

Participant ID #: \_\_\_\_\_ Assessor #: \_\_\_\_\_ Date \_\_\_\_\_  
Time point: 01baseline\_\_\_ 03mos\_\_\_ 06mos\_\_\_ 09mos\_\_\_

### Adherence Assessment

We understand that most people find it hard to always remember to take their medications. For example, some people forget to take their pills with them when they leave the house or go on a trip, and some people skip taking pills to avoid side effects or just feel like they can't take pills that day. Remember that this information is confidential and will not be given to your provider, your substance abuse counselor, or anyone else in the clinic.

1. Thinking about the past 4 weeks, on average, how would you rate your ability to take all your medications as your doctor prescribed them?

- 1.1 \_\_\_\_\_ Very poor
- 1.2 \_\_\_\_\_ Poor
- 1.3 \_\_\_\_\_ Fair
- 1.4 \_\_\_\_\_ Good
- 1.5 \_\_\_\_\_ Very good
- 1.6 \_\_\_\_\_ Excellent

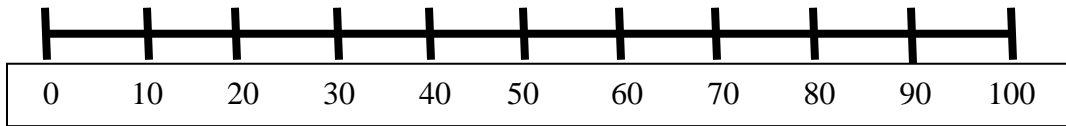
### **Visual Analogue Scale for Medications Taken (VAS)**

Instructions: Place an "X" on the line at the point showing how much of your HIV antiretroviral medications you have taken in the past 4 weeks. Zero percent means you have taken no antiretroviral medications, 50% means you have taken half your antiretroviral medications, 100% means you have taken every single dose of your antiretroviral medications during the past 4 weeks.

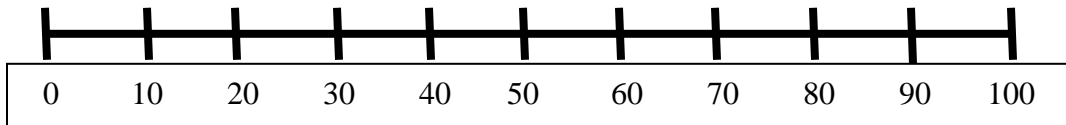
Interviewers hand the survey and a pencil to participants who indicate their response by making a mark directly on a horizontal line. The line has hatch marks and numeric labels at 10% intervals and ranges from 0 to 100%.

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A. Antiretroviral 1



B. Antiretroviral 2



C. Antiretroviral 3

