

## ENHANCED ADHERENCE PLAN TOOL

PATIENT INFORMATION			
<b>Patient Number:</b> _____		<b>Health Center:</b> _____	
<b>Age:</b> _____		<b>Sex:</b> _____	
ARV REGIMEN			
_____		<b>Date of initiation:</b> <u>DD/MM/YYYY</u>	
_____		<u>DD/MM/YYYY</u>	
VIRAL LOAD RESULTS			
_____ c/ml		<b>Date:</b> <u>DD/MM/YYYY</u>	
ENHANCED ADHERENCE SESSION 1			
<b>Date:</b> <u>DD/MM/YYYY</u>	<b>Barriers:</b> <input type="checkbox"/> Forgot <input type="checkbox"/> Knowledge/ beliefs <input type="checkbox"/> Side effects <input type="checkbox"/> Physical illness <input type="checkbox"/> Substance use <input type="checkbox"/> Depression <input type="checkbox"/> Pill burden <input type="checkbox"/> Lost/ran out <input type="checkbox"/> Transport	<input type="checkbox"/> Child behavior/refusing <input type="checkbox"/> Scheduling <input type="checkbox"/> Fear disclosure <input type="checkbox"/> Family/partner <input type="checkbox"/> Food insecurity <input type="checkbox"/> Drug stock out <input type="checkbox"/> Long wait <input type="checkbox"/> Stigma <input type="checkbox"/> Other _____	<b>Interventions:</b> <u>Services</u> <input type="checkbox"/> Education <input type="checkbox"/> Counseling (ind) <input type="checkbox"/> Counseling (grp) <input type="checkbox"/> Peer support <input type="checkbox"/> Treatment buddy <input type="checkbox"/> Extended Drug pick-up <input type="checkbox"/> CAG <input type="checkbox"/> DOT
<b>Adherence</b> <i>(see Key for codes):</i> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor  Any missed pharmacy drug pick-ups? <input type="checkbox"/> Y <input type="checkbox"/> N			<u>Tools</u> <input type="checkbox"/> Pill box <input type="checkbox"/> Calendar <input type="checkbox"/> Incentive calendar (peds) <input type="checkbox"/> ARV swallowing instruction <input type="checkbox"/> Written instructions <input type="checkbox"/> Phone calls <input type="checkbox"/> SMS <input type="checkbox"/> Alarms <input type="checkbox"/> Other _____
<b>Referrals:</b> _____		<b>Follow-up Date:</b> <u>DD/MM/YYYY</u>	
<b>Comments</b> (describe barriers and planned interventions):			
<b>Provider signature:</b>			
ENHANCED ADHERENCE SESSION 2 <i>(Complete on monthly basis until good adherence achieved)</i>			
<b>Date:</b> <u>DD/MM/YYYY</u>	<b>Barriers:</b> <input type="checkbox"/> Forgot <input type="checkbox"/> Knowledge/ beliefs <input type="checkbox"/> Side effects <input type="checkbox"/> Physical illness <input type="checkbox"/> Substance use <input type="checkbox"/> Depression <input type="checkbox"/> Pill burden <input type="checkbox"/> Lost/ran out <input type="checkbox"/> Transport	<input type="checkbox"/> Child behavior/refusing <input type="checkbox"/> Scheduling <input type="checkbox"/> Fear disclosure <input type="checkbox"/> Family/partner <input type="checkbox"/> Food insecurity <input type="checkbox"/> Drug stock out <input type="checkbox"/> Long wait <input type="checkbox"/> Stigma <input type="checkbox"/> Other _____	<b>Interventions:</b> <u>Services</u> <input type="checkbox"/> Education <input type="checkbox"/> Counseling (ind) <input type="checkbox"/> Counseling (grp) <input type="checkbox"/> Peer support <input type="checkbox"/> Treatment buddy <input type="checkbox"/> Extended Drug pick-up <input type="checkbox"/> CAG <input type="checkbox"/> DOT
<b>Adherence</b> <i>(see Key for codes):</i> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor  Any missed pharmacy drug pick-ups? <input type="checkbox"/> Y <input type="checkbox"/> N			<u>Tools</u> <input type="checkbox"/> Pill box <input type="checkbox"/> Calendar <input type="checkbox"/> Incentive calendar (peds) <input type="checkbox"/> ARV swallowing instruction <input type="checkbox"/> Written instructions <input type="checkbox"/> Phone calls <input type="checkbox"/> SMS <input type="checkbox"/> Alarms <input type="checkbox"/> Other _____
<b>Referrals:</b> _____		<b>Follow-up Date:</b> <u>DD/MM/YYYY</u>	

