**ARV ADHERENCE MONITIORING RECORD**

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| --- | --- |
| **Organization: Nai Zindagi Trust** | **City: Peshawar** |
| **Registration no:** | **Date:** |
| Date of ART Initiation: | Previous Adherence Monitoring date: |
| * Self-Report | * Report by other |

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| **List all medicine and dosage** | | | | | | | | | | | **Adherence Formula** | | | |
| **Name of medicine** | | | | **pills/dosage per day/timing** | | | | | | | Total number of doses to be taken  Minus Missed doses/total doses x 100 | | | |
| Efavirenz+ | | | | 1 Pill Taken 24 Hours | | | | | | |
| Lamuvidine+ | | | | A Day | | | | | | |
| Tenofovir | | | | Time: | | | | | | |
| 600mg,300mg,300mg | | | |  | | | | | | |
| How many pills did you miss last week? | | | | | # of doses taken late(Specify Time): | | | | | | | | | |
| On average how many days per week do you miss at list one dose of ARVs | | | | | | | | | | | | | | |
| If you have difficulty with your ARVs what would help you take them | | | | | | | | | | | | | | % of Adherence |
| Have you ever stopped taking your ARVs without your doctor permission: Yes No N/A | | | | | | | | | | | | | | |
| **Have you had any side effects from the pills? (Mark all that apply)** | | | | | | | | | | | | | | |
| Loss of energy | | | Headache | | | | | | Dizziness | | | Abdomen cramps | | |
| Diarrhea | | | Muscle pain | | | | | | weakness | | | Numbness in hand/feet | | |
| Rashes | | | Insomnia | | | | | | Anxiety | | | Loss of appetites | | |
| Chills/fever | | | Sweating | | | | | | Depression | | | Nausea/vomiting | | |
| **Other (specify)** | | |  | | | | | | | | | | | |
| **Barrier to HIV medication adherence ( mark all that apply)** | | | | | | | | | | | | | | |
| None | Ran out of pills | | | | | | | Forgot to take | | | | | Don’t receive at time | |
| Too many pills | Away from home | | | | | | | Change in my routine | | | | | Lack of social support | |
| Too busy to take | Lack of privacy | | | | | | | Lack of information | | | | | Work outside home | |
| Felt sick/ill | Undisclosed HIV status | | | | | | | Lack of motivation | | | | | Reminder of disease | |
| Unable to pay | Taste of medicines | | | | | | | Don’t feel sick | | | | | AIDS dementia | |
| **Other (specify)** |  | | | | | | | | | | | | | |
| **Coments regarding ARV Adherence** |  | | | | | | | | | | | | | |
| **Suggest strategies to help adherence** | | Identify reminder aid (e.g., calendar checklist; link to routine activity | | | | | | | | | | | | |
| Recommend help from family member/friend/”buddy | | | | | | | | | | | | |
| Schedule return visit for follow-up counseling in 72 hours | | | | | | | | | | | | |
| Provide support | | | | | | | | | | | | |
| Other (specify) | | | |  | | | | | | | | |
| **Adherence check**  **Test results** | | Tests | | | | | Date | | | comments | | | | |
| CD4 count | | | | |  | | |  | | | | |
| Viral Load | | | | |  | | |  | | | | |
| Name: Designation: Social Mobilizer Signature | | | | | | | | | | | | | | |

***Note:*** *ARV Adherence should be monitored on weekly basis for initial 3 months after initiation of the ART, then on fortnightly basis. Need based ARV monitoring can also be recorded.*