

8. What did you do when you missed taking your SHEP medicines? (Push for answers, but do not provide specific categories.)

- | | <u>Mentioned</u> | <u>Not Mentioned</u> |
|--|------------------------------------|----------------------------|
| a. Waited and doubled up the next dose | 59 (19) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Did nothing/took usual dose next time | 1 <input type="checkbox"/> (20) 60 | 2 <input type="checkbox"/> |
| c. Reports missed dose(s) at next clinic visit | 61 (21) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Called SHEP clinic | 1 <input type="checkbox"/> (22) 62 | 2 <input type="checkbox"/> |
| e. Recorded missed dose(s) | 63 (23) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Took it later | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Other (specify) _____ | (24) 64 | |

- 9: How many times a day do you take your C1/C2?
(Circle correct Step I drug.)
- Every other day 1
 Once per day 2 (25) 65
 Other _____ 3
 (Specify)
10. How many do you take each time?
- One 1 (26) 66
 Other _____ 2
 (Specify)
11. When do you take it?
- Morning when getting up 1 (27) 67
 Other _____ 2
 (Specify)

If participant is not on Step II medications, go to 15.

12. How many times a day to your take your A1/A2/R?
(Circle correct Step II drug.)
- Once per day 1
 Twice per day 2 (28) 68
 Other _____ 3
 (Specify)
13. How many do you take each time?
- One 1 (29) 69
 Other _____ 2
 (Specify)
14. When do you take it?
- Morning when getting up 1
 Morning when getting up, and late afternoon or bedtime (30) 70
 Other _____ 2
 (Specify) 3

15. Was a pill count done at this visit? (31) 1 Yes 2 No, SHEP medications not brought to clinic
- RECORD TYPE (34) 80 a. Step I result: [72][73][74] . [75] % (32) DATE LAST PROCESSED 90-95 (37)
- DATE RECEIVED (35) 81-86 b. Step II result: [76][77][78] . [79] % (33) PAPER COPY (38) 96
- UPDATE NUMBER (36) 87-89 97 (39) EDIT STATUS CODE

If participant reports missing doses, or pill count result (if done) is less than 80% for either Step I or Step II, or participant is not taking drugs properly, reinforce instructions on how to take SHEP medications.

33 (2) VERSION (3) (4) COMPLIANCE EVALUATION (5)

(6) 41-46

1. SHEP ID: [22,23] - [24,25,26,27] - [28,29] (5) 2. Acrostic: [] [] [] [] [] []

3. Date of clinic visit: [36,37] [38,39] [34,35] (7) Month Day Year 4. Sequence number: [47,48] (8)

This form is required at the next scheduled visit after SHEP medications are started or increased, and at semi-annual visits. Do not administer if participant was not prescribed SHEP blinded medications at the last visit.

At the one-month visit: "We know that people sometimes miss a dose of their medicine for one reason or another, or they just forget. We are going to ask you a few questions at each clinic visit about taking your SHEP medicines. Your answers may help us to understand certain problems that can occur when people have to take medicines for a long period of time."

At other visits: "I am now going to ask you a few questions about taking your medicines since your last visit."

5. Have you missed taking your SHEP medicines anytime in the past 7 days? (9) 1 Yes 2 No 49 ↓ Go to 9.

6. Which days did you miss? (Circle days mentioned.) M T W Th F S S → Total days missed (50) (10)

7. Why did you miss taking the medicines? (Push for answers, but do not mention specific categories.)

	Mentioned	Not Mentioned
a. Wasn't feeling well	51 (11) 1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Medicine made participant ill (Specify) _____	1 <input type="checkbox"/> (12) 52	2 <input type="checkbox"/>
c. Just forgot	53 (13) 1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Away from home/didn't have medicine	1 <input type="checkbox"/> (14) 54	2 <input type="checkbox"/>
e. Ran out of medicine	55 (15) 1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Didn't want to take (Reason) _____	1 <input type="checkbox"/> (16) 56	2 <input type="checkbox"/>
g. Doctor (usual source of care) told me to stop	57 (17) 1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Other (Specify) _____	1 <input type="checkbox"/> (18) 58	2 <input type="checkbox"/>

8. What did you do when you missed taking your SHEP medicines? (Push for answers, but do not provide specific categories.)

	Mentioned	Not Mentioned
a. Waited and doubled up the next dose	59 (19) 1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Did nothing/took usual dose next time	1 <input type="checkbox"/> (20) 60	2 <input type="checkbox"/>
c. Reports missed dose(s) at next clinic visit	61 (21) 1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Called SHEP clinic	1 <input type="checkbox"/> (22) 62	2 <input type="checkbox"/>
e. Recorded missed dose(s)	63 (23) 1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Took it later	1 <input type="checkbox"/> (24) 64	2 <input type="checkbox"/>
g. Other (specify) _____	98 (40) 1 <input type="checkbox"/>	2 <input type="checkbox"/>

If the participant is not currently being prescribed C1 or C2, skip to Item 12.

9. How many times a day do you take your C1/C2?
(Circle correct Step 1 drug.)
- Every other day 1
Once per day 2 **(25)** 65
Other 3
(Specify) _____
10. How many do you take each time?
- One 1
Other 2 **(26)** 66
(Specify) _____
11. When do you take it?
- Morning when getting up 1
Other 2 **(27)** 67
(Specify) _____

If participant is not currently being prescribed A1, A2 or R, skip to Item 15.

12. How many times a day do you take your A1/A2/R?
(Circle correct Step 2 drug.)
- Once per day 1
Twice per day 2 **(28)** 68
Other 3
(Specify) _____
13. How many do you take each time?
- One 1
Other 2 **(29)** 69
(Specify) _____
14. When do you take it?
- Morning when getting up 1
Morning when getting up, and late afternoon or bedtime 2 **(30)** 70
Other 3
(Specify) _____

Item 15 for interviewer only. Skip pill count for home and telephone visits.

15. Was a pill count done at this visit? 71 **(31)** Yes 1 No 2
- (32)** a. Step 1 result: . %
- (33)** b. Step 2 result: . %

If participant reports missing doses, or pill count result (if done) is less than 80% for either Step 1 or Step 2, or participant is not taking drugs properly, reinforce instructions on how to take SHEP medications.

- 3-8 **(514)** BATCH DATE RECORD TYPE **(34)** 80 DATE LAST PROCESSED **90-95 (37)**
- 11-16 **(515)** DATE MODIFIED DATE RECEIVED **(35)** 81-86 PAPER COPY **(38)** 96
- 17-20 **(516)** TIME MODIFIED UPDATE NUMBER **(36)** 87-89 97 **(39)** EDIT STATUS CODE
- 21 **(517)** EDIT STATUS