological father
- 17-Other relative, specify
- 18-Adoptive parent, specify
- 19-Foster parent, specify
- 99-Other, specify

If '17', '18', '19' or '99', specify [30]: _____

3. Does the study participant know his/her HIV status?.....

- 1-Yes
- 2-No
- 3-Information not available/Not known

4. Who is responsible for administering the medications?....

- 1-Primary caregiver solely responsible
- 2-Primary caregiver and other individual
- 3-Study participant and primary caregiver jointly
- 4-Study participant and other individual
- 9-Other, specify

If Other, specify [30]: _____

5. Was the study participant perinatally infected?

- 1-Yes
- 2-No
- 3-Information not available/not known

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INSTRUCTIONS FOR COMPLETION OF MEDICATION TABLE

- **Columns A-D:** Prior to the study visit, the study nurse should fill in the information in these columns for which adherence information is being collected as specified by the protocol.
- **Column A:** List the drug name (if known or, if double-blinded study, record as marked on bottle).
- **Column B:** List the eight digit drug code for the drug listed in Column A. Refer to the last page for the list of most commonly used anti-HIV medications. Refer to Appendix 3 or the Drug Code Lookup Program at the DMC Portal (<http://www.fstrf.org>) for any medications not listed.
- **Column C:** List the drug color, type (blue pill, pink liquid, etc.) and note any special identifying labels.
- **Column D:** List the expected number of **doses** per 24-hour period. This refers to the **schedule** (e.g. 3 times per day, 4 times per day) and **not** the number of pills. Particulars of the schedule will not be addressed (e.g. TID and q8 hr. would both be recorded as 3 times per day).
- **Columns E-I:** This information is to be obtained from the study participant or primary caregiver in the subsequent interview. Refer to "Scripts for Pediatric Adherence Questionnaire" for completing the Medication Table. This document is located in the Forms Instruction section of the CRF Notebook.

7. MEDICATION LIST TABLE: Do not key column C.

¹ **Identification Codes**

- 1-Volunteered without prompt
- 2-Volunteered with prompt
- 3-Acknowledged when reminded
- 4-Did not acknowledge

² **Doses Missed**

- Enter "-1" if study participant/primary caregiver isn't sure if study participant missed any doses.
- Enter "0" if no doses were missed.

Complete Prior to Visit				Complete During Interview				
A	B	C	D	E	F	G	H	I
Drug Name(s) [30]	Drug Code [8]	(DO NOT KEY)	Expected # Doses	ID Code ¹	Reported # Doses	Doses Missed ²		
		Drug Color, Type and Labels				Yesterday	2 days ago	3 days ago
a.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h.			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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8. Desde la última visita, ¿cuándo fue la última vez que usted o su hijo
 dejó de tomar una dosis de cualquiera de estos medicamentos?... 1-Nunca
De entrada: ¿Cuándo fue la última vez que usted o su hijo dejó de tomar una dosis de cualquiera de estos medicamentos?
 Si la respuesta es de '2' a '5', lea las instrucciones que siguen y pase a la pregunta 10.
 Si la respuesta es '1', continúe aquí.

2-Durante las dos semanas anteriores
 3-Durante el último mes
 4-Hace más de un mes
 5-No recuerdo

INSTRUCTIONS FOR COMPLETION OF DRUG SPECIFIC TABLE:

Enter the drug code name of each antiretroviral drug that the study participant is receiving in the space provided at the top of each column. Refer to the chart below for the list of most commonly used anti-HIV medications. Refer to Appendix 3 or the Drug Code Lookup Program at the DMC Portal (<http://www.fstrf.org>) for any medications not listed.

Identification of Reasons for Non-Adherence:

READ the following paragraph to the primary caregiver:

“Muchas personas, en una u otra oportunidad, tienen dificultad con estos medicamentos. Nosotros quisiéramos entender mejor las cosas que dificultan a las familias dar los medicamentos. Estas son algunas de las razones que otros han identificado como causas que han dificultado el tomar [dar] todos los medicamentos contra el HIV.”

Show and read the list of reasons to the study participant or primary caregiver.

After the list is read, ask the following question for each medication:

9. Desde la última visita, ¿alguna de las razones que se le han leído ha sido un problema o le ha causado una situación que le hace difícil tomar o darle a su hijo cada dosis de _____ (nombre del medicamento o características) cada día?..... (1-Sí, 2-No)
 (Refer to the chart in question 10 for a list of possible problems.)
De entrada: ¿Hay algún problema o situación que le hace difícil tomar o darle a su hijo cada dosis de medicamento cada día?
 Si la respuesta es NO, NO SIGA.
 Si la respuesta es SÍ, continúe.

If “Yes,” enter the frequency code in question 10 for each reason.

If “No,” go to the next drug.

For data entry, use the tab key after the last entry on the page.

DRUG CODE REFERENCE
Anti-HIV Drugs
Insert current drug list here.

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DRUG SPECIFIC ADHERENCE DIFFICULTIES:

Enter Drug Code and Name (Refer to page 5 for drug codes): DO NOT KEY DRUG NAME	Drug Code [8]:	Drug Code [8]:	Drug Code [8]:	Drug Code [8]:	Drug Code [8]:
	Drug #1 Name [30]:	Drug #2 Name [30]:	Drug #3 Name [30]:	Drug #4 Name [30]:	Drug #5 Name [30]:
10. ¿Ha habido algún problema identificado con este medicamento desde la última visita? (1-Sí, 2-No)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR QUESTIONS 10a - 10n: Indique la frecuencia con la que cada razón listada, causante de no adherencia, ha ocurrido. Esto debe hacerse para cada medicamento antiretroviral que el participante en el estudio esté tomando. Utilice los códigos que siguen:
Frequency Codes:
 0-Nunca ha tenido problema
 1-Casi nunca ha tenido problema (1-2 veces por mes)
 2-Ha sido un problema frecuente (1-2 veces por semana)
 3 Ha sido casi siempre un problema (3 veces por semana)

a. No puedo obtener el medicamento (lafarmacia no lo tiene):.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. No lo renové; se me acabó:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sabor, no puedo pasarlo, se devuelve, cantidad (píldoras o líquido):.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Se me olvidó:.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Causó efectos físicos (salpullido, dolor de cabeza, etc.):.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Horario - Interfiere con el estilo de vida (comidas, estudio, sueño):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. El(la) niño(a) se niega a tomarlo:.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Varios guardianes:.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Preocupación de que otros sepan:.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Enfermo con otra enfermedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. No recuerda/No está seguro si se tomó la dosis:...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Se durmió:.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Fuera de la casa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Otra, especifique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Especifique [30]:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Language: Spanish