

ADHERENCE QUESTIONNAIRE FOR YOUNG PEOPLE Both Groups – SCREENING

Trial number: _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of birth: / /
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of assessment: / /	Date of last clinic visit: / /

We know that it can be difficult taking HIV medicines every day. We are interested in finding out what it is like for you. Being honest about whether or not you take your medicines may help others in the future. Please tick the answer that best describes what is happening to you. Please only think about the HIV medicines you are taking, and not any other medicines. Thank you for your help

1. Some people find that they forget to take their medicines at the weekend. Did you miss any of your HIV medicines last weekend (Friday, Saturday or Sunday)?

Yes
No

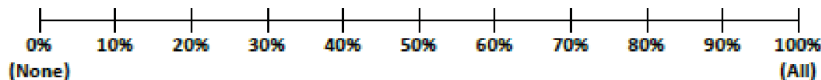
2. When was the last time you missed any HIV medicine doses? *(please tick one box)*

Within the last week
1-2 weeks ago
3-4 weeks ago
1-3 months ago
Not at all since last visit

3. Some people find that they aren't able to take medicines every day. Have you missed all of your HIV medicines for two days or more in a row since your last clinic visit?

Yes
No

4. Please mark on the line below the amount of HIV medicine doses you have taken since your last clinic visit.
e.g. 0% would mean "I haven't taken any of my HIV medicine doses" and 100% would mean "I have taken all of my HIV medicine doses"



5. Did you complete this form on your own? Yes
No If No, who else was involved?
(e.g parent, nurse, friend)

Thank you for taking the time to complete this form. Please add any comments that you may have here: