

Adherence 2

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
ADHERENCE REVIEW FORM # 15

Adhere - review 2

revw - dt

--	--	--	--	--	--

--	--	--	--	--	--

F	V
---	---

--	--	--	--

--	--

--	--	--	--	--	--	--	--

1. Identification Number.....

2. Name Code.....

3. Visit Number.....

4. Date of Visit: mm/dd/yyyy

*Clinical Centers are to begin using this Form 15 on Monday, October 12, 1998 at which time Form 16 becomes obsolete.

This form is to be completed at every protocol visit from FV2 on.

- Please have the most recent Adherence Review Report #17 in front of you, as well as this visit's Pill Count Form 5, Blood Pressure Form 10, and Visit Form 11. These must be completed before the Adherence Promotion Interview can be conducted.
- When you do the key entry for this visit, make sure to enter these three forms before you enter this Form 15 so the data can be checked for consistency within the visit.
- Note that if these three forms have been key entered for this visit before you complete this form, it will be helpful for you to run an Adherence Report 17 that corresponds to this visit's data.

5. Is the participant's blood pressure within range at the current visit (i.e., under 92 mmHg for low goal, and 102 to 107 mmHg for moderate goal)? (0=no, 1=yes) bp-range
(Must agree with Form 10, item 13 for this visit)
6. Is the participant's overall pill count for all prescribed and counted antihypertensives within the preferred defined range (80%-110%) at the current visit? pill-ent
(Must agree with Form 5, item 6 for this visit)
0=No
1=Yes
2=Patient has no hypertension without medications.
7. Did the clinical center staff counsel the patient regarding his current MAP and/or pill count compliance? (0=no, 1=yes) counsel
8. a. Has the participant met medication adherence and blood pressure compliance criteria for two consecutive Follow-Up protocol visits after FV1? (i.e., current visit and previous protocol visit held Form 10, item 13 and Form 5, item 6 show blood pressure in range and pill count in range) (Code 0=no, 1=yes, 8=patient has no hypertension without medications, 9=Not applicable because patient is at FV2) ... adh_crit
If yes, skip to Item 20.

b. Which blood pressure/medication adherence category does the patient belong in? adh-cat

Code Item 8b. as follows:

0=Category 0:

It is FV2 and both blood pressure and medication adherence are in range.

1=Category 1: Patient is at FV2 or FV3,

Blood pressure out of range 1-4 mmHg. and medication adherence in range

2=Category 2: Other. This includes cases in which blood pressure in range this time but not last time, cases at FV2 or FV3 where blood pressure is 5 or more mmHg out of range, cases at FV4 or beyond where blood pressure is 1 or more mmHg out of range, and all cases in which medication adherence is not in range.

For Categories 0 or 1, you may continue with Item 9 or skip to Item 20 at the discretion of the Study Coordinator. For Category 2, continue with Item 9.

Life Events Section: (Code 0=no, 1=yes)

9. Does the participant report any of the following stressful life events affecting him or her at the time of this visit?

- a. Loss of job job-loss
- b. Divorce of friend or family divorc-ff
- c. Divorce or separation of patient divorc-pt
- d. Illness of friend or family ill-ff
- e. Illness of patient ill-pt
- f. Hospitalization of friend or family hosp-ff
- g. Hospitalization of patient hosp-pt
- h. Death of friend dead-frd
- i. Death in family dead-fm
- j. Other, specify: (text not key entered) _____ other

Non-pharmacologic Measures Section: (Code 0=no, 1=yes)

- 10. a. Did you ask the participant to modify sodium intake at this visit or is the patient currently on a modified sodium diet? Na-mod
- b. Did you ask the participant to modify calorie intake at this visit or is the patient currently on a modified calorie diet? calor-mod
- 11. Did you ask the participant to increase exercise at this visit or is the participant currently following an exercise regimen? exercise

Reported non-adherence since the last visit (Code 0=no, 1=yes).

Ask the following: "Since your last visit,"

- a. "Have you ever had difficulty taking your blood pressure medicine on schedule?" difficult
- b. "Have you ever forgotten to take your blood pressure medicine?" forget
- c. "Have you ever stopped taking your blood pressure medicine because you felt better?" stop-bet
- d. "Have you ever taken less of your blood pressure medicine than the doctor prescribed because you felt better?" less
- e. "Have you ever stopped taking your blood pressure medicine because you felt worse?" stop-wrs
- f. "Have you ever taken more of your blood pressure medicine than the doctor prescribed because you felt your blood pressure was too high?" more

13. Questions a through f must have a response. Code these main questions as follows:
 0=Addressed with participant, not identified as relevant factor by participant;
 1=Addressed with participant, relevant factor written on Form 15;
 2=Not addressed, patient preference;
 3=Not addressed, clinic team preference;
 4=Not addressed, some other reason.

If the main question (a-f) is coded 1, then code the items below each question as follows:

0=no
 1=yes

- a. What times or days were especially hard for you to take your medication? tm-hard
 ___ Monday - Friday (weekdays) tm-wkday
 ___ Saturday - Sunday (weekends) tm-wkend
 ___ a.m. tm-am
 ___ p.m. tm-pm
 ___ Other tm-other
- b. What places were especially hard to take your medication? plc-hard
 ___ Home plc-home
 ___ Work plc-work
 ___ Other plc-other
- c. What activities or daily routines helped you to take your medication? act-help
 ___ Getting out of bed bed-out
 ___ Going to bed bed-in
 ___ Brushing teeth teeth-brsh
 ___ Bathing both
 ___ Eating/cooking eat-cook
 ___ Watching television watch-tv
 ___ Reading reading
 ___ Other help-other
- d. What activities or daily routines interfered with your plans to take your medications? act-intf
 ___ Shopping shopping
 ___ Employment employ
 ___ Travel travel
 ___ Illness (patient) intf-pt-ill
 ___ Illness (family) intf-ff-ill
 ___ Other intf-other
- e. Were there any medication side effects that may influence medication use? Side-eff
 ___ Diuresis diuresis
 ___ Impotence impotence
 ___ Cough cough
 ___ Lack of energy/sleepy/drowsy drowsy
 ___ Lightheaded on standing lighthead
 ___ Headaches headache
 ___ Other Side-other
- f. Check any adherence promotion strategies that were discussed with the participant Strategy
 ___ Pill box containers pill-box
 ___ Colored coded bottles bot-code
 ___ Bottle lid labelling with dosage/ lid-label frequency
 ___ Calendars calendar
 ___ Blood Pressure monitoring monitor
 ___ AASK Medication diary/other diary diary
 ___ Family support person/group support
 ___ Reward system/compliment reward
 ___ Frequent visits/small amount of pills freq-visit
 ___ Meals meals
 ___ Identifying adherence barriers barriers
 ___ Appointment reminders reminder
 ___ Reminder telephone calls calls
 ___ Social service assistance social-srv
 ___ Other stat-other

Self-Monitoring Diary/Calendar/Log Medication Section: (Code 0=no, 1=yes)

- 14. Does the patient report that they are using self-monitoring on a diary/calendar/log diary - y
- 15. Did the patient bring the diary/calendar/log for review diary - b
- 16. Was feedback provided to the patient regarding the content of the diary/calendar/log being used for self-monitoring? diary - fr

Blood Pressure Section: (Code 0=no, 1=yes)

- 17. Does the patient report that they are currently self-monitoring blood pressure? bp - monit
- 18. Did the patient bring in blood pressure recordings for review? bp - brr
- 19. Was feedback provided to the patient regarding blood pressure readings from self-monitoring? bp - feedk
- 20. Did the participant or support person accurately describe the treatment regimen? (i.e. correctly identify medications, dose schedules, and adherence promotion strategies). . . trt - desc
 1=Yes. The participant described the treatment regimen
 2=The participant did not, but the support person described the treatment regimen
 3=No, and a description was not requested because participant met medication adherence and blood pressure criteria at the last two consecutive visits.
 4=No, and a description was not requested for some other reason.
- 21. Were the prescribed medications and dose schedules written on the diary/calendar/log? (0=no, 1=yes) diary - med
- 22. Did you ask the participant to phone in his/her blood pressure values? (0=no, 1=yes) bp - phone
- 23. Did you ask a support person to help the participant at this visit? (0=no, 1=yes) pt - help

- 201. Certification ID of person completing this form compl - by
- 202. Certification ID of person entering this form entr - by

For Clinical Center Use Only

Date Entered ___/___/___

Verified? _____