



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. Koro adwaro penji penjo kuom yedhe mag nonro mane ondikni bende ka isalewo ma ok imuonyo gi nyoro, ndalo ariyo mokalo, jumbe ariyo mokalo gi ndalo pier adek mokalo. Kane imwonyo bath yedhe go e odiochieng achiel kata mokalo, chiw ler kuom yedhe mane ilewo muonyo?

Med code	nying mar yedheni (abbreviation)	namba yedhe manondik ni muonyo e odiechieng'	namba mar yedhe maondik ni to ok imuonyo (nyoro)	namba mar yedhe maondik ni to ok imuonyo (ndalo ariyo ma okalo)	namba mar yedhe maondik ni to ok imuonyo (wige ariyo ma okalo)	namba mar yedhe maondik ni to ok imuonyo (ndalo piero adek mokalo)
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. Kuom ndalo pier adek mokalo, en kar ang'o mane ilewo muonyo yedheni?

Show Card #11.

- e wik maokalo
- kind wik achiel gi ariyo maokalo
- kind wik ariyo gi angwen mokalo

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NO LONGER APPLICABLE FOR THIS PROTOCOL.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

- pok iweyo maak imuonyo yath kata ok owinjore

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.*



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

3. E ndalo ag'wen mosekalo, odiechieng' adi ma iselewo muonyo yedhegi?

- onge
- odiechieng achiel
- odiechieng ariyo
- odiechieng adek
- odiechieng angwen

4. Jo moko yudo ni wigi wil gi muonyo yedhegi e giko odira. Bende ne ilewo gi muonyo yedhegi ngeso kata Jumapil mokalo? *yes* *no*

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NO LONGER APPLICABLE FOR THIS PROTOCOL.

6. E dwe achiel mokalo, iselewo muonyo yedhegi nikech:

Mark one box for each item.

Show Card #12.

	<i>onge</i>	<i>ok ahinya ruok</i>	<i>seche moko</i>	<i>nyadi mang'eny</i>
6a. Ok ne idwar ranyisi maricho?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Ne ok inyalo luwo chike mag chiemo kaka owinjore?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Riwo muonyo yedhe gi jomidakgo kod osiepe?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Koso ng'eyo maber kit yedhe gi dwarogi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. Chike mag din mailemoe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6f. Dhie e wuoth mabor gi kar dakni?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g. Pek wuoth mar chopo e klinik?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6h. Yedhe olal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6i. Bedo gi yedhe mang'eny?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Index Treatment Adherence (ITA-2)

No specific instructions.

Version 4.0, 16-JAN-13

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ITA-3 (163)

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Index Treatment Adherence

6. E **dwe achiel mokalo**, iselewo muonyo yedhegi nikech: *Continued*

	<i>onge</i>	<i>ok ahinya ruok</i>	<i>seche moko</i>	<i>nyadi mang'eny</i>
6j. Ne ibedo gi wach marach momiy o iparo ni otudore gi muonyo yedhe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6k. Wiyi ne owil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6l. Yedhe ne orumo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6m. In gi dich moko (ranyisi timo tich, temo chwalo ngima, imanyo chiamo)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6n. lol gi muonyo yedhe mang'eny?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6o. Tuoche kata thagruok mamoko ma obiro e yo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6p. Akwede (gik ma jomoko nyalo wacho kata fwenyo e wi tuo na) koa kuom jogo maok wedeni?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6q. Luor mar akwede koa kuom wede (kuom ranyisi ka ok idwar, mondo chuori kata chiegi ong'e)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6r. Yedhe okethre gi liet kata odonje pii?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6s. Ituo ahinya ma ok inyal dhie klinik kawo yedhe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6t. Yedhe okwal (ranyisi, ka in e wuoth e bas, taksi, mtoka)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6u. Chuni ni imond chiewo mondo idhi tich to onge thuolo mar chiamo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6v. Ok ne ipar ni kara gitiyo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6w. Lek chandi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6x. Moro, ler: <i>Local Language</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>English</i> _____				

Index Treatment Adherence (ITA-3)

Item-specific Instructions:

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