



Adherence Follow up assessment

Antiretroviral medication:

Hosp No:

How many doses did you miss:

In the last week?

In the last month?

When was the last time you missed a dose?

Do you take your medication (please circle): with food after food without food

Check time and dose:

If missing doses:

Identify adherence barriers:

Identify adherence strategies:

Sign:

Date: