Diabetes Prevention Program
MEDICATION ADHERENCE INTERVIEW

This form must be completed when medication adherence is assessed on the Standard (form F01) or Major (form F02) Follow-up Visit Inventory. This form is also completed at the Month 1 Titration Visit with the Interim (form F03) Follow-up Visit Inventory. Complete this form only if the participant has taken any coded metformin since the last visit. The Medication Adherence Interview is for all DPP participants taking coded metformin, regardless of level of adherence. Complete the interview and F05 form, and then transfer appropriate data to Section H (Coded Medication) of the corresponding Follow-up Visit Inventory.

Part I / IDENTIFICATION

A. Participant Identification

1. Clinic number

2. Participant number

3. Participant's initials

4. Participant's date of birth

5. Participant's sex

B. Visit Information

1. Date of visit

2. Type of visit

3. Week of visit

4. Outcome visit

5. End of Study

C. Instructions for Form F05 Completion

Complete Part II of this form during the interview, keeping as close to the wording of the interview questions as possible and as appropriate for the DPP participant. For items which require the Code Sheet, choose the code which you think best describes the response most important to the participant and list on line a. If the participant offers additional responses, list as b and c. If code 99 is used, please specify response on the line under the item.
Part II / MEDICATION ADHERENCE INTERVIEW

PROMPT: For the most recent typical week, what is your estimate of the number of days when you took your metformin pills as prescribed?  

[ ] of 7 days

Record results on the corresponding Follow-up Visit Inventory, section H.

D.

Interview Responses

1. How did you remember to take your DPP pills as prescribed since the last visit? (see Code Sheet, 700 series)
   
   [ ] No plan specified/Not applicable
   [ ] Very helpful
   [ ] Somewhat helpful

2. How helpful was the plan we decided on at the last visit to help you take your DPP medications as prescribed?

   [ ] Not at all helpful
   [ ] Did not try that plan (i.e., not implemented)

3. Taking pills every day is hard for some people. What is your main problem, if any, in trying to take your DPP pills as prescribed? (see Code Sheet, 800 series)

   [ ] Not at all helpful
   [ ] Did not try that plan (i.e., not implemented)

4. What plan or strategy do you think could be helpful to deal with this problem? (see Code Sheet, 900 series)

   [ ] Not at all helpful
   [ ] Did not try that plan (i.e., not implemented)

5. Do you intend to follow this plan (from question # 4) until the next visit?

   [ ] No plan specified/Not applicable
   [ ] Definitely
   [ ] Probably

   [ ] Probably not
   [ ] Definitely not

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6. Do you consider the participant’s estimation of medication adherence “for the most recent week” to be reliable?

   [ ] Not applicable
   [ ] Definitely
   [ ] Probably

   [ ] Probably not
   [ ] Definitely not
Code Sheet for the Medication Adherence Interview (F05.1)

Record the code most important to the participant (their primary response) on the “a” line. If participant offers additional response(s), record on lines “b” and “c.”

1. How did you remember to take your DPP pills as described since the last visit? (700 series) (Do not read options)

   700 no specific strategy reported
   701 keeping to a time “routine” (e.g., time of day; meal-time activity)
   702 keeping to a “strategy/routine” (e.g., medication in a convenient place, within sight, or marking dates on blister packs)
   703 used calendar or log book to document pills taken
   704 used pill-taking reminder devices (e