

Adherence Form – Family Support Specialists



FSS Administering Form:

Date of Meeting:

Client Information

First Name:	Surname:	Case#:	Duration of Treatment

Self-Reporting

Begin by telling the patient that, "Most people with HIV have many pills to take at different times during the day. Many people find it hard to always remember to take their pills. It is important for me to understand how you are really doing with your medicine. Don't worry about telling me if you don't always take all your doses. I need to know what is really happening, not what you think I want to hear."

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 medicine?		
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 taking it?		

Pill Identification Test (PIT)

Ask the client to inspect each container and its contents. He or she should then tell you the name of the medication, number of pills to take per dose, the time he/she takes the medication and whether there are any additional instructions. Use an X to indicate the client's answer based on the chart below.

Question	All	Some	None
Knows the names of all their medication			
Knows the number of pills per dose			
Knows the proper time to take medication			
Knows additional instructions			

Please list the medication the client is currently taking and number left upon pill count.	
1.	5.
2.	6.
3.	7.
4.	8.

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Notes

Please write any notes about the visit, client's status etc. below...