

**APPENDIX A: SAMPLE PATIENT ADHERENCE RISK ASSESSMENT QUESTIONNAIRE**

*The purpose of this questionnaire is to collect information on factors that affect your ability to take your antiretroviral medicines as prescribed; to assess how best to measure your adherence, and to develop strategies to assist you better with taking your medications exactly as prescribed.*

**SECTION A: Socio-Demographic**

1. **Sex:**     Male  Female
2. **Age in years:**     18-19  20-30  31-40  41-50  over 51
3. **Address:**
4. **Do you live:**                     Alone                     with Family                     with Friends                     Other
5. **Where you live:**
  - 5a. **How many people live in the house including you?**  
 less than 3                     3 to 6  7 to 9  more than 10
  - 5b. **How many bedrooms are there in the house?**  
 1     2     3     more than 3
  - 5c. **Is your water supply source:**  
 Piped into house                     A stand pipe                     Other  
**If Other, please specify:** \_\_\_\_\_
  - 5d. **Is there electricity in your house?**  
 Yes     No
6. **Are you employed?**     Yes                     No  
**If Yes:**  Part-Time                     Full-Time
7. **What is your average weekly income? (include pension, public assistance, support from family/friends, etc.)**  
 less than \$200                     \$200-\$499                     \$500- \$799  
 \$800-\$1,000     more than \$1,000
8. **How long has it been since you were diagnosed with HIV infection?**  
 less than 1 year     1-3 years     4-6 years     more than 6 years
9. **Have you had HIV-related previous hospitalisations?**  Yes                     No  
**If Yes, what year?** \_\_\_\_\_  
**If Yes, please specify the reason for hospitalisation:** \_\_\_\_\_

**10. To be completed by a physician:**

**Physician's clinical staging:** \_\_\_\_\_

|                     | D4+ T Cell Count Category | D4+ T Cell Count Category | CD4+ T Cell Count Category 3 |
|---------------------|---------------------------|---------------------------|------------------------------|
| Clinical Category A |                           |                           |                              |
| Clinical Category B |                           |                           |                              |
| Clinical Category C |                           |                           |                              |



**SECTION C: HIV Knowledge**

|             |   | <b>YES</b>      | <b>NO</b>    | <b>DON'T</b>    |
|-------------|---|-----------------|--------------|-----------------|
| <b>KNOW</b> |   |                 |              |                 |
| <b>21.</b>  | <b>Do you understand the difference between HIV and AIDS?</b>   | ( )             | ( )          | ( )             |
|             | If Yes, please explain: _____   |                 |              |                 |
| <b>22.</b>  | <b>Do you know what a CD4+ T cell count measures?</b>   | ( )             | ( )          | ( )             |
|             | If Yes, please explain _____  |                 |              |                 |
| <b>23.</b>  | <b>Do you know what viral load measures?</b>  | ( )             | ( )          | ( )             |
|             | If Yes, please explain _____  |                 |              |                 |
| <b>24.</b>  | <b>Do you know how antiretrovirals work?</b>  | ( )             | ( )          | ( )             |
|             | If Yes, please explain _____  |                 |              |                 |
| <b>25.</b>  | <b>The following statements are attempts to capture your knowledge and beliefs about taking antiretroviral medicines.</b> |                 |              |                 |
|             |   | <b>Strongly</b> | <b>Agree</b> | <b>DK</b>       |
|             | <b>Strongly</b>   |                 |              | <b>Disagree</b> |
|             |   | <b>Agree</b>    |              |                 |
|             |   | <b>Disagree</b> |              |                 |
| <b>25a.</b> | <b>I have to take them for the rest<br/>( )<br/>of my life.</b>   | ( )             | ( )          | ( ) ( )         |
| <b>25b.</b> | <b>Some antiretrovirals have to be<br/>( )<br/>taken on an empty stomach and<br/>others may be taken with food.</b>       | ( )             | ( )          | ( ) ( )         |

|             | <b>Strongly</b>   | <b>Strongly</b> | <b>Agree</b> | <b>DK</b> | <b>Disagree</b> |
|-------------|---|-----------------|--------------|-----------|-----------------|
|             | <b>Agree</b>  |                 |              |           |                 |
|             | <b>Disagree</b>   |                 |              |           |                 |
| <b>25c.</b> | <b>The time at which the medication</b><br>( )<br><b>is taken will influence its effectiveness.</b>                             | ( )             | ( )          | ( )       | ( )             |
| <b>25d.</b> | <b>Missing doses and/or taking</b><br>( )<br><b>them late or incorrectly will</b><br><b>determine if the treatment works.</b>   | ( )             | ( )          | ( )       | ( )             |
| <b>25e.</b> | <b>For my medicine to work best, I</b><br>( )<br><b>should not miss a dose, nor take</b><br><b>it late or incorrectly.</b>      | ( )             | ( )          | ( )       | ( )             |
| <b>25f.</b> | <b>Drug resistance develops when my</b><br>( )<br><b>antiretrovirals are missed and/or</b><br><b>taken late or incorrectly.</b> | ( )             | ( )          | ( )       | ( )             |

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**SECTION D: Antiretroviral Adherence Barriers**

**26. Which of the following reasons represent or would represent a major problem to you when you are taking medication? (multiple responses are allowed)**

- Number of pills
- Fear of side effects
- Having side effects
- Frequency of dosing
- Interference with daily schedule
- Privacy to take medication not available
- Fear of disclosure of HIV status
- Other      Please specify: \_\_\_\_\_