



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. Sasa nitakuuliza kuhusu dawa au madawa ya utafiti uliyoandikiwa na kama ulikosa kumeza kiwango chochote jana, siku mbili zilizopita, kwa wiki mbili zilizopita na kwa siku thelathini zilizopita. Kama ulimeza tuu kiwango kidogo cha vidonge au dawa hayo katika siku moja au zaidi ripoti vidonge au dawa hivi kuwa havikumezwa.

Med code	Jina la dawa (abbreviation)	nambari ya madawa yaliyoandikwa (kwa siku)	nambari ya madawa yaliyoandikwa na hayakumezwa (jana)	nambari ya madawa yaliyoandikwa na hayakumezwa (siku mbili zilizopita)	nambari ya madawa yaliyoandikwa na hayakumemezwa (wiki mbili zilizopita)	nambari ya madawa yaliyoandikwa na hayakumemezwa (siku thelathini zilizopita)
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. Kwa siku thelathni zilizopita, ni siku gani ya mwisho ulikosa kumeza vidonge vyako au dawa zako?

Show Card #11.

- wiki iliyopita
- kati ya wiki 1–2 zilizopita
- kati ya wiki 2–4 zilizopita

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NO LONGER APPLICABLE FOR THIS PROTOCOL.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

- sijawahi kosa kumeza tembe au haifai

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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ITA-2 (162)

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Index Treatment Adherence

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

3. Katika siku nne zilizopita ni siku ngapi umekosa kumeza vidonge vyako vyote?

- hakuna
- siku moja
- siku mbili
- siku tatu
- siku nne

4. Baadhi ya watu hupata kusahau kumeza vidonge au dawa siku za mwisho wa wiki. Je ulikosa kumeza vidonge vyovote vya madawa ya utafiti Jumamosi au Jumapili iliyo pita?..... *yes* *no*

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NO LONGER APPLICABLE FOR THIS PROTOCOL.

6. Kwa mwezi mmoja iliyopita, ni mara ngapi umekosa kumeza vidonge kwa sababu uli: *Mark one box for each item.*

Show Card #12.

	<i>la</i>	<i>nadra</i>	<i>wakati mwingine</i>	<i>mara nyingi</i>
6a. Ulitaka kuepuka madhara?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Haukuweza kufuatilia maelezo za malisho?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Kugawana ART na familia na marafiki?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Kutoelewa kabisa maelezo za madawa na mahitaji zake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. Uaminifu wa kidini?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6f. Kusafiri mbali na nyumbani?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g. Kukosa namna ya kunileta kliniki?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6h. Kupoteza madawa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6i. Dawa zilikuwa nyingi?	<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)

Visit Code

1

Index ID

- - 0 0 -

Site Number Index Number Partner Chk

Index Treatment Adherence

6. Kwa mwezi mmoja iliyopita, ni mara ngapi umekosa kumeza vidonge kwa sababu uli: *Continued*

	<i>la</i>	<i>nadra</i>	<i>wakati mwingine</i>	<i>mara nyingi</i>
6j. Kuwa na tukio mbaya ulivyodhani inahusiana na kumeza tembe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6k. Ulisahau?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6l. Uliishiwa na tembe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6m. Ulikosa nafasi kwa kufanya vitu vingine(kama kufanya kazi kupata chakula)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6n. Uchovu wa kumeza vidonge vingi au madawa mengi ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6o. Matatizo au magonjwa mengine kupatikana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6p. Hofu (ni nini watu wengine watasema au kutambua kuhusu ugonjwa wangu) na watu wengine nje ya familia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6q. Hofu ya kutengwa kwa boma (kama kutotaka mme au mke kujua)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6r. Tembe zililiharibiwa na joto au maji?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6s. Mgonjwa sana kutokuja kliniki kuchukua vidonge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6t. Tembe kuibiwa (kama, ukiwa unasafiri kwa bus, taxi au gari la moshi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6u. Kurauka kuja kazini na ukosefu wa saa za kukula?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6v. Sikufikiria zinafanya kazi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6w. Kusumbuliwa na ndoto?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6x. Zinginezo: <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.