Appendix G

Adherence Support Questionnaire
Adherence Support Assessment Questions

We cannot predict whether a person will be adherent, but we can identify factors in their lives which will make adherence easier or more difficult. This information will help you and the patient make better plans for medication-taking. Ask only the questions you feel will be helpful and pertinent to the client’s life.

A. Reason for seeking services
1. Why are you interested in ART right now?
2. What are you hoping the medications will do for you?
3. Have you ever taken any HIV medications before? If so, what was it like? What difficulties did the medication give you?
4. This program provides support to people trying to take HIV medications. Why are you looking for support?
5. What kind of help do you think you need to be able to take HIV medications?

B. Basic Needs
1. Do you have a place to live?
   IF NO,
   2. Where do you usually sleep at night?
   3. Where do you keep your stuff?
   4. Do you have a place to “hang out” if you’re not feeling well?
   IF YES,
   5. Where do you live?
   6. How long have you lived there?
   7. How stable do you think your housing situation is?
8. Do you have a steady source of income?
9. How many meals a day do you usually eat?
10. Can you always get food when you're hungry?
11. Can you get water or another drink when you need it?
12. Do you have your own bathroom?
13. Do you have easy access to a bathroom?
C. Routine

1. Do you have a daily routine? Tell me about it:
   - morning:
   - afternoon:
   - evening:
   - night:

2. Do you sleep during the day?

3. Do you watch the same TV shows every day? At what times?

4. Do you use drugs or alcohol regularly?

5. IF YES, Do you have usual times of day you drink or use?

6. Does your routine ever get disrupted? By what?

7. Are there days of the week or times of month when your routine is different?

8. When you’re going about your daily life, do you ever have hassles with police?

9. Do you get taken into jail often?

D. Competing life priorities

1. Do you take care of anybody beside yourself (child, partner)?

2. Do you know most days where you are going to sleep and eat?

3. Do you spend a lot of time most days working or "hustling" for stuff you need? (for example, money, drugs, food or a place to sleep)

4. Do you use drugs or alcohol?
   5. Which drugs (including alcohol)?
   6. Do you use them most every day?
   7. Do you use them (or use them more) at certain times of the month? When?
   8. Is your memory or ability to plan affected when you're using?

E. Other health issues

1. Do you have other health problems, besides HIV, that affect your daily life a lot?

2. What, if anything, do you do about these other health problems?

3. Have you ever had any mental health issues?
4. Have you ever taken medication for mental health issues?

F. Social support

1. Do you live alone or with other people?

*IF WITH OTHERS,*

2. Who do you live with?

3. How long have you lived with him/her/them?

4. Does this person know about your HIV status?

5. Are there people in your life who you help out or who help you out regularly?

*IF YES,*

6. What do you do for each other?

7. Do you have friends who know about your HIV status?

8. Do you have friends or acquaintances that take ART?

9. Can you think of anybody who could help remind you to take your medications?