

## Diabetes Prevention Program MEDICATION ADHERENCE INTERVIEW

This form must be completed when medication adherence is assessed on the Standard (form F01) or Major (form F02) Follow-up Visit Inventory. This form is also completed at the Month 1 Titration Visit with the Interim (form F03) Follow-up Visit Inventory. Complete this form only if the participant has taken any coded metformin since the last visit. The Medication Adherence Interview is for all DPP participants taking coded metformin, regardless of level of adherence. Complete the interview and F05 form, and then transfer appropriate data to Section H (Coded Medication) of the corresponding Follow-up Visit Inventory.

### Part I / IDENTIFICATION

#### A. Participant Identification

1. Clinic number 

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 CLINIC
  
2. Participant number 

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 PATID
  
3. Participant's initials 

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 INITIS  

first
last
  
4. Participant's date of birth 

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 DOB  

month
day
year
  
5. Participant's sex 
 Male   
 Female 
 SEX

#### B. Visit Information

1. Date of visit 

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 MAVSTDT  

month
day
year
  
2. Type of visit 
 Standard Follow-up   
 Major Follow-up   
 Interim Follow-up 
 MAVSTTY
  
3. Week of visit 

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 MAVSTWK
  
4. Outcome visit 

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 VISIT
  
5. End of Study 
 Yes   
 No 
 MAEOS

#### C. Instructions for Form F05 Completion

Complete Part II of this form during the interview, keeping as close to the wording of the interview questions as possible and as appropriate for the DPP participant. For items which require the Code Sheet, choose the code which you think best describes the response most important to the participant and list on line a. If the participant offers additional responses, list as b and c. If code 99 is used, please specify response on the line under the item.

Initials of person reviewing completed form 

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first last Form entered in computer?

Participant's initials

first		last	

Date of birth

month	day	year	

Date of visit

month	day	year	

**Part II / MEDICATION ADHERENCE INTERVIEW**

PROMPT: For the most recent typical week, what is your estimate of the number of days when you took your metformin pills as prescribed? \_\_\_\_\_ of 7 days

Record results on the corresponding Follow-up Visit Inventory, section H.

**D. Interview Responses**

1. How did you remember to take your DPP pills as prescribed since the last visit? (see Code Sheet, 700 series) MAHOW a. 

7		
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- \_\_\_\_\_ MAHOWB b. 

7		
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- \_\_\_\_\_ MAHOWC c. 

7		
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2. How helpful was the plan we decided on at the last visit to help you take your DPP medications as prescribed?

- |  |  |
|--|--|
| <input type="checkbox"/> 1 No plan specified/Not applicable                            | <input type="checkbox"/> 4 Not at all helpful                            |
| <input type="checkbox"/> 2 Very helpful <span style="margin-left: 20px;">MAHELD</span> | <input type="checkbox"/> 5 Did not try that plan (i.e., not implemented) |
| <input type="checkbox"/> 3 Somewhat helpful  |  |

3. Taking pills every day is hard for some people. What is your main problem, if any, in trying to take your DPP pills as prescribed? (see Code Sheet, 800 series) MAPROB a. 

8		
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- \_\_\_\_\_ MAPRJBB b. 

8		
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- \_\_\_\_\_ MAPROBC c. 

8		
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4. What plan or strategy do you think could be helpful to deal with this problem? (see Code Sheet, 900 series) MAPLAN a. 

9		
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- \_\_\_\_\_ MAPLANB b. 

9		
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- \_\_\_\_\_ MAPLANC c. 

9		
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5. Do you intend to follow this plan (from question # 4) until the next visit?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 No plan specified/Not applicable | <input type="checkbox"/> 4 Probably not   |
| <input type="checkbox"/> 2 Definitely                       | <input type="checkbox"/> 5 Definitely not <span style="margin-left: 20px;">MAINTEN</span> |
| <input type="checkbox"/> 3 Probably                         |   |

*For DPP Staff Use Only*

6. Do you consider the participant's estimation of medication adherence "for the most recent week" to be reliable?

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Not applicable | <input type="checkbox"/> 4 Probably not  |
| <input type="checkbox"/> 2 Definitely     | <input type="checkbox"/> 5 Definitely not <span style="margin-left: 20px;">MAREL1</span> |
| <input type="checkbox"/> 3 Probably       |  |