QLW0044(000)/00-00-00

SUPPLEMENTAL ANTEPARTUM ADHERENCE QUESTIONNAIRE NIAID AIDS CLINICAL TRIALS GROUP Page

NIAID AIDS CLINIC	AL TRIALS GROUP Page I	1 01 3
Patient Number D	Date of Patient Visit	
Protocol Number	mmm dd yyy Institution Code	<u>yy</u>
Form Week Seq No. **S	Step No. Key Operator Code	
* Enter a "1" if this is the first of this form for this date date with a 2, 3, etc. **Enter the subject's current study step number. En INSTRUCTIONS TO THE STUDY NURSE: The SUPPLEMENTAL ANTEPARTUM ADHERENC subject prior to the clinical exam and preferably in a office). The subject must be able to read at the sixt questionnaire without additional assistance.	nter '1' if the study does not have multiple steps CE QUESTIONNAIRE should be given to the a quiet, secluded area (e.g., exam room or othe	
It is important to be familiar with the content and for subjects.	rmat of the questionnaire before giving it to stu	dy
 At the first visit, please begin by telling the subject: The purpose of this form is to learn about poten Please answer the questions as well as you car you and others to be more successful with your If you do not wish to answer a question, please This choice will not affect your care in any way. Please feel free to ask if you need any of the question that the properties of the question of the question of the subject the question of the question of the subject the question of the question of the subject that the subject is always asked to make a "✓ Collect the completed question of the subject missed and the to complete the omissions. If the subject missed and the to complete the omissions. For data keying, if the subject did not answer a question of the subject of the clinical telephone. PLEASE COMPLETE THE FOLLOWING ITEMS A QUESTIONNAIRE OR AFTER YOU ASCERTAIN 	ntial influences of treatment adherence. In as we will try to use this information to help remedicines. It draw a line through it. I uestions explained to you. I uestions and how to complete them. I utes to complete. I it is fill out the header. I is ontains several items. I it mext to the appropriate category. In ical exam. Before going on, review the any of the questions, point this out and encouragestion, enter "-1." Do not leave any fields blank AFTER SUBJECT COMPLETES THE	
How was the questionnaire completed? If Other, specify [30]:		
a. If "4-Not completed ," indicate the reason: .		
If Other, specify [30]:		

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	NIAID A	ADULT AID	S CLINICAL	TRIALS GR	OUP		Page 2 of 5	
Pa	tient Number		Date o	of Patient Vis	it mmm	dd	уууу	
Pro	otocol Numbe			Inst	itution Code	e		
Fo	rm Week	Seq. No.	** Ster	No.	Key Opera	tor Code		
	STRUCTIONS: ease answer the following questi	ons by plac	cing a "√" in	the appropri	ate box.			
1.	Did you plan to get pregnant?			Yes 1	No	2		
		(Check one)					
			Never	Within t the last		More than 1 month ago	Not prescribed by my provider	
2.	When was the last time you mi taking your prenatal vitamins?	ssed	0	1	2		4	
Ple yo	ease read the statements belo u agree or disagree with each	w and plac	e a "√" in t	he appropri	ate box to	show ho	w much	
	(Check one	e)					
		Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know	Does Not Apply	
3.	Taking HIV medications in pregnancy can help keep HIV from being passed to the baby.	0	1	2	3	4		
4.	Taking HIV medications in pregnancy might harm the baby.	0	1	2	3	4		
5.	The HIV medications that you are taking make you healthier.	0	1	2	3	4	8	
6.	If you do not take HIV medications properly the medications won't work as well.	 0	 1		3			

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	SUPPLEMENTAL AN	ITEPARTUM	ADHERENCE	QUESTIONN	IAIRE P	age 3 of 5
Pt.	No * S	eq. No 🔲	** Step No.	Date mmr	n dd	уууу
		(Check one))			
		Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Does Not Apply
7.	Your friends or family members help you remember to take your medications.	0	1	2	3	8
8.	Your friends and family are supportive of you.	0	1	2	3	8
9.	Your partner is supportive of you.	0	1	2	3	8
10	. You have a good understanding of HIV disease.	0	1	2	3	
11	. You have a good understanding of how HIV medications work	0	1	2	3	8

medications work.

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Pt. N	о					. No.	_			_	Date	nmm][dd		ууу		
People may miss taking their HIV medications for various reasons. Here is a list of possible reasons why you may have missed taking any HIV medications. If a reason does not apply to you, check Never . 12. In the past 30 days , how often have you missed taking your medications because you:																		
(Check one)																		
								·	ever	-	arely	Some Time		Off	ten			
a.	Were a	way fron	1 home	?									<u> </u>			-]	
b.	Were b	usy with	other t	hings	?				$\overset{\circ}{\square}$			2			3]			
C.	Simply	forgot? .							°		1	2		Γ	<u> </u>			
d.	Had too	many p	ills to t	ake?					0			$\frac{1}{2}$		Γ				
e.	Wanted	to avoi	d side e	effect	s?				0			2 						
f.	Did not medicat										1	$\frac{2}{2}$			3] 3			
g.	Had a c	hange i	า daily	routir	ne?									Ę	Ţ			
h.	Felt like to you?										1	2						
i.	Fell asle	eep/slep	t throu	gh do	se tim	e?								Ę]			
j.	Felt sick	c or ill? .							ğ					Ę]			
k.	Felt dep	oressed/	overwh	nelme	d?				ů					Ę	ָ ֖֡֡			
I.	Ran out	t of pills'	?						ÿ					Ę	Ĵ			
m.	Felt hea	althy, so	though	nt I die	dn't ne	ed ther	n?		پ		P			Ę	ָ ק			
n.	Were or family n								Ģ					Ę]			
Ο.	Had tro	uble pay	ing for	HIV	nedica	ations?								Ę	Ţ			
p.	Were w								Ģ					Ę	֝֟֟֝ ֚			
q.	Your me	edicatio	า was l	ost or	stoler	า?			Ģ		\Box			Ę]			
r.	Were th	rowing (?qu											Ę]			

13. Of all the choices above (a-r), what is the MAIN reason that you didn't take your medication?

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Language:	
English	_

Date Form Keyed (DO NOT KEY): _____/____/

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