



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. Jaanong ke tsile go go botsa ka melemo ya tshekatsheko e o e filweng, le fa ele gore o tlodisitse go tsaya selekanyo maabane, malatsi a mabedi a a fetileng, le malatsi a a masome mararo a a fetileng. Fa o tsere bontha bongwe fela jwa selekanyo mo letsatsing kana go feta, bolela selekanyo se o se tlodisitseng.

	Code ya molemo	Abbreviation/ Name of your drugs	Nomere ya selekanyo se o se laoletsweng ka letsatsi	Nomere ya selekanyo se o se tlodisitseng maabane	Nomere ya selekanyo se o se tlodisitseng maloba a maabane	Nomere ya selekanyo se o se tlodisitseng beke tse pedi tse di fitileng	Nomere ya selekanyo se o se tlodisitseng malatsi a a masome mararo a a fitileng
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. Mo malatsing a a masome mararo a a fetileng o tlodisitse melemo leng la bofelo?

Supa karata ya lesome le boferabongwe.

- mo bekeng e e fetileng
- mo bekeng go ya ko go tse pedi tse difetileng
- mo bekeng tse pedi go ya ko go tse nne tse difetileng

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NO LONGER APPLICABLE FOR THIS PROTOCOL.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

- ga ke ise ke tlodisitse/ kana ga go tlhokafale

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

Index ID

- - -

Site Number Index Number Partner Chk

Index Treatment Adherence

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

3. Mo malatsing a mane a a fetileng o tloisitse malatsi a le kae go tsaya selekanyo se o se nwang?

- ga gona
- letsatsi le le lengwe fela
- malatsi a mabedi
- malatsi a mararo
- malatsi a mane

4. Batho bangwe ga ba kgone go nwa dipilisi ka malatsi a mafelo a beke. A o kile wa tlovisa go nwa melemo ya tshekatsheko ka mathatso kana sontaga o o fetileng?.....

ee nnyaa

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NO LONGER APPLICABLE FOR THIS PROTOCOL.

6. Mo kgweding e e fetileng o tloisitse go nwa melemo ga kae ka gore o:
 Mark one box for each item.

Supa karata ya Lesome le bobedi.

	<i>ga ke ise</i>	<i>ga se gantsi</i>	<i>nako nngwe</i>	<i>gangwe le gape</i>
6a. Ke ne ke tshaba ditlamorago?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. O ne o sa kgone go sala ditaello tsa dijo morago?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c. Go kgaogana diritibatsi le ba lelwapa kgotsa ditsala?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d. Go sa tlhologanya ka botlalo tsamaiso le tse di tlhokafalang? .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e. Tumelo ya sedumedi?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6f. Go tsamaela kgakala le legae?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g. Mathata a sepagamo go ya kokelong?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6h. Dipilisi di lathegile?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6i. Dipilisi di ne dile dintsi?.....	<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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HPTN 052 (096)

ITA-3 (163)

Visit Code

Index ID

- - -

Site Number

Index Number

Partner

Chk

Index Treatment Adherence

6. Mo kgweding e e fitileng o tloisitse go nwa melemo ga kae ka gore o: *Continued*

	<i>ga ke ise</i>	<i>ga se gantsi</i>	<i>nako nngwe</i>	<i>gangwe le gape</i>
6j. Go diragetse sengwe se se maswe se o akantseng gore se ka bakwa ke dipilisi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6k. O lebetse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6l. Dipilisi di ne di fedile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6m. O ne o tshwere ka thata go dira ditiro tse dingwe(jaaka, go bereka go leka go itshedisa, go senka dijo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6n. Go lapiwa ke go tsaya dipilisi tse di ntsi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6o. Mangwe malwetse kgotsa mangwe mathata a botsogo a a tlhagogileng mo tseleng?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6p. Ikgethololo(gore batho batla reng kgotsa ba lemoga ka bolwetse jwa me)mo bathung ba eseng ba lelwapa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6q. Letshogo la go kgethololwa molwapeng(jaaka go sa batleng monna kgotsa mosadi go ka itse)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6r. Go senyega ga dipilisi mo go bakwang ke mogote kgotsa go koloba?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6s. Go gatelelwa ke bolwetse mo go itsang go ya kokelwaneng go tsaya diritibatsi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6t. Go utswiwa ga dipilisi (jaaka fa ole mo beseng /tekisi/terena)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6u. Go tsoga makuku o ya tirong le go tlhoka nako ya go ja?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6v. Go sa akanyeng fa ele ruri di ka bereka?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6w. Go tshwenngwa ke ditoro?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6x. Tse dingwe, tlhalosa: <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.