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Self reported factors influencing adult patients' adherence to antiretroviral therapy at St Rita's Hospital

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APPENDIX 1

QUESTIONNAIRE FOR PATIENT INTERVIEW

QUESTIONNAIRE NO (Between 1 and 169)	
INTERVIEWER	
DATE OF INTERVIEW (dd/mm/year)	
DAY OF INTERVIEW	

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION
(This section is for everyone)

1. Gender: 0 = Male 1 = Female

2. Date of birth (dd/mm/year)

3. What is the highest level of education you **completed**?

0	No formal education
1	Primary school
2	High school, no matric
3	High school with matric
4	Tertiary education (university, technikon, college)

4. What is your marital status?

0	Single, never married
1	Not married, Living together
2	Married
3	Divorced
4	Separated
5	Widow/widower
6	Married again
7	Other

5. What is your occupation?

* can tick more than 1 option if appropriate

0	Full-time employed
1	Part-time employed
2	Student
3	Pensioner/social grant
4	Unemployed
5	Other (specify) ...

6. How many people **apart from yourself** live with you in your household (home)?

7. What is your total household income after tax (for statistical reasons only)?

* total money that come into househouse irrespective of the bread winner. Includes salary, pension, social grant, upkeep money etc

0	Less than 1000
1	1000 – 2499
2	2500 – 4999
3	5000 – 9,999
4	10,000 – 19, 999
5	Greater than 20,000

8. Do you belong to an AIDS support group? 0 = No 1= Yes

9. If no, do you have any particular reasons?

_____

SECTION B: OTHER FACTORS
(This section is for everyone)

10. How motivated are you to taking your pills regularly and on time

0	Not motivated
1	Motivated
2	Highly motivated
3	Don't know

11. Have you disclosed your HIV status to anybody?

0= No 1= Yes

12. If yes, please specify

0	Family member
1	Close friend(s)
2	Religious leaders
3	Co-workers
4	Others, please specify:

13. How satisfied are you with the overall support you get from your family or friends?

0	Not satisfied
1	Satisfied
2	Very satisfied

14. How satisfied are you with the overall support you get from the clinic staff?

0	Not satisfied
1	Satisfied
2	Very satisfied

SECTION C: SELF-REPORTED LEVEL OF ADHERENCE
(This section is for everyone)

We need to understand how people with HIV are really doing with their pills. It is a well known fact that many people don't take their medication perfectly all the time. We would not be surprised if you have missed a few as well. Please tell us what you are **actually** doing with your pills.

15. When was the last time you missed/skipped a dose of your anti-HIV medication?

1	This week
2	Last week
3	2 – 4 weeks ago
4	Over 4 weeks (1 month) ago
5	Never

16. Have you missed/skipped a dose of your medication in the past 1 week?

0 = No 1= Yes 2 Don't know

16. 1. If yes how many times?

1	1
2	2 times
3	3 times
4	4 – 6 times
5	7 – 11 times
6	12 – 13 times
7	14 times

17. What proportion of your prescribed dose would you say you have taken in the past 1 week?

*Please mention the percentage to give meaning to the question

1	None (0%)
2	Very low (1 – 20%)
3	Low ((21 – 50%)
4	Fair (51 – 75%)
5	Most (75 – 95%)
6	Almost all (95 – 99%)
7	All (100%)

18. Have you missed/skipped a dose of your medication in the past 1 month?

0 = No 1= Yes 2 Don't know

18. 1. if yes how many times?

1	1 – 3 times
2	4 – 6 times
3	7 – 15 times
4	16 - 30 times
5	31 – 50 times
6	51 – 59 times
7	60 times

19. What proportion of your prescribed dose would you say you have taken in the past 1 month?

*Please mention the percentage to give meaning to the question

1	None (0%)
2	Very low (1 – 20%)
3	Low ((21 – 50%)
4	Fair (51 – 75%)
5	Most (75 – 95%)
6	Almost all (95 – 99%)
7	All (100%)

SECTION D: REASONS FOR MISSING/SKIPPING PILLS
(This section is for people who have missed their pills before)

Why do you forget to take your medication?

	0=Yes	1=No
20 Did you simply forget?		
21 Were you away from home?		
22 Were you busy with other things?		
23 Did you have a change in daily routine?		
24 Were there too many pills to take?		
25 Did not want others to notice you taking medications?		
26 Were you feeling sick or ill?		
27 If yes, were you sick from		
a) The disease?		
b) The medication?		
c) Too sick to remember?		
28 Did you stop because someone told you to do so?		
29 Did you run out of medication because appointment interval was incorrect?		
30 Did you appear at the wrong time for your medication?		
31 Did the clinic run out of medication?		
32 Were you feeling good?		
33 Were you feeling stressed?		
34 Were you feeling depressed?		
35 Did you have transport problem to get to the clinic		
36 Any other reasons? If yes please specify?		

SECTION E: FROM CLINIC RECORD
(This section is for everyone)

37. How long has the participant been on ARV?	Years	Months
38. Date participant started ARV (dd/mm/year)		
39. Participant's baseline viral load		
40. Participant's latest viral load		
41. Date of latest viral load test (dd/mm/year)		

APPENDIX 2

SUBJECT INFORMATION FOR PARTICIPANTS

Hello, my name is Dr Victor Onwukwe. I have come to conduct a research in your clinic and I am inviting you to take part in it. The research aims to find out the factors that influence adherence to antiretroviral therapy. This will involve interviewing participants who have consented to take part in the study as well as recording their viral load results from their files. The answers from the interviews will be compared to the viral loads. Because of language barriers, there might have to be an interpreter when needed. Each interview will be expected to last a maximum of about thirty (30) minutes.

Your answers will be filled in on an anonymous questionnaire. All answers from the interview as well as viral load will be confidential and will not be linked to you at any time.

Please do the best to answer all the questions as we need to understand what people with HIV are actually doing with their medications. The answers you give will help contribute to finding ways to help other people (with HIV and other chronic diseases) who take their medication on a difficult schedule and are having problems doing this. The results from this study will be made available to the Hospital as well as the clinics in this district (Sekhukhune). Highlights and relevant findings will be displayed in the form of posters which will be placed on the clinic walls and notice boards.

Participation in this study is voluntary and you are free to refuse to participate or to withdraw your consent and to discontinue participation at any time. Refusing to participate in this study at any point in time will not affect your status and benefits as a patient in this clinic.

If you have any queries or feedback, please feel free to contact me on
073-148-3371

Thank you for helping in this important study.

DR VICTOR NNANNA ONWUKWE

APPENDIX 3

CONSENT FORM FOR PARTICIPANTS

The aims, objectives and procedures to be followed in this study have been fully explained to me by the researchers.

In signing this form, I agree to participate in this study by answering a questionnaire that will ask me about the factors that influence my adherence to my antiretroviral therapy. I also give permission for the researchers to record my viral load form my file and to compare the results to my answers from the questionnaire.

I understand that I am free to participate or not participate in this study. I also understand that I am free to withdraw this consent at any point in time during the interview and that doing so will not affect my status or benefits as a patient of this clinic.

Questions that I have regarding this study have been answered to my satisfaction and I understand that if I have questions at any time, they will be answered.

It has been explained to me that any information I give about me in this study is confidential and cannot be traced back to me.

Date: _____ Researcher: _____

Date: _____ Participant _____

Or thumb print:

APPENDIX 4

PRINCIPAL RESEARCHER'S CONTACT INFORMATION

Dear Participant,

My name is Victor Onwukwe. I am a final year student in the Department of Family Medicine, University of the Witwatersrand, Johannesburg. I have come to carry out a study in your clinic. This study is part of the required fulfillment for my Masters in Family Medicine degree.

Should you require further information or help with regards to this study please feel free to contact me.

Thank you.

VICTOR ONWUKWE
St.Rita's Hospital
P.Bag X 1303
Glen Cowie 1061
Email: Vicon@tiscali.co.za
Tel: 013-298-1000
Fax: 013-298-1067
Cell: 073-148-3371

APPENDIX 5

ST RITA'S HOSPITAL
P. BAG X 1303
GLEN COWIE 1061
26/09/2007

THE CHIEF EXECUTIVE OFFICER
THROUGH THE CLINICAL MANAGER
ST. RITA'S HOSPITAL
P. BAG X 1303
GLEN COWIE 1061

Dear Madam,

APPLICATION FOR STUDY APPROVAL

I humbly request the approval of your office to carry out a study at the HIV wellness clinic (Dirago direge clinic) in St.Rita's Hospital.
The study is titled: Self Reported Factors Influencing Adult Patient's Adherence to Antiretroviral Therapy at St. Rita's Hospital.

This study is being carried out as part fulfillment towards the successful completion of a Master of Family Medicine degree at the university of the Witwatersrand. It has been approved by both the postgraduate committee and the Human Research and ethics committee (Medical) of the university as well as the Head, Department of Health and Social Development, Limpopo Province. (Please see attached letters of approval).

Data collection is expected to commence in the last week of September, 2006 and is expected to last till late February, 2007. The process of data collection will not interfere with the running of the clinic.

After completion of the study, I will be willing to assist the hospital management in interpretation and implementation of the recommendations where possible.

I hope that my request will get a favourable response.

