



UNC CFAR Social and Behavioral Science Research Core
SABI Database

INSTRUMENT TITLE: Questionnaire on Taking Antiretroviral Medication

SOURCE ARTICLE: Godin, G.; Gagne, C.; Naccache, H. (2003). Validation of a self-reported questionnaire assessing adherence to antiretroviral medication. *AIDS Patient Care and STDS*, 17(7): 325-331

POPULATION: Men, HIV-positive, men who have sex with men, bisexual, patients

RESPONSE OPTIONS:

Q1: Name of ART medication and dosage.

Q2: Number of pills missed during last two days.

Q3: Yes/No.

Q4: Yes/No.

Q5a: Number of times missed taking one or more antiretroviral pills during the last seven days.

Q5b: Number of pills missed during last seven days.

SCORING: Considered nonadherent if reported missing more than 5% of their pills at any point in time. Also considered nonadherent if reported not taking their pills in last 30 days.

SURVEY ITEMS: Please see attached for formatted version.

RELIABILITY INFORMATION: No reliability information reported.

VALIDITY INFORMATION: Content validity reported. Criterion-related validity was assessed via comparison with viral load.

TERMS OF USE:

Individuals may use this information for research or educational purposes only and may not use this information for commercial purposes. When using this instrument, please cite:

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Q1. Indicate the name of the antiretroviral medications you take. Next, enter the number of pills that you have to take each day for each of these medications. (please refer to the chart provided)

Name of antiretroviral medication*	Number of antiretroviral pills		
	Wake-up, breakfast, morning	Lunch, Afternoon	Supper, evening, bed-time
Example: lamiduvine (3TC, Epivir)*	1		1
1.			
2.			
3.			
4.			
5.			
6.			

*Indicate one of the names of the medication

Q2. How many antiretroviral pills have you missed during the last 2 days? (If you haven't missed any, write down the number "0")

	Number of antiretroviral pills that you have missed ...		
	Wake-up, breakfast, morning	Lunch, afternoon	Supper, evening, bed-time
Example :	0	0	1
Yesterday			
Day before yesterday			

Q3. During the last 7 days, did you ...

	YES	NO		YES	NO
Go out for a leisure activity? (movie, show, physical activity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	• Go to a restaurant?	<input type="checkbox"/>	<input type="checkbox"/>
Go to a bar?	<input type="checkbox"/>	<input type="checkbox"/>	• Go to a party?	<input type="checkbox"/>	<input type="checkbox"/>
Sleep away from home?	<input type="checkbox"/>	<input type="checkbox"/>	• Attend a meeting?	<input type="checkbox"/>	<input type="checkbox"/>
Visit friend(s) or family member(s)?	<input type="checkbox"/>	<input type="checkbox"/>	• Receive a visit from friend(s) or family member(s)?	<input type="checkbox"/>	<input type="checkbox"/>

Q4. During the last 7 days, did one of the situations listed in question Q3 prevent you from taking all your antiretroviral pills?

YES NO

Q5a. During the last 7 days, how many times, in total, did you miss taking one or more of your antiretroviral pills? (If you haven't missed any, write down the number "0")

_____ TIMES

└───▶ ■ Q5b. In total, this represents how many antiretroviral pills?

_____ PILLS

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