



HPTN 052 (096)

ITA-1 (160)

Visit Code

Index ID

Site Number Index Number Partner Chk

Index Treatment Adherence

Visit Date

dd MMM yy

Instructions: This is an interviewer-administered form. Complete form at every follow-up visit for index participants on ART. Prior to the participant's arrival, record all medications and medication code(s) in the participant's current regimen.

1. Now I'm going to ask you about the study medication(s) you have been prescribed and if you have missed taking any of the doses yesterday, 2 days ago, in the past 2 weeks, and in the past 30 days. If you only took a portion of a dose on one or more of these days, report the dose(s) as being missed.

Med code	Abbreviation/ Name of your drugs	# of prescribed doses (per day)	# of prescribed doses missed (yesterday)	# of prescribed doses missed (2 days ago)	# of prescribed doses missed (past 2 weeks)	# of prescribed doses missed (past 30 days)
1a. <input type="text"/> <input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1b. <input type="text"/> <input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1c. <input type="text"/> <input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1d. <input type="text"/> <input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1e. <input type="text"/> <input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

2. In the past 30 days, when was the last time you missed taking any of your medications?

Show Card #11.

- within the past week
- 1-2 weeks ago
- 2-4 weeks ago

1-3 months ago
NO LONGER APPLICABLE FOR THIS PROTOCOL.
 months ago

- never skip medications or not applicable

16-JAN-13

Language

Staff Initials / Date

Index Treatment Adherence (ITA-1)

Item-specific Instructions:

- **Item 1:** A dose is the number of times a participant takes one or more pills per day within a 24-hour time period (e.g., two pills every 8 hours equals 3 doses per day). Record “0” or “00” if a dose was not missed.
- **Medication Code:** Refer to Atlas for the most current Medication Code List. *Note: During the study, this medication code list may be updated as new ARTs become available. Existing codes will not change, but new codes may be added. Please refer to the SSP appendices for medication code additions. If a drug used at your site is not listed, contact the SCHARP Project Manager for a new code.*



HPTN 052 (096)

ITA-2 (162)

Visit Code [][] . []

Visit Code

1

Index ID

[][]-[][]-[0 0]-[]

Site Number Index Number Partner Chk

Index Treatment Adherence

The following questions pertain to the study medications on page 1.

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

- none, 1 day, 2 days, 3 days, 4 days

4. Some people find that they forget to take their pills on the weekend days. Did you miss any of your study medications last Saturday or Sunday?..... yes no

5. NO LONGER APPLICABLE FOR THIS PROTOCOL. Have you missed any medications within the past month?

6. In the past month, how often have you missed taking your medications because you: Mark one box for each item.

Show Card #12.

Table with 4 columns: never, rarely, sometimes, often. Rows include reasons for missed medication like 'Wanted to avoid side effects', 'Could not follow dietary instructions', etc.

Index Treatment Adherence (ITA-2)

No specific instructions.



HPTN 052 (096)

ITA-3 (163)

Visit Code

Index ID

- - -

Site Number Index Number Partner Chk

Index Treatment Adherence

6. In the past month, how often have you missed taking your medications because you: *Continued*

	<i>never</i>	<i>rarely</i>	<i>sometimes</i>	<i>often</i>
6j. Had a bad event happen that you felt was related to taking the pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6k. Forgot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6l. Ran out of pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6m. Busy doing other things (e.g., working, trying to survive, getting food)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6n. Tired of taking too many pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6o. Other illness or health problems got in the way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6p. Stigmatization (what others may say or discover about my disease) by people outside one's family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6q. Fear of stigmatization within the home (e.g., not wanting the husband or wife to know)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6r. Pills got damaged from heat or getting wet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6s. Too ill to attend clinic to get drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6t. Pills getting stolen (e.g., while in transit on a bus/taxi/train)? ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6u. Having to wake up very early to commute to work and no time to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6v. Didn't think they would actually work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6w. Bothered by your dreams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6x. Other, specify: <i>Local Language</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>English</i> _____				

16-JAN-13

Language

Staff Initials / Date

Index Treatment Adherence (ITA-3)

Item-specific Instructions:

- **Item 6x:** Specify “other” reason in local language, as applicable. Record in English prior to faxing.