Checklist for Adherence

- **Patient** **Date:**
- **Clinic number:** **Doctor:**

Understanding of combination therapy	
Understanding of why ART has been prescribed **Evaluate motivation and commitment.**	
Understanding of VL and CD4 count	
Understanding of what drugs will be prescribed (show medication). Dosage form, No. of pills, frequency	
Discuss dosage regimen i.e. lifestyle, timings, diet, storage	
Discuss adherence and resistance, missed doses, vomiting & diarrhoea **Identify potential barriers to adherence.** **Ensure has skills to manage adherence** **Discuss stopping therapy.**	
Discuss compliance aids i.e. dosette boxes, alarms, medication cards, prompts, timetable	
Discuss side effects of medication and management (reporting)	
Discuss risk of drug interactions **Discuss concomitant drug therapy – G.P prescribed medication, OTC medication, herbal and homeopathic medication, illicit drugs etc. Complete DHx if required**	
Provide written information, Patient information leaflets, Hypersensitivity reaction alert card and contact details	
Discuss attendance to hospital appointments, running out of medication. Travelling.	
Discuss planned hospital admissions and bringing medication into hospital. Promote awareness of ART regimen	
Check for other issues e:g housing, relationships	
Make a follow-up appointment	