Yours Faithfully

Victor Onwukwe

DR VICTOR NNANNA ONWUKWE

APPENDIX 6

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA
St Rita's Hospital
Kalafo ke tšhumisano (working together for your health)

Private Bag x 1303
Glen Cowie
1067

Tel : (013) 298 1000
Fax : (013) 298-1061

To : **CHIEF EXECUTIVE OFFICER**

Dear Madam

Re: **DR V.N. ONWUKWE'S STUDY**

I hereby wish to recommend that Dr V.N. Onwukwe be granted permission to carry out this study (see attached letter) at St Rita's Hospital.

This study will help the hospital as well as the Province in acknowledging the impact our ARV roll out programme has in terms of adherence to treatment. Currently there's no datum available on this issue.

I also wish to draw your attention to the fact that the HOD Health and Social Development has already granted permission to this effect.

Kind Regards

.....
CLINICAL MANAGER

Approval has been granted by the HOD, that is the main approval. 09/10/07

APPENDIX 7

Limpopo
PROVINCIAL GOVERNMENT

Private Bag X9302
POLOKWANE 0700
18 College Street
POLOKWANE 0699
Tel.: (015) 293 6000
Fax: (015) 293 6211/20

Enquiries: Malomane EL

Ref: 4/2/2

12 September, 2007

Dr V.N ONWUKWE
University of Witwatersrand

Dear **Dr V.N ONWUKWE**

Self Reported Factors Influencing Adult Patients Adherence to Antiretroviral Therapy at St Rita's Hospital

- Permission is hereby granted to **Dr VN ONWUKWE to** conduct the study at St Rita's Hospital, Limpopo Province.
- The Department of Health and Social Development will expect a copy of the completed research for its own resource centre after completion of the study.
- The Researcher/s should be prepared to assist in interpretation and implementation of the recommendations where possible.
- The Institution management where the study is being conducted should be made aware of this.
- A copy of the permission letter can be forwarded to Management of the Institutions concerned.

HEAD OF DEPARTMENT
HEALTH AND SOCIAL DEVELOPMENT
LIMPOPO PROVINCE
Date:

APPENDIX 8

Patient Adherence Record

Version 3.4

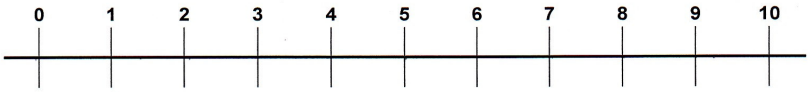
Folder No.	Date (dd/mm/yyyy) / /

Treatment was initiated on [/ /] Duration of treatment [ ] years

Self-Reporting

Question	Yes	No
Do you sometimes find it difficult to remember to take your medicine?		
When you feel better, do you sometimes stop taking your medication?		
Thinking back over the past four days, have you missed any of your doses?		
Sometimes if you feel worse when you take the medicine, do you stop talking it?		

Visual Analogue Scale (VAS)



Score ____%

Pill Identification Test (PIT)

Medication	Knows the name (Y/N)	Knows the number of pills per dose (Y/N)	Time the medication is taken			Knows any additional instruction
			Morning (hour)	Evening (hour)	Considered Acceptable (Y/N)	

Pill Count

Did the client return the medication containers? [Yes*] [No]

***If yes,** check that the client only used medication from this container since the date of their last visit. If leftover medication had been used or an emergency prescription obtained, then the calculation will be invalid—skip to adherence assessment.

$$\text{\% Adherence} = \frac{\text{Dispensed} - \text{Returned}}{\text{Expected to be taken}} \times 100 = \frac{\square - \square}{\square} \times 100 = \square\ \%$$

Adherence Assessment

Self-reporting	Answered 'No' to all questions	Answered 'Yes' to 1 question	Answered 'Yes' to 2 or more questions
VAS	> 95%	75–94%	Less than 75%
PIT—*Client knows the…*	Dose, Time, and Instructions	Dose and Time	Dose only or confused
Pill count	> 95%	75–94%	Less than 75%
Overall Adherence	High	Moderate	Low

Patient Adherence Record

Version 3.4

Adherence Support Measures

(Indicate adherence support measures to which client has been exposed by ticking the relevant box)

Code			Notes
AS01	Treatment preparedness	☐	
AS02	Treatment buddy or community health worker	☐	
AS03	Home visit	☐	
AS04	Med counseling—dosing regimen and instructions	☐	
AS05	Med counseling—show and tell	☐	
AS06	Med counseling—safety	☐	
AS07	Life style inventory	☐	
AS08	Medication diary	☐	
AS09	Motivational interviewing	☐	
AS10	Reminder such as a pill box	☐	
AS11	Support groups	☐	
AS12	Printed medication information	☐	
AS13	Personalized printed medication information	☐	
AS99	Other – please specify under notes	☐	

Comments (Insert comments as needed)

Adherence Improvement Plan (Include details of plan agreed upon with client)

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