

Treatment adherence monitoring tool

Adherence monitoring tool (MERM and DOT arms)																														
Participant ID: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										Arm <input type="checkbox"/> MERM <input type="checkbox"/> DOT										Health Professional ID: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
Adherence follow-up																														
Month <input type="checkbox"/> 1										<input type="checkbox"/> 2																				
The patient visited the facility (DOT)/opened the box (MERM) and has taken the medication. Check daily record (DOT)/every 15 days (MERM) and mark √ if taken, X if not taken																														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Reason for non-adherence, if any																														
Week 1: Any non-adherence? <input type="checkbox"/> Yes <input type="checkbox"/> No															Week 2: Any non-adherence? <input type="checkbox"/> Yes <input type="checkbox"/> No															
If yes, date/s # of days missed:															If yes, date/s # of days missed:															
Reason:															Reason:															
<input type="checkbox"/> Forgetfulness 0															<input type="checkbox"/> Forgetfulness															
<input type="checkbox"/> Drug side-effect1															<input type="checkbox"/> Drug side-effect															
<input type="checkbox"/> Ran out of pills2															<input type="checkbox"/> Ran out of pills															
<input type="checkbox"/> Lack of supporter3															<input type="checkbox"/> Lack of supporter															
<input type="checkbox"/> Feel the dose given is high4															<input type="checkbox"/> Feel the dose given is high															
<input type="checkbox"/> Finance for food/transport5															<input type="checkbox"/> Finance for food/transport															
<input type="checkbox"/> Lack of hope6															<input type="checkbox"/> Lack of hope															
<input type="checkbox"/> Feel drug is not effective7															<input type="checkbox"/> Feel drug is not effective															
Week 3: Any non-adherence? <input type="checkbox"/> Yes <input type="checkbox"/> No															Week 4: Any non-adherence? <input type="checkbox"/> Yes <input type="checkbox"/> No															
If yes, date/s # of days missed:															If yes, date/s # of days missed:															
Reason:															Reason:															
<input type="checkbox"/> Forgetfulness															<input type="checkbox"/> Forgetfulness															
<input type="checkbox"/> Drug side-effect															<input type="checkbox"/> Drug side-effect															
<input type="checkbox"/> Ran out of pills															<input type="checkbox"/> Ran out of pills															
<input type="checkbox"/> Lack of supporter															<input type="checkbox"/> Lack of supporter															
<input type="checkbox"/> Feel the dose given is high															<input type="checkbox"/> Feel the dose given is high															
<input type="checkbox"/> Finance for food/transport															<input type="checkbox"/> Finance for food/transport															
<input type="checkbox"/> Lack of hope															<input type="checkbox"/> Lack of hope															
<input type="checkbox"/> Feel drug is not effective															<input type="checkbox"/> Feel drug is not effective															
Urine pyrazinamide test results every 15 days																														
Urine test result															<input type="checkbox"/> Positive <input type="checkbox"/> Negative															
Urine test result															<input type="checkbox"/> Positive <input type="checkbox"/> Negative															
For DOT arm only																														
If a patient asks to take additional medication for the next day/s, fill:																														
Date asked: For how many days asked: Measures taken:																														
Date asked: For how many days asked: Measures taken:																														
Date asked: For how many days asked: Measures taken:																														
Date asked: For how many days asked: Measures taken:																														