

# **AMPATH CLINICS**

## **Comprehensive ART Adherence Measurement for Paediatrics (CAMP) – Caregiver Evaluation**

### **Medication Description Questions**

**1. What are the medicines [child's NAME] is supposed to be taking for HIV infection?** *Ask the caregiver to show you the medicines. Have the caregiver explain how much is given and when. If they do not know names, record whatever the caregiver says to describe the medicine.*

| Medication Name                               | Amount of Medication to be Given | Times Given |
|---|----------------------------------|-------------|
| _____ <input type="checkbox"/> Could not name |                                  |             |
| _____ <input type="checkbox"/> Could not name |                                  |             |
| _____ <input type="checkbox"/> Could not name |                                  |             |

**2. Any other medicines given to [child's NAME]? If yes, which ones?**

| Medication Name                               | Amount of Medication to be Given | Times Given |
|---|----------------------------------|-------------|
| _____ <input type="checkbox"/> Could not name |                                  |             |
| _____ <input type="checkbox"/> Could not name |                                  |             |
| _____ <input type="checkbox"/> Could not name |                                  |             |

**3. What herbals, teas, or traditional medicines is [child's NAME] using?**

**4. Is [child's NAME] using any other medications from other doctors, clinics or hospitals? If yes, which ones?**

| Medication Name                               | Amount of Medication to be Given | Times Given |
|---|----------------------------------|-------------|
| _____ <input type="checkbox"/> Could not name |                                  |             |
| _____ <input type="checkbox"/> Could not name |                                  |             |

**5. What else have you been doing or using to help the child become strong or healthy?**

\_\_\_\_\_

\_\_\_\_\_

**6. Who gives [name] his/her medicines? (tick all that apply)** ☐ Mother ☐ Father ☐ Guardian ☐ Relative who lives in home ☐ Relative who lives outside of home ☐ Neighbor ☐ Sibling ☐ House help ☐ Child takes meds themselves ☐ Other (specify) \_\_\_\_\_

**7. Does anyone besides you know that [name] takes these medicines?** ☐ Yes ☐ No

If yes, how many people know? \_\_\_\_\_

Who knows? (specify) \_\_\_\_\_

If no, why not? (specify) \_\_\_\_\_

**8. In an average week, how many days of the week are you the one who gives the child medicines?**

☐ Morning doses ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

☐ Evening doses ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

**9. Does the child know that he/she is taking the medicines for HIV?** ☐ Yes ☐ No ☐ Don't Know

**10. Do you ever just forget to give the medicines when you are busy?**

☐ Yes ☐ No

**If yes, how often?**

☐ Many times ☐ Some times

☐ Occasionally \_\_\_\_\_ times in a week

**11. Do you ever forget to keep time in giving the medicines?**

☐ Yes ☐ No

**If yes, how often?**

☐ Many times ☐ Some times ☐ Occasionally \_\_\_\_\_ times in a week

**When?** ☐ Mornings ☐ Evenings ☐ Weekends ☐ Weekdays ☐ Other: \_\_\_\_\_

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### Comprehensive ART Adherence Measurement for Paediatrics (CAMP) – Caregiver Evaluation

|   |  |  |
|---|--|--|
| <b>12. Do you ever have problems keeping time with the medicines?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>When?</b> <input type="checkbox"/> Mornings <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Weekdays <input type="checkbox"/> Other: _____   |  |  |
| <b>13. Do you ever not give the medicines because you do not want to give them in front of other people?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, how often?</b><br><input type="checkbox"/> Many times <input type="checkbox"/> Some times <input type="checkbox"/> Occasionally    ____times in a week   |  |  |
| <b>14. Do you ever delay giving the medicines because you do not want to give them in front of other people?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, how often?</b><br><input type="checkbox"/> Many times <input type="checkbox"/> Some times <input type="checkbox"/> Occasionally    ____times in a week   |  |  |
| <b>15. Are there times when you do not have enough food for your family?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>How many meals in a week do you miss food?</b> ____meals in a week<br><b>How many meals in a week does your child miss food?</b> ____meals in a week   |  |  |
| <b>16. Do you ever not give the child the medicines because you do not have food to give with the medicines?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, how often?</b> <input type="checkbox"/> Many times <input type="checkbox"/> Some times <input type="checkbox"/> Occasionally    ____times in a week  |  |  |
| <b>17. Are you currently enrolled in AMPATH nutrition program?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| <b>18. Do you ever have problems with getting your child to take the medicines?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, how often?</b><br><input type="checkbox"/> Many times <input type="checkbox"/> Some times <input type="checkbox"/> Occasionally    ____times in a week<br><br><b>What problems does child raise?</b><br>_____   |  |  |
| <b>19. Do you ever have problems with giving the medicines because the child does not know why they are taking them?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, how often?</b> <input type="checkbox"/> Many times <input type="checkbox"/> Some times <input type="checkbox"/> Occasionally    ____times in a week  |  |  |
| <b>20. Have the medicines ever made the child sick or ill?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes:</b> <input type="checkbox"/> Vomiting <input type="checkbox"/> Rash <input type="checkbox"/> Anemia <input type="checkbox"/> Sleep problem <input type="checkbox"/> Liver problem<br><input type="checkbox"/> Other: _____<br><br><b>If yes, why do you think the child became ill?</b> <input type="checkbox"/> Medicines too strong <input type="checkbox"/> Side effect of medicines<br><input type="checkbox"/> Did not take with food <input type="checkbox"/> Child not used to medicine <input type="checkbox"/> Other reason (specify) _____   |  |  |
| <b>21. Did your child miss any doses yesterday?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know  |  |  |
| <b>22. How many doses of medicine has your child missed in the last 3 days?</b><br>(write number) _____<br><input type="checkbox"/> Don't know  |  |  |
| <b>23. How many doses of medicine has your child missed in the last month?</b> _____<br><input type="checkbox"/> Don't know   |  |  |
| <b>24. Some families tell us that their child worries them or makes it difficult to give them the medicines. Has your child [name] not taken medicines for any of these reasons:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> He/she does not know why taking the medicines or keeps asking questions about the medicines<br/> <input type="checkbox"/> He/she did not understand the medication instructions<br/> <input type="checkbox"/> He/she was playing or at school or work<br/> <input type="checkbox"/> He/she felt ill or was vomiting<br/> <input type="checkbox"/> He/she does not want others to see the medicines<br/> <input type="checkbox"/> He/she had harm or side effects caused by the drugs<br/> <input type="checkbox"/> Finds medicines too bitter               </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> He/she forgot to take medicine<br/> <input type="checkbox"/> He/she refused to take medicine<br/> <input type="checkbox"/> He/she felt better<br/> <input type="checkbox"/> He/she believes medicine does not help<br/> <input type="checkbox"/> Has problems with 1 formulation (tablets, liquids)<br/> <input type="checkbox"/> He/she is tired of taking the medicines               </td> </tr> </table> | <input type="checkbox"/> He/she does not know why taking the medicines or keeps asking questions about the medicines<br><input type="checkbox"/> He/she did not understand the medication instructions<br><input type="checkbox"/> He/she was playing or at school or work<br><input type="checkbox"/> He/she felt ill or was vomiting<br><input type="checkbox"/> He/she does not want others to see the medicines<br><input type="checkbox"/> He/she had harm or side effects caused by the drugs<br><input type="checkbox"/> Finds medicines too bitter | <input type="checkbox"/> He/she forgot to take medicine<br><input type="checkbox"/> He/she refused to take medicine<br><input type="checkbox"/> He/she felt better<br><input type="checkbox"/> He/she believes medicine does not help<br><input type="checkbox"/> Has problems with 1 formulation (tablets, liquids)<br><input type="checkbox"/> He/she is tired of taking the medicines |
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### Comprehensive ART Adherence Measurement for Paediatrics (CAMP) – Caregiver Evaluation

|   |  |
|---|--|
| <input type="checkbox"/> Can't take without food<br><input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> None of the above |
|---|--|

**25. Sometimes, a child does not take their medicines every day or at the same time every day because of difficulties for the caregiver. I am going to read a list of issues that may be problems for you as a caregiver in having the child take the medicines. Stop me when you hear a problem mentioned that applies to you or the child's caregiver. I [or the caregiver]:**

|   |  |
|---|--|
| <input type="checkbox"/> I had difficulty with reading instructions<br><input type="checkbox"/> I did not understand the medication instructions<br><input type="checkbox"/> I thought treatment was completed<br><input type="checkbox"/> I was not always around with the child<br><input type="checkbox"/> I was taking alcohol or other drugs<br><input type="checkbox"/> I did not want others to see<br><input type="checkbox"/> I had trouble with timing or giving the doses on time<br><input type="checkbox"/> I did not think the drugs were helping<br><input type="checkbox"/> I thought child needed a break from the medicines | <input type="checkbox"/> I was afraid of side effects on child<br><input type="checkbox"/> I thought other matters were more urgent<br><input type="checkbox"/> I was away from home (work, field, etc.)<br><input type="checkbox"/> I was discouraged or losing hope<br><input type="checkbox"/> There were frequent changes in caregivers<br><input type="checkbox"/> Caregiver being too busy and forgetting<br><input type="checkbox"/> I was not aware of child's status<br><input type="checkbox"/> I wanted to try another treatment or prayers<br><input type="checkbox"/> None of the above |
|---|--|

☐ Other (specify): \_\_\_\_\_

**26. Sometimes, children do not take their medicines because of difficulties within the community. Have any difficulties in the community caused your child to miss taking their medicines? Stop me when you hear a problem mentioned that applies to you:**

|   |  |
|---|--|
| <input type="checkbox"/> I was unable to explain why the child taking medicines<br><input type="checkbox"/> I was being discouraged by neighbors/friends/family<br><input type="checkbox"/> Child in school and I did not want to remove from school<br><input type="checkbox"/> I did not receive help from neighbors/friends/family | <input type="checkbox"/> I did not want the child to be seen taking medicines<br><input type="checkbox"/> I feared discrimination and isolation<br><input type="checkbox"/> Others did not believe medicines are needed<br><input type="checkbox"/> Other: (specify) _____ |
|---|--|

☐ Could not get to clinic without others wondering ☐ None of the above

**27. Sometimes, problems at the clinic make it difficult for families to give these medicines every day. Have any of these things been a problem for you:**

☐ The clinic staff didn't explain well enough how to give or take the medicine or did not write instructions  
☐ The clinic staff seemed to have a negative/judgmental attitude about the medicines  
☐ The clinic staff made you feel harassed  
☐ There was no money to purchase medicine (if not offered at AMPATH)  
☐ The medicine was not available in the pharmacy. **Which medicine?** ☐ ARVs ☐ Septrin ☐ Other (include abx)

☐ Other (specify): \_\_\_\_\_ ☐ None of the above

**28. When children are sick, families often try other forms of treatment in addition to or in place of the ARVs. Is your child currently going for any of these other types of treatment: (Specify *tick all that apply*)**

☐ Herbal (including leaves, stems, roots) ☐ Teas ☐ Chinese ☐ Prayers for healing ☐ South African supplements  
☐ Witchcraft ☐ Cutting ☐ Other: (specify) \_\_\_\_\_

**29. At times, families have difficulties with other matters related to the medicines. Have any of these things made it difficult for your child to take the medicines everyday or at the right time?**

|  |  |
|--|--|
| <input type="checkbox"/> Too little/no food to give with medicine<br><input type="checkbox"/> Pouring of medicines<br><input type="checkbox"/> Nobody to administer medication<br><input type="checkbox"/> Needing to hide medicines<br><input type="checkbox"/> No money for transport to clinic<br><input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Ran out of medicine before clinic appointment<br><input type="checkbox"/> Family refused medication<br><input type="checkbox"/> No clean water to use with medicines<br><input type="checkbox"/> Delaying doses of medicines<br><input type="checkbox"/> No transport to clinic available<br><input type="checkbox"/> None of the above |
|--|--|

**30. In general how do feel about taking medicine?** ☐ I am willing to take medicine ☐ I dislike taking medicine, but I take it when I need it ☐ I use herbs instead of taking pills ☐ I never take medicine for any reason

**31. Imagine I could give you 5 cows now OR I could give you 8 cows in 5 years. This is not a real situation; this is a hypothetical situation to imagine. Which would you prefer?** ☐ 5 cows now ☐ 8 cows in 5 years

**32. We want to know whether you agree or disagree with this statement: "I will sometimes give something up now so that I will get something better in my future." An example is: "I will not slaughter my cow for meat this year so that my cow could have a calf next year, and then I could slaughter 2 cows." Do you:**

☐ Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly agree

**33. Everyone misses taking their medication sometimes for various reasons. Do you have any trouble giving the child their medicines?** ☐ Yes ☐ No **If yes, how often?** ☐ Many times ☐ Some times ☐ Occasionally

