

ADHERENCE BARRIERS SELF REPORT

NIAID ADULT AIDS CLINICAL TRIALS GROUP

Patient Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Patient Visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protocol Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Institution Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Form Week	<input type="text"/>	<input type="text"/>	*Seq No.	<input type="text"/>	**Step No.	<input type="text"/>	Key Operator Code	<input type="text"/>	<input type="text"/>

* Enter a "1" if this is the first of this form for this date. Designate subsequent forms on same date with a 2, 3, etc.
 **Enter the subject's current study step number. Enter '1' if the study does not have multiple steps.

FOR OFFICE USE ONLY - DETACH THIS PAGE

INSTRUCTIONS TO THE STUDY PERSONNEL:

The ADHERENCE BARRIERS SELF REPORT should be given to the participant prior to the clinical exam. The participant must be able to read at the sixth-grade level at a minimum to complete the questionnaire without additional assistance.

It is important to be familiar with the content and format of the questionnaire before giving it to study participants. At the first visit, please begin by telling the participant:

- El propósito de este formulario es el de saber por qué usted pudo haber dejado de tomar medicamentos.
- Por favor, conteste todas las preguntas honestamente. Usted no será "juizado" con base en sus respuestas.
- Si usted no desea contestar una pregunta, por favor trace una línea sobre esa pregunta.
- Cuando haya terminado de llenar el formulario, éste será rápidamente revisado para asegurarse de que usted, por error, no dejó de contestar preguntas (sin trazar una línea sobre ellas). Sus respuestas específicas a las preguntas no serán revisadas.
- Por favor, siéntase libre de hacer preguntas, si usted necesita que cualquiera de las preguntas le sea explicada.

The questionnaire is very brief and should take less than 5 minutes to complete. Before giving the participant the questionnaire, please fill out the header(s) and DETACH THIS PAGE.

Each question is in the same general format and contains several items. Note that the participant is always asked to make a "✓" next to the appropriate category.

Collect the completed questionnaire. Before going on, review the questionnaire for omissions. If the participant missed any of the questions, point this out and encourage him/her to complete the omissions.

For data keying, if the participant did not answer a question, enter "-1." Do not leave any fields blank.

PLEASE COMPLETE THE FOLLOWING ITEMS AFTER THE PARTICIPANT COMPLETES THE QUESTIONNAIRE OR AFTER YOU ASCERTAIN THAT THIS IS NOT POSSIBLE:

1. How was the questionnaire completed?
- 1-Self administered by the study participant
 - 2-Face-to-face interview that you conducted
 - 3-Both self-administered and interview
 - 4-Not completed
 - 9-Other, specify

If Other, specify [30]: _____

- a. If "4-Not completed", indicate the reason:
- 1-Participant refused
 - 2-Participant missed clinic visit
 - 3-There was not enough time
 - 4-Not taking any protocol specified medications
 - 9-Other reason, specify

If Other, specify [30]: _____



