

# ADHERENCE FORM

Date  /  /   
Day Month Year

Patient ID  -  -   
District Facility Serial no.

Facility ID (if different)    
 Clinic code

Patient Last Name \_\_\_\_\_

Patient First Name \_\_\_\_\_

Does patient have a treatment supporter who lives with or near patient?  Yes  No

*Update treatment supporter information on HIV Summary Sheet*

Is patient enrolled in home based care?  Yes  No If no, does patient want to enroll in home-based care?  Yes  No

## PROBLEMS TAKING MEDICATION

Many patients taking these medications find it difficult from time to time. Does patient ever have trouble taking the pills?

Never  Rarely  Sometimes  Often  Very often

Since last visit, has patient given any pills to another person?

Yes  No How many pills given to another person?

How many doses has patient missed in past 3 days?

How many doses has patient missed in the past 7 days?

0: regular pharmacy schedule

1: monthly pharmacy schedule

2 or more: 4 weeks of weekly appointment visits

## REASONS FOR MISSED DOSES

### REASON

- Forgot
- Side effects
- Felt too ill
- Away from home / travelling
- Attending a funeral
- Problems swallowing
- Patient ran out of meds
- Clinic ran out of meds
- Patient lost meds
- Did not want to take meds
- Too busy/disorganized
- Not enough food or money
- Feels depressed
- Feels well
- Other \_\_\_\_\_

### ACTION

- Teach patient to use visual reminders or alarms
- Complete side effects section below
- Counsel on the importance of taking meds to feel better, refer to CO/MO
- Counsel patient on taking meds away from home
- Counsel patient on taking meds away from home
- Refer to CO/MO
- Counsel on coming before meds finish, refer to pharmacy, use treatment supporter
- Alert ARV Nurse in Charge
- Counsel patient on benefit of meds, consider using pill box
- Counsel patient on benefit of meds, consider referral to CO/MO
- Counsel patient on benefit of meds, consider using pill box
- Refer to appropriate organization, if available
- Refer to CO/MO
- Counsel patient on benefits of meds, emphasize lifelong treatment

## POSSIBLE SIDE EFFECTS

- Nausea
- Vomiting
- Diarrhea
- Persistent headache
- Rash
- Numbness/pain/burning in legs/feet
- Fever
- Difficulty breathing
- Swelling
- Fatigue
- Severe abdominal pain
- Dizziness/lightheadedness
- Yellow eyes
- Other \_\_\_\_\_

Has patient experienced any of the following signs or symptoms recently?

REFER TO CLINICAL OFFICER/MEDICAL OFFICER IF:

- If causing minimal intake for more than 48 hours
- If severe, limiting food or fluid intake or ART, and greater than 24 hours
- If more than 5 times per day, or bloody diarrhea, or if with fever or dehydration
- If severe, requiring frequent painkillers, lasting over 1 week
- If severe, especially if associated with blisters, peeling or pain
- If new or worsening or impairs walking
- If lasting more than one day
- Any difficulty, even if mild, especially if with abdominal pain, nausea or vomiting
- If new onset
- If fatigue worsening since last visit
- If it is too painful for the patient to move
- If persistent or worsening
- If lasting more than one day

Comments \_\_\_\_\_

For patients on weekly adherence follow up: this is visit number \_\_\_\_\_ of 4 weekly visits.

If this is the 4th of 4 weekly visits, adherence plan:  patient adherent, resume normal schedule  continue weekly visits