**34. In the past week,**

a. How many days were you with the child? ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

b. On how many days did the child miss at least one dose? ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

c. On how many days did the child take a dose more than an hour late? ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

d. On how many days did the child miss **all** of his/her doses? ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

e. How many doses did the child miss altogether? \_\_\_\_\_

f. How many extra doses or syringes of medicine did the child take? \_\_\_\_\_

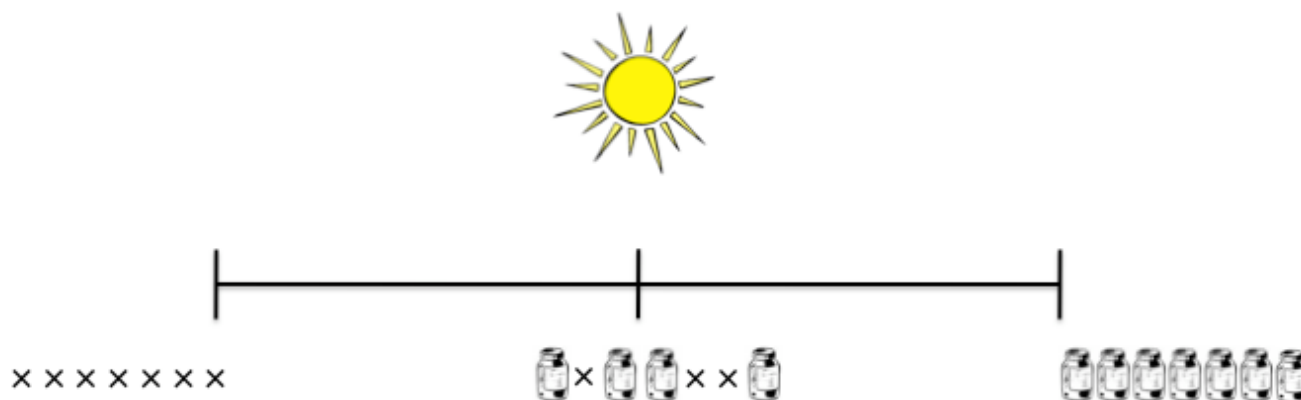
## Comprehensive ART Adherence Measurement for Paediatrics (CAMP) – Caregiver Evaluation

AMPATH Pediatric Adherence Assessment

# AMPATH CLINICS

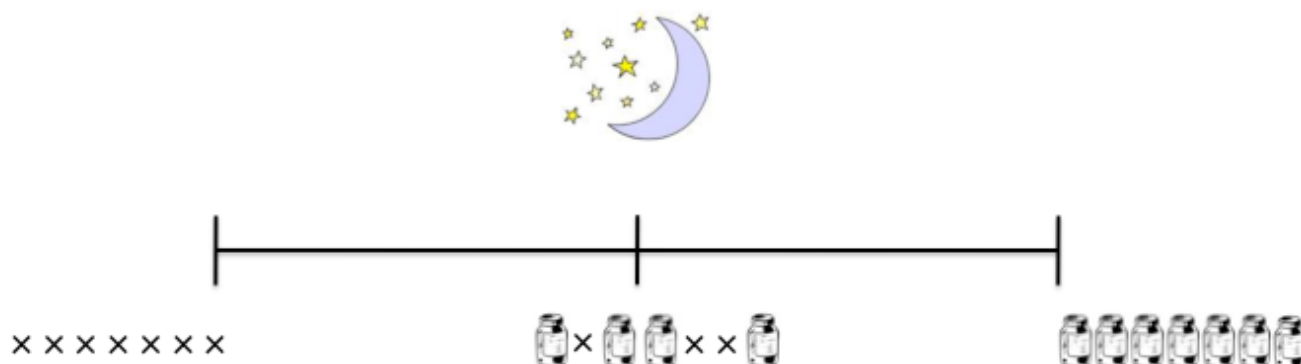
## Comprehensive ART Adherence Measurement for Paediatrics (CAMP) – Caregiver Evaluation

### Morning Doses:



Measured distance from center line: \_\_\_\_\_ cm to left \_\_\_\_\_ cm to right

### Evening Doses:



Measured distance from center line: \_\_\_\_\_ cm to left \_\_\_\_\_ cm to right