ADHERENCE ASSESSMENT AND INDIVIDUALIZED ADHERENCE IMPROVEMENT PLAN TOOL

Client Name.....**NUPI** ..... **Date**.....

Barriers	Questions to assess barriers	Findings	Interventions to address barriers and improve adherence
Individual			
Knowledge Deficit	Can you tell the names of your/ your child's ARVs How are you supposed to take your medication? (Time, number, and amount) Why do you have to take ARV regularly?		☐ Individual counseling for basic HIV/ ARV education ☐ Group Counseling/ Peer Support group ☐ Written Instructions
Side Effects	Have you had any side effects? Do you think the ARVs have made you/your child feel ill in any way? If yes, please describe what problems they cause? (e.g., nausea, diarrhea, sleep disturbance)		☐Nausea – take food, anti-emetic ☐Diarrhea – rule out infection, medications where applicable and hydration ☐Anxiety/ Depression – Counseling, medications ☐Headache – rule out OIs, Medication ☐Fatigue – Rule out anemia
Forgot	How many times have you forgotten to take your ARVs this month? Do you take/give them at the set time of day? What is your method of remembering/ reminding yourself to take/give ARVs?		☐Medication organizer ☐Visual Medication schedule e.g., calendar, journal ☐Reminder Devices – alarms, phone reminder, ☐Treatment Buddy/ Supporter ☐Directly Observed therapy ☐Announced pill count at next visit
Feeling Better	Do you take/give ARVs even when you/your child are /is feeling well		☐Basic HIV/ ARV education
Physical Illness	Have you had illnesses that have prevented you from taking your ARVs? Has your child had any illnesses that have prevented them from taking their medications?		☐Clinical Care to address comorbidities ☐Directly Observed Therapy ☐Treatment Buddy
Alcohol or Drug use (use CRAFT for adolescents)	**C**. Have you ever felt you should **cut** down on your drinking? **A**. Have people **annoyed** you by criticizing your drinking? **G**. Have you ever felt bad or **guilty** about your drinking?		☐Individual Counseling ☐Peer Support Group ☐Referral to appropriate bodies to address specific issues if they check for 3 or more on the CAGE score for alcohol and substance abuse

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	E. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? Does alcohol interfere with your ability to take your ARVs / Give your child ARVs?		
Depression	*Assess the patient's mental state using the PHQ-9 questionnaire and GAD for anxiety		☐Individual Counseling ☐Peer Support Group ☐ Medication ☐Treatment Buddy
Pill Burden	Is the number of pills or amount of liquid too much for you/your child		☐Change to a fixed dose combination if available
Lost/ ran out of pills	Have you ever lost or ran out of ARVs?		☐Educate patient to alert facility if this occurs
Transportation Problems	Do you have difficulty getting to the health center to collect ARVs? If yes what are the reasons? e.g., long distance, job, expense		☐Review by social worker ☐Clinic Schedule
Health Beliefs	Do you believe that taking ARVs every day is good for you/ your child's health? What do you think is the best way to treat you/your child? Have you tried other remedies for treating you/your child's HIV?		☐HIV/ ARV education ☐individual counseling ☐Peer support group ☐Group Counseling
Scheduling Difficulty	Have you been too busy to take/give your child ARVs? Does work take you away from home for long periods of time?		☐Education (e.g., combine with daily routine such as bedtime or brushing teeth) ☐Reminder devices e.g., alarms, phone reminders, SMS ☐Treatment buddy
Household			
Share with Others	Have you ever shared you/your child's ARVs with others?		☐Individual counseling on Basic HIV/ARV education ☐Group Counseling ☐Couple Counseling ☐Facilitate enrolment into care of family members e.g., discordant couple, PrEP ☐Peer Support Groups ☐Treatment Buddy ☐Unmarked Pill bottle ☐Refer to social worker, peer worker, nutritional services
Fear of disclosure	Have you disclosed your/your child's HIV status to your family/ your partner or to anyone?		
Family / Partner relationships	Has your family or your partner been non-supportive or kept you from taking/ giving your child ARVs Are you the only person responsible for giving/ supervising the child's ARVs When did you last have sex? How many times have you had sex without condoms in the past one month?		
Food Insecurity	Has a lack of food ever been a problem for taking/ giving your child ARVS		
Institutional / Community			

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Relationship with health Care Provider	Does any health care worker's attitude put you off from taking ARVs or discourage you from coming to the clinic?		☐Address HCP issues ☐Consider other HCP
Long wait times	Have you ever left the health facility before receiving your/your child's ARVs because of long waiting time?		☐Nurse led model (CCM) ☐Three-month supply ☐Specific appointment times
Stigma and Discrimination	Are you fearful that people in the community will find out about your/your child's HIV status? Does this fear prevent you from coming to clinic or taking/ giving ARVs		☐Individual Counseling ☐Group Counseling ☐Peer Support Group
School	Are you comfortable taking your drugs at school? Have you disclosed to anyone at school within the school you receive adequate support from them? Friend? Teacher? Nurse?		☐Provide assisted disclosure to an individual identified by the patient
Workplace	Are you able to take leave or off days at your workplace to attend clinic Does your workplace understand when you get unwell? Does your workplace provide for sick leave or off?		☐Empower the patient on non-discriminatory workplace HIV/AIDs policies.

INDIVIDUALIZED INTERVENTION PLAN

Visit One:

Visit Two:

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Visit Three:

Visit Four:

Visit Five:

**The individualized intervention plan should be updated at every subsequent visit (New identified barriers, updated intervention plan)*

Visit	Designation	Name	Signature	Date
Initial Visit	Clinician/Nurse			
	HTS/Adherence Counselor			
Visit 2	Clinician/Nurse			
	HTS/Adherence Counselor			
Visit 3	Clinician/Nurse			
	HTS/Adherence Counselor			
Visit 4	HTS/Adherence counselor			
	Clinician/Nurse			
Visit 5	HTS/Adherence counselor			
	Clinician/Nurse			

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