

# PATIENT ADHERENCE PLAN

Name and Surname:

<b>FTIC Session 1 after Chronic disease education session (date):</b>	
<b>Adherence step 1:</b> education on HIV <input type="checkbox"/> TB <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Other <input type="checkbox"/> .....	
<b>Adherence step 2:</b> Life goals: My motivations to stay healthy are: (1)..... (2)..... (3)..... I will maintain a healthy lifestyle by <input type="checkbox"/> adopting healthy eating habits <input type="checkbox"/> getting regular exercise <input type="checkbox"/> managing my stress	
<b>Adherence Step 3:</b> Patient Support system Agree for home visit: Yes <input type="checkbox"/> No <input type="checkbox"/> Preferred means of contact: SMS <input type="checkbox"/> WhatsApp <input type="checkbox"/> Phone call <input type="checkbox"/> Other <input type="checkbox"/> ..... Who can support me in my treatment: <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Other:	
<b>Adherence Step 4:</b> Getting to appointments I will come to my appointments by: <input type="checkbox"/> walk <input type="checkbox"/> public transport <input type="checkbox"/> own transport If I face a difficulty to come (money, transport, etc.), my alternative plan will be to ask for assistance from: <input type="checkbox"/> family <input type="checkbox"/> friends <input type="checkbox"/> neighbour <input type="checkbox"/> other ..... I will inform clinic I am unable to come to set appointment and request for an alternative appointment <input type="checkbox"/>	
<b>Adherence step 5:</b> My readiness to start treatment I feel ready and will start treatment: <input type="checkbox"/> Yes <input type="checkbox"/> I do not feel ready and would like to discuss more with: I am ready today <input type="checkbox"/> Yes <input type="checkbox"/> No but will be on..... (insert date) <input type="checkbox"/> peer <input type="checkbox"/> family member <input type="checkbox"/> other .....	
<b>FTIC Session 2 (date):</b>	
<b>Adherence Step 6:</b> Medication schedule The best time for me to take my treatment is: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
<b>Adherence step 7:</b> Managing missed doses If I miss a dose, my plan is: (1) to take treatment as soon as I remember <input type="checkbox"/>	
<b>Adherence Step 8:</b> Reminder strategies To remind me to take medication, I will use: <input type="checkbox"/> watch <input type="checkbox"/> cell phone alarm <input type="checkbox"/> pill box <input type="checkbox"/> buddy <input type="checkbox"/> other .....	
<b>Adherence Step 9:</b> Storing medication and extra doses I will store my medication in: <input type="checkbox"/> Safe place: ..... <input type="checkbox"/> Far from reach of children I will carry extra supply in: <input type="checkbox"/> a bag <input type="checkbox"/> pill box <input type="checkbox"/> other:..... I will keep it in my: <input type="checkbox"/> handbag <input type="checkbox"/> pocket <input type="checkbox"/> other:.....	
<b>Adherence Step 10:</b> Dealing with side-effects If I experience side effects, I will: Refer to treatment adherence pamphlet <input type="checkbox"/> Inform clinic if side effects do not go away or are too worrying <input type="checkbox"/>	
<b>FTIC Session 3 (date):</b>	
<b>Adherence Step 11:</b> Understanding the treatment pathway ahead of me if I take my treatment well <input type="checkbox"/> I understand the options for multi-month treatment supply and simplified collection available after 6 months on treatment	
<b>Adherence Step 12:</b> Planning for trips <i>If I have some trips planned, before going away I will:</i> <input type="checkbox"/> Inform health facility before travelling to receive referral letter and treatment <input type="checkbox"/> Get enough supply of treatment for trip <i>In case I cannot come to the facility before going away:</i> <input type="checkbox"/> I will report to the nearest health facility in the travel area as soon as I arrive to get access to treatment <input type="checkbox"/> Carry evidence of my condition and evidence of the treatment I am taking	
<b>Adherence Step 13:</b> Dealing with substance use <i>My plan to make sure I take my medication if I used alcohol or drugs is:</i> <input type="checkbox"/> To make sure I take treatment before starting to use drugs or alcohol <input type="checkbox"/> Arrange for someone to remind me to take treatment in case I am intoxicated	
<b>FTIC Session 4 (date):</b>	
<b>Education on assessment:</b> Viral load <input type="checkbox"/> Sputum <input type="checkbox"/> HbA1c <input type="checkbox"/> BP <input type="checkbox"/> Other: ..... <input type="checkbox"/> <input type="checkbox"/> I understand that I can access multi-month treatment supply and simplified collection after 6 months on treatment if my results are normal	
Patients signature ..... Date of signature .....	
<b>EAC Session 1 (date):</b>	
<b>EAC Session 2 (date):</b>	