



MTN 015 (143)

ATA-1 (151)

Visit Code

□□.□□

1

Participant ID

□□□-□□□□□□-□
Site Number Participant Number Chk

Antiretroviral Therapy Adherence

Visit Date

□□ □□□□ □□
dd MMM yy

1. Have you been prescribed any HIV medication (ARVs) today or since the last visit?.....

yes
□

no
□

If no, end of form. Do not fax pages 2-4.

2. NO LONGER APPLICABLE FOR THIS PROTOCOL any of your HIV medication (ARVs)?

- within the past week
- 1-2 weeks ago → If 1-2 weeks ago, go to item 5 on page 2.
- 2-4 weeks ago → If 2-4 weeks ago, go to item 5 on page 2.
- 1-3 months ago → If 1-3 months ago, go to item 5 on page 2.
- more than 3 months ago → If more than 3 months ago, end of form. Do not fax pages 2-4.
- never miss taking HIV medication (ARVs) → If never miss taking medicine, end of form. Do not fax pages 2-4.
- don't know

NO LONGER APPLICABLE FOR THIS PROTOCOL

3. During the past 4 days, for how many days have you missed taking all your HIV medication (ARVs)?

none 1 day 2 days 3 days 4 days
□ □ □ □ □

Go to item 7 on page 2.

4. Some people find that they forget to take their HIV medication (ARVs) on weekend days. Did you miss any of your HIV medication (ARVs) last Saturday or Sunday?

yes
□ □

NO LONGER APPLICABLE FOR THIS PROTOCOL

□ □ □ 17-DEC-12

01
Language

Antiretroviral Therapy Adherence (ATA-1)

The intent of items 1 and 3 is to assess the participant's access to and uptake of HIV care and treatment. The questions measure adherence to medication/ARVs and factors that influence adherence to ARVs.



MTN 015 (143)

ATA-2 (152)

Visit Code .

Participant ID

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 Site Number Participant Number Chk

Antiretroviral Therapy Adherence

5. ~~Now I'm going to ask you about the HIV medication (ARVs) you have been prescribed and if you have missed taking any of the HIV medication (ARVs) 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 as being missed.~~

	Med code	Abbreviation/Name of your drugs	# of prescribed doses missed (past 2 weeks)	# of prescribed doses missed (past 30 days)
5a.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5b.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5c.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5d.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5e.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

NO LONGER APPLICABLE FOR THIS PROTOCOL

6. ~~How many days have you not been able to take your HIV medication (ARVs) in the past 30 days because you did not have pills and could not get more?~~

of days
 yes no

7. Have you **taken any HIV** medication (ARVs) in the **past month**?

8. In the **past month**, how often have you **missed taking your HIV medication (ARVs)** because you:

Read each response option aloud.

	never	rarely	sometimes	often
8a. wanted to avoid side effects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b. could not follow dietary instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8c. were sharing ART with other family members and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8d. religious beliefs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Antiretroviral Therapy Adherence (ATA-2)

The intent of items 7 and 8 is to assess the participant's access to and uptake of HIV care and treatment. The questions measure adherence to medication/ARVs and factors that influence adherence to ARVs.



MTN 015 (143)

ATA-3 (153)

Visit Code

1

Participant ID

- -

Site Number Participant Number Chk

Antiretroviral Therapy Adherence

Read each response option aloud.

- | | <i>never</i> | <i>rarely</i> | <i>sometimes</i> | <i>often</i> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 8e. do not fully understanding the regimen and its requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8f. were traveling away from home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8g. had transportation problems getting to the clinic? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8h. lost pills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8i. had too many pills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8j. 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"/> |
| 8k. forgot? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8l. ran out of pills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8m. were busy doing other things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8n. tired of taking too many pills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8o. other illness or health problems got in the way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8p. stigmatization (what others may say or discover about my disease)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8q. fear of stigmatization within the home (e.g., not wanting the husband to know)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Antiretroviral Therapy Adherence (ATA-3)

Item-specific Instructions:

- **Item 8p:** This question refers to stigmatization from people outside one's family.



MTN 015 (143)

ATA-4 (154)

Visit Code .

Participant ID

- -
 Site Number Participant Number Chk

Antiretroviral Therapy Adherence

Read each response option aloud.

	<i>never</i>	<i>rarely</i>	<i>sometimes</i>	<i>often</i>
8r. pills got damaged from heat or getting wet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8s. were too ill to attend clinic to collect drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8t. pills getting stolen (e.g., while in transit in a taxi/ bus station)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8u. having to wake up very early to commute and no time to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8v. didn't think they would really work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8w. were bothered by your dreams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8x. clinic or doctor did not have pills for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8y. other, specify below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Local Language: _____
English: _____

Antiretroviral Therapy Adherence (ATA-4)

Item-specific Instructions:

- **Item 8y:** If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.