

ADHERENCE

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
ADHERENCE REVIEW FORM # 16

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1. Identification Number.....

2. Name Code.....

3. Visit Number.....

4. Date of Visit: mm/dd/yy

This form is to be completed at every protocol visit from FV2 on. It is not done at interim visits.

- 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 16 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)? BP - RANGE
 (Must agree with Form 10, item 13 for this visit)
 1=Yes, and we provided feedback and asked about patient expectations
 2=Yes, but feedback and expectations were not addressed
 3=No, and we provided feedback, asking about personally relevant health concerns
 4=No, and feedback and health concerns not addressed

ADHERE - REVIEW
 6.7 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 - CN
 (Must agree with Form 5, item 6 for this visit)
 1=Yes, and the adherence rate closer to 100% or an equal distance from 100%
 • Reinforce positive outcome
 • Relate outcome to a participant identified strategy
 2=Yes, but the adherence rate further then 100%
 • Reinforce any attempt to follow the treatment regimen
 3=Yes, and adherence rate was not addressed.
 4=No. The adherence rate is closer to 100% than it was at the time of the last Form 16, but it is still out of range
 • Reinforce improvement
 • Relate improvement to a participant identified strategy
 5=No, and the adherence rate is unchanged or is further from 100% than it was at the time of the last Form 16
 • Reinforce any attempt to follow the treatment regimen
 6=Participant failed to bring medications for pill count
 • Discuss rationale for pill count
 • Ask about possible strategies to remember medications
 7=No, and adherence rate was not addressed
 8=Participant brought in medications for pill count, but overall compliance could not be calculated (Form 5, item J is 1, 2, or 3)

9 = pt has no hypertension and is currently on no medication.

Do not add code to hard copy of form

7. 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's Form 10 item 13 and Form 5 item 6 show blood pressure in range and pill count in range) (Code 0=No, 1=Yes, 9=Not applicable because patient is at FV2) Adh_crit
If yes, skip to Item 18.

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

Code Item 7.b. 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 FV 4 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 8 or skip to Item 18 at the discretion of the study coordinator. For Category 2, continue with Item 8.

ADHERE - REVIEW

Life Events

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

(Code 0=no, 1=yes)

- 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-fnd
- i. Death in family dead-fam
- j. Other, specify: (text not key entered) _____ other

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

9. 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

10. Did you ask the participant to increase exercise at this visit or is the participant currently following an exercise regimen? exercise

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

Ask the following: "Since your last visit,"

ADHERE - REVIEW

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?" forgot

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

12. Write brief comments to identify any factors that may influence medication use or blood pressure control. It is not necessary to write comments in each section. The comments on this page are not entered. Each section must have a response code. Code the items as follows:

- 0 = Addressed with participant, not identified as relevant factor by participant;
- 1 = Addressed with participant, relevant factor written on Form 16;
- 2 = Not addressed, patient preference;
- 3 = Not addressed, clinic team preference;
- 4 = Not addressed, some other reason.

a. What times or days were easiest for you to take your medication? _____

tm_easy

f. What activities or daily routines interfered with your plans to take your medications? _____

act_intf

b. What times or days were hardest for you to take your medication? _____

tm_hard

g. Were there any medication side effects that may influence medication use? _____

Side_eff

c. What places were the easiest for you to take your medication? _____

plc_easy

h. Were there any other concerns or issues that may influence medication use? _____

Concerns

d. What places were hardest to take your medication? _____

plc_hard

i. Write a brief summary of an adherence promotion strategy that was proposed by the participant. _____

