

ENHANCED ADHERENCE PLAN TOOL

Realth Center: Sex:	PATIENT INFORMATION							
Date of initiation: DD/MM/YYYY DDAte: DD/MM/YYYY Forgot	Patient Number: Health C			Center:				
Date of initiation: DD/MM/YYYY DD/MM/YYY DD/MM/YYYY D	Age:							
VIRAL LOAD RESULTS C/ml Date: DD/MM/YYYY	ARV REGIMEN							
C/ml Date: DD/MM/TYYY	Date of initiation: DD/MM/YYYY							
Date: D/MM/YYYY Forgot Child Services Pill box Calendar (peds) Counseling Interventions: Tools Physical Fair Substance Depression Stigma Dot Dot Phone calls Dot Physical Transport Counseling Dot Physical Fair Substance Drug stock out Peer support Written Instruction Dot Physical Fair Substance Counseling Dot Physical Family/partner Counseling Incentive (grp) Instruction Instruction Peer support Written Instruction Peer support Written Instructions Duddy Phone calls Physical Fair Substance Other Extended Drug SMS Phone calls Physical Transport Dot Dot Peer support Physical Physic								
Date: D/MM/YYYY Forgot Child Services Pill box Calendar (peds) Counseling Interventions: Tools Physical Fair Substance Depression Stigma Dot Dot Phone calls Dot Physical Transport Counseling Dot Physical Fair Substance Drug stock out Peer support Written Instruction Dot Physical Fair Substance Counseling Dot Physical Family/partner Counseling Incentive (grp) Instruction Instruction Peer support Written Instruction Peer support Written Instructions Duddy Phone calls Physical Fair Substance Other Extended Drug SMS Phone calls Physical Transport Dot Dot Peer support Physical Physic								
Date: D/MM/YYYY Forgot Child Services Pill box Calendar (peds) Counseling Interventions: Tools Physical Fair Substance Depression Stigma Dot Dot Phone calls Dot Physical Transport Counseling Dot Physical Fair Substance Drug stock out Peer support Written Instruction Dot Physical Fair Substance Counseling Dot Physical Family/partner Counseling Incentive (grp) Instruction Instruction Peer support Written Instruction Peer support Written Instructions Duddy Phone calls Physical Fair Substance Other Extended Drug SMS Phone calls Physical Transport Dot Dot Peer support Physical Physic	VIRAL LOAD RE	STILLS						
ENHANCED ADHERNCE SESSION 1 Date: Barriers: Forgot Child Services Pill box	VIIIAL LOAD ILL	30213	c/ml Date: DI)/MM/YYYY				
Date:			,	<u> </u>				
Date:	ENHANCED ADHERENCE SESSION 1							
Pill box				Interventions:	Tools			
Knowledge/ behavior/refusing Education Calendar	DD/MM/YYYY	☐ Forgot	☐ Child	Services				
Adherence beliefs Scheduling Counseling Incentive Codes; Physical Family/partner Counseling ARV swallowing Good Illness Food insecurity (grp) Instruction Fair Substance Drug stock out Peer support Written Instructions Depression Stigma buddy Phone calls Any missed Pill burden Other Extended Drug SMS DOT Provider signature:		_	behavior/refusing		☐ Calendar			
Side effects Fear disclosure Counseling ARV swallowing Fear Substance Drug stock out Peer support Written	Adherence	_		☐ Counseling	☐ Incentive			
Good illness Food insecurity (grp) instruction Fair Substance Drug stock out Peer support Written instructions Depression Stigma buddy Phone calls Depression Stigma buddy Phone calls Depression Stigma Depression Depression Stigma Depression Depression Stigma Depression Depr	(see Key for	☐ Side effects	☐ Fear disclosure	(ind)	calendar (peds)			
Fair	codes):	☐ Physical	☐ Family/partner	☐ Counseling	☐ ARV swallowing			
Poor	□ Good	illness	☐ Food insecurity	(grp)	instruction			
Depression Stigma buddy Phone calls SMS pharmacy Lost/ran out Dotr Extended Drug SMS pick-ups? Transport DOT DOT DOT	□ Fair	☐ Substance	☐ Drug stock out	Peer support	□ Written			
Any missed pharmacy drug pick-ups?	□ Poor	use	□ Long wait	☐ Treatment	instructions			
pharmacy drug pick-ups? Lost/ran out drug pick-ups? Transport CAG Other Y		Depression	☐ Stigma	buddy	Phone calls			
drug pick-ups?	Any missed	☐ Pill burden	<pre>Other</pre>	Extended Drug	SMS			
Referrals: Follow-up Date: DD/MM/YYYY Comments (describe barriers and planned interventions): Provider signature: ENHANCED ADHERENCE SESSION 2 (Complete on monthly basis until good adherence achieved) Date: Barriers: Interventions: Tools DD/MM/YYYY	pharmacy	☐ Lost/ran out		pick-up	□ Alarms			
Referrals: Follow-up Date: DD/MM/YYYY Comments (describe barriers and planned interventions): Provider signature: ENHANCED ADHERENCE SESSION 2 (Complete on monthly basis until good adherence achieved) Date:	drug pick-ups?	☐ Transport		□ CAG	Other			
Comments (describe barriers and planned interventions): Provider signature:	□ Y □ N			□ DOT				
Provider signature: ENHANCED ADHERENCE SESSION 2 (Complete on monthly basis until government) Date: Barriers: Interventions: Tools DD/MM/YYYY	Referrals:			Follow-up Date: DD/MM	YYYYY			
Provider signature: ENHANCED ADHERENCE SESSION 2 (Complete on monthly basis until government) Date: Barriers: Interventions: Tools DD/MM/YYYY								
ENHANCED ADHERENCE SESSION 2 (Complete on monthly basis until good adherence achieved) Date:	Comments (des	cribe barriers and plann	ed interventions):					
ENHANCED ADHERENCE SESSION 2 (Complete on monthly basis until good adherence achieved) Date:								
ENHANCED ADHERENCE SESSION 2 (Complete on monthly basis until good adherence achieved) Date:								
Date: Barriers: Interventions: Tools DD/MM/YYYY Forgot Child Services Pill box Adherence Knowledge/ behavior/refusing Education Calendar Adherence Side effects Fear disclosure (ind) calendar (peds) codes): Physical Family/partner Counseling ARV swallowing Good illness Food insecurity (grp) instruction Fair Substance Drug stock out Peer support Written Poor use Long wait Treatment instructions Depression Stigma buddy Phone calls Any missed Pill burden Other Extended Drug SMS pharmacy Lost/ran out Extended Drug Alarms Transport CAG Other N DOT	Provider signat	ure:						
Date: Barriers: Interventions: Tools DD/MM/YYYY Forgot Child Services Pill box Adherence Knowledge/ behavior/refusing Education Calendar Adherence Side effects Fear disclosure (ind) calendar (peds) codes): Physical Family/partner Counseling ARV swallowing Good illness Food insecurity (grp) instruction Fair Substance Drug stock out Peer support Written Poor use Long wait Treatment instructions Depression Stigma buddy Phone calls Any missed Pill burden Other Extended Drug SMS pharmacy Lost/ran out Extended Drug Alarms Transport CAG Other N DOT								
Forgot Child Services Pill box Knowledge/ behavior/refusing Education Calendar Adherence beliefs Scheduling Counseling Incentive (see Key for Side effects Fear disclosure (ind) calendar (peds) Codes): Physical Family/partner Counseling ARV swallowing Good illness Food insecurity (grp) instruction Fair Substance Drug stock out Peer support Written Poor use Long wait Treatment instructions Depression Stigma buddy Phone calls Any missed Pill burden Other Extended Drug SMS pharmacy Lost/ran out CAG Other Y N DOT			mplete on monthly basis until go		T /			
Knowledge/ behavior/refusing Education Calendar Adherence beliefs Scheduling Counseling Incentive (see Key for Side effects Fear disclosure (ind) calendar (peds) Codes): Physical Family/partner Counseling ARV swallowing Good illness Food insecurity (grp) instruction Fair Substance Drug stock out Peer support Written Poor use Long wait Treatment instructions Depression Stigma buddy Phone calls Any missed Pill burden Other Extended Drug SMS pharmacy Lost/ran out CAG Other Y N DOT								
Adherence beliefs Scheduling Counseling Incentive (see Key for Side effects Fear disclosure (ind) calendar (peds) codes): Physical Family/partner Counseling ARV swallowing Good illness Food insecurity (grp) instruction Fair Substance Drug stock out Peer support Written Poor use Long wait Treatment instructions Depression Stigma buddy Phone calls Any missed Pill burden Other Extended Drug SMS pharmacy Lost/ran out pick-up Alarms drug pick-ups? Transport CAG Other DOT	DD/IVIIVI/YYYY	0						
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Good illness Food insecurity (grp) instruction Fair Substance Drug stock out Peer support Written Instructions Depression Stigma buddy Phone calls Any missed Pill burden Other Extended Drug SMS pharmacy Lost/ran out drug pick-ups? Transport CAG Other DOT DOT				` '				
□ Fair □ Substance □ Drug stock out □ Peer support □ Written □ Poor □ use □ Long wait □ Treatment □ instructions □ Depression □ Stigma □ buddy □ Phone calls Any missed □ Pill burden □ Other □ □ Extended Drug □ SMS □ pharmacy □ Lost/ran out □ pick-up □ Alarms □ CAG □ Other □ □ Y □ N □ DOT	•	•	• • •	_				
□ Poor use □ Long wait □ Treatment instructions □ Depression □ Stigma buddy □ Phone calls Any missed □ Pill burden □ Other □ Extended Drug □ SMS pharmacy □ Lost/ran out □ pick-up □ Alarms drug pick-ups? □ Transport □ CAG □ Other □ Y □ N □ DOT			,					
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Any missed	□ P00f		-					
pharmacy	Any missed	·	_	•				
drug pick-ups? Transport CAG Other □ Y □ N □ DOT	*			_				
□ Y □ N □ DOT	, ,	-		· · ·				
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Comments (describe whether interventions helped and any new barriers and planned interventions):								
Descrider signatures								
Provider signature:								
ENHANCED ADHERENCE SESSION 3 (Complete on monthly basis until good adherence achieved; use additional sheets if needed)								
Date:	Barriers:		Interventions: Tools					
DD/MM/YYYY	□ Forgot	☐ Child	<u>Services</u>	☐ Pill box				
	☐ Knowledge/	behavior/refusing	□ Education	Calendar				
Adherence:	beliefs	□ Scheduling	Counseling	Incentive				
(see Key for	☐ Side effects	Fear disclosure	(ind)	calendar (peds)				
codes):	☐ Physical	☐ Family/partner	Counseling	ARV swallowing				
☐ Good	illness	Food insecurity	(grp)	instruction				
☐ Fair	☐ Substance	□ Drug stock out	☐ Peer support	□ Written				
□ Poor	use	Long wait	☐ Treatment	instructions				
	☐ Depression	☐ Stigma	buddy	☐ Phone calls				
Any missed	☐ Pill burden	Other	☐ Extended Drug	SMS				
pharmacy	☐ Lost/ran out		pick-up	☐ Alarms				
drug pick-ups?	☐ Transport		□ CAG	Other				
□ Y □ N			□ DOT					
Referrals: Follow-up Date: DD/MM/YYYY (if adherence								
		good will want to maintain contact with patient						
			between 3 rd session and date of repeat viral load,					
			if adherence not yet good give date of next					
			adherence session)					
Comments (des	scribe whether intervention	ins helped and any new har	riers and planned interventi	ons).				
Comments (describe whether interventions helped and any new barriers and planned interventions):								
Provider signature:								
REPEAT VIRAL	LOAD (Complete 3-6 month	s AFTER good adherence is acl	hieved)					
Repeat Viral Lo	ad Result:							
	c/ml		Date: DD/MM/YYYY					
			_					
Plan:			Date:					
				DD/MM/YYYY				
			DD/MM/YYYY					
			DD/MM/YYYY					
			DD/MM/YYYY					
Repeat viral load in 3 months DD/MM/YYYY								
Comments:								
Drovidor signat	TIKO.							
Provider signat	ure.							
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