



Case Management Medication Adherence Monitoring Tool

Client Name/ ID: _____ **Case Manager:** _____

**If antiretroviral medications are NOT currently prescribed, check here _____
(do not complete form)**

I am going to ask you about your HIV medications that you took over the last four days. Most people with HIV have to take many pills everyday. Sometimes it is hard to always remember to take the pills. Some people don't want to take pills everyday. I would like to understand what is really going on, so don't worry about telling me that you didn't take all your medication doses.

1) First, let's list your medications and doses per day:		2) How many doses did you miss...				
Name of HIV Medication	Dose/Day	Yesterday	2 Days Ago	3 Days Ago	4 Days Ago	Total Doses Missed
		__ Missed	__ Missed	__ Missed	__ Missed	__ Missed
		__ Missed	__ Missed	__ Missed	__ Missed	__ Missed
		__ Missed	__ Missed	__ Missed	__ Missed	__ Missed
		__ Missed	__ Missed	__ Missed	__ Missed	__ Missed
		__ Missed	__ Missed	__ Missed	__ Missed	__ Missed
SCORE 1 (Total Doses Missed on the Two Worst Days)						

2) During the past 4 days, on how many days have you missed all your pills?

(0) No days (1) One day (2) Two days (3) Three days (4) All four days

SCORE 2 _____

3) Most HIV medications need to be taken on a schedule, such as "2 times a way" or "every 8 hours". How closely did you follow your specific schedule over the last 4 days?

(4) Never (3) Some of the time (2) About half the time (1) Most of the time (0) All of the time

SCORE 3 _____

4) Some people find that they forget to take their pills on the weekends. Did you skip any of your

HIV medications last weekend – last Saturday or Sunday?

(0) No (1) Yes

SCORE 4 _____

TOTAL SCORE: (Sum of Scores 1-4): _____