Summary

e. What activities or daily routines helped you to take your medication? _____

act_help

ADHERE-REVIEW

Self Monitoring Diary Section Medication

13. Were the rationale and instructions for medication self-monitoring on a diary presented to the participant? diary-inst
- 1= Yes, and the participant paraphrased rationale and demonstrated appropriate use of the diary.
 - 2= Yes, but the participant is unable to paraphrase rationale or demonstrate appropriate use of the diary. Discuss medication adherence with a support person.
 - 3= No, but the participant has demonstrated understanding of rationale and instructions by consistent appropriate use of the diary at previous visits.
 - 4= No, participant is not using the diary.
14. a. Did the participant record (using the medication self-monitoring diary) at least 80% of prescribed doses for all prescribed medications? diary-used
- 1= Yes, and the self-monitoring rate is increased or unchanged:
 - Ask about effective adherence promotion strategies
 - 2= Yes, but the self-monitoring rate decreased:
 - Reinforce efforts to follow recommendations.
 - Ask about strategies to increase self-monitoring
 - 3= Yes, and medication self monitoring was not addressed
 - 4= No. The self-monitoring rate improved, but still under 80%.
 - Relate improvement to a participant-identified strategy
 - 5= No. The self-monitoring rate unchanged or decreased.
 - Reinforce any attempt to follow recommendations
 - Discuss rationale for self-monitoring; ask about strategies to increase self-monitoring
 - 6= The participant brought diary but we didn't review or discuss it.
 - 7= The participant failed to bring a self-monitoring diary as instructed.
 - Reinforce any attempt to follow recommendations
 - Discuss rationale for self-monitoring; ask about strategies to increase self-monitoring
 - 9= The participant was not instructed to self monitor medication use.
- b. What proportion of the antihypertensive medications that the patient was supposed to take did the patient actually record? (Report as a percentage. Use a calculator to compute an accurate percentage. Leave blank if not applicable or not available.) diary-act

ADHERE - REVIEW

Blood Pressure

15. Was the participant instructed to self-monitor blood pressure on a diary? bp-monit
- 1= Yes, and the participant paraphrased rationale and demonstrated appropriate use of the diary.
 - 2= Yes, but the participant is unable to paraphrase rationale or demonstrate appropriate use of the diary. Discuss blood pressure self monitoring with a support person.
 - 3= No, but the participant has demonstrated understanding of rationale and instructions by consistently recording blood pressure measurements in the diary.
 - 9= No. The participant was not instructed to self monitor blood pressure.
16. Location of self-monitoring of blood pressure bp-loc
- 0=Not being done, 1=Being done at home, 2=Being done at a community site

ADHERE - REVIEW

17. Did the participant record the recommended number of blood pressure measurements in the blood pressure management diary? diary - bpr
- 1= Yes, and the self-monitoring rate has increased or remained the same.
 - Reinforce use of self-monitoring diary.
 - 2= Yes, and the self monitoring rate has decreased.
 - Reinforce any efforts to follow recommendations.
 - Ask about strategies to increase BP self-monitoring.
 - 3= Yes, and self monitoring rates were not addressed.
 - 4= No, and the self-monitoring rate increased but is still out of range.
 - Relate improvement to a participant identified strategy.
 - 5= No, and the self monitoring rate remained the same or decreased.
 - Reinforce any efforts to follow recommendations.
 - Discuss rationale for BP self-monitoring.
 - Ask about strategies to increase BP self-monitoring.
 - 6= No, the patient brought the diary but and self-monitoring rates were not addressed.
 - 7= The participant did not bring the diary.
 - Reinforce any efforts to follow recommendations.
 - Discuss rationale for BP self-monitoring.
 - Ask about strategies to increase BP self-monitoring.
 - 9= The participant was not instructed to self monitor blood pressure.

18. Were the prescribed medications and dose schedules written on the Self Monitoring Diary? diary - med
- 1= Yes
 - 2= No, not written because participant met medication adherence and blood pressure criteria at last two consecutive visits.
 - 3= No, not written for some other reason.
 - 9= We are not using the Self Monitoring Diary with this patient.

19. Were adherence promotion strategies written on the Self Monitoring Diary? diary - strgy
- 1= Yes
 - 2= No, and not written because participant met medication adherence and blood pressure criteria at the last two consecutive visits .
 - 3= No, not written for some other reason.
 - 9= We are not using the Self Monitoring Diary with this patient.

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. Did you ask the participant to phone in his/her blood pressure values? (0=no, 1=yes) bp - phone

22. Did you ask a support person to help the participant at this visit? (0=no, 1=yes) pc - help

CERTIFICATION

201. Certification ID of person completing this form compl - b

202. Certification ID of person entering this form enter - b

For Clinical Center Use Only
Date Entered ____/____/____

Verified? _____