<b>Comments</b> (describe whether interventions helped and any new barriers and planned interventions):			
<b>Provider signature:</b>			
<b>ENHANCED ADHERENCE SESSION 3</b> (Complete on monthly basis until good adherence achieved; use additional sheets if needed)			
<b>Date:</b> <u>DD/MM/YYYY</u>	<b>Barriers:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Forgot</li> <li><input type="checkbox"/> Knowledge/beliefs</li> <li><input type="checkbox"/> Side effects</li> <li><input type="checkbox"/> Physical illness</li> <li><input type="checkbox"/> Substance use</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Pill burden</li> <li><input type="checkbox"/> Lost/ran out</li> <li><input type="checkbox"/> Transport</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Child behavior/refusing</li> <li><input type="checkbox"/> Scheduling</li> <li><input type="checkbox"/> Fear disclosure</li> <li><input type="checkbox"/> Family/partner</li> <li><input type="checkbox"/> Food insecurity</li> <li><input type="checkbox"/> Drug stock out</li> <li><input type="checkbox"/> Long wait</li> <li><input type="checkbox"/> Stigma</li> <li><input type="checkbox"/> Other _____</li> </ul>	<b>Interventions:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Counseling (ind)</li> <li><input type="checkbox"/> Counseling (grp)</li> <li><input type="checkbox"/> Peer support</li> <li><input type="checkbox"/> Treatment buddy</li> <li><input type="checkbox"/> Extended Drug pick-up</li> <li><input type="checkbox"/> CAG</li> <li><input type="checkbox"/> DOT</li> </ul>
<b>Adherence:</b> <i>(see Key for codes):</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Good</li> <li><input type="checkbox"/> Fair</li> <li><input type="checkbox"/> Poor</li> </ul>	Any missed pharmacy drug pick-ups? <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Tools</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pill box</li> <li><input type="checkbox"/> Calendar</li> <li><input type="checkbox"/> Incentive calendar (peds)</li> <li><input type="checkbox"/> ARV swallowing instruction</li> <li><input type="checkbox"/> Written instructions</li> <li><input type="checkbox"/> Phone calls</li> <li><input type="checkbox"/> SMS</li> <li><input type="checkbox"/> Alarms</li> <li><input type="checkbox"/> Other _____</li> </ul>	
<b>Referrals:</b> _____		<b>Follow-up Date:</b> <u>DD/MM/YYYY</u> (if adherence good will want to maintain contact with patient between 3 <sup>rd</sup> session and date of repeat viral load, if adherence not yet good give date of next adherence session)	
<b>Comments</b> (describe whether interventions helped and any new barriers and planned interventions):			
<b>Provider signature:</b>			
<b>REPEAT VIRAL LOAD</b> (Complete 3-6 months AFTER good adherence is achieved)			
<b>Repeat Viral Load Result:</b> _____ c/ml		<b>Date:</b> <u>DD/MM/YYYY</u>	
<b>Plan:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Remain on current regimen</li> <li><input type="checkbox"/> Switch to second-line regimen</li> <li><input type="checkbox"/> Refer to doctor for further management</li> <li><input type="checkbox"/> Extend adherence sessions</li> <li><input type="checkbox"/> Repeat viral load in 3 months</li> </ul>	<b>Date:</b> <u>DD/MM/YYYY</u> <u>DD/MM/YYYY</u> <u>DD/MM/YYYY</u> <u>DD/MM/YYYY</u> <u>DD/MM/YYYY</u>		
<b>Comments:</b>			
<b>Provider signature:</b>			