

## 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   CLINIC
  
2. Participant number  PATID
  
3. Participant's initials  INITS  

first                  last
  
4. Participant's date of birth  DOB  

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

#### B. Visit Information

1. Date of visit  MAVSTDT  
month                  day                  year replaced with  
 DAYSRAND
  
2. Type of visit Standard Follow-up  MAVSTTY  
Major Follow-up   
Interim Follow-up
  
3. Week of visit  MAVSTWK
  
4. Outcome visit  VISIT
  
5. End of Study Yes  MAEOS  
No

#### 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  Form entered in computer?   

first                  last

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

7		
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- |  |  |
|--|--|
| <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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\_\_\_\_\_ MAPROBB 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   | <span style="float: right;">MAINTEN</span> |
| <input type="checkbox"/> 2 Definitely                       | <input type="checkbox"/> 5 Definitely not |  |
| <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   | <span style="float: right;">MARELI</span> |
| <input type="checkbox"/> 2 Definitely     | <input type="checkbox"/> 5 Definitely not |   |
| <input type="checkbox"/> 3 Probably       |   |   |

## **Code Sheet for the Medication Adherence Interview (F05.1)**

Record the code most important to the participant (their primary response) on the "a" line. If participant offers additional response(s), record on lines "b" and "c."

### **1. How did you remember to take your DPP pills as described since the last visit? (700 series) (Do not read options)**

- 700 no specific strategy reported
- 701 keeping to a time "routine" (e.g., time of day; meal-time activity)
- 702 keeping to a "strategy/routine" (e.g., medication in a convenient place, within sight, or marking dates on blister packs)
- 703 used calendar or log book to document pills taken
- 704 used pill-taking reminder devices (e.g., pillbox)
- 705 family/friends reminded me
- 706 DPP staff phone contact
- 707 stopped taking study medication since last visit
- 799 other (please specify):

### **3. What is your main problem, if any, in trying to take your DPP pills as prescribed? (800 series) (Do not read options)**

- 800 no barriers reported
- 801 forgets to take DPP pills
- 802 reports doesn't like to take pills
- 803 fear of taking DPP pills
- 804 adverse reaction to DPP pills (please specify)
- 805 inconvenient to take pills as prescribed (e.g., with meals)
- 806 difficult to swallow DPP pills
- 807 forgets to take evening (second dose) of metformin
- 808 specifically a GI reaction to DPP pills
- 809 sometimes takes too many DPP pills
- 810 outside influence to stop taking medication (e.g., MD, family, friends, media)
- 811 disruption of regular routine (e.g., vacation, significant life events)
- 812 hospitalization/new illness/medical reasons
- 813 study fatigue/lack of motivation
- 814 lost/misplaced pills
- 815 excessive alcohol usage
- 816 unwilling to take DPP pills as prescribed
- 899 other (please specify):

### **4. What plan or strategy do you think could be helpful to deal with this problem? (900 series) (May suggest options, as needed)**

- 900 no barriers reported, not applicable
- 901 will continue current plan
- 902 new device (e.g., pill box)
- 903 new routine/strategy (e.g., take with other pills, mark dates on blister packs)

- 904 *remedy for adverse reactions to pills*
- 905 *change type and/or frequency of DPP staff communication (e.g., phone calls, letters, e-mail)*
- 906 *interim visits for adherence counseling*
- 907 *given tip sheet to address specific barriers*
- 908 *remedy for difficulty swallowing pills (please specify)*
- 909 *staff-prescribed deviation of taking a half tablet of metformin daily*
- 910 *DPP staff- prescribed deviation from medication protocol during this quarter, other than a half tablet of metformin daily (please specify)*
- 911 *accept participant's proposed level of adherence to DPP pills to promote retention*
- 912 *use new tool/strategy to assess barriers (i.e., record when and how often adverse events occur, monitor eating patterns)*
- 913 *Reduce alcohol intake to acceptable levels*
- 914 *Staff use of percent exposure data with selected participant*
- 915 *Scheduled a meeting with behavior therapist on DPP staff*
- 999 *other (please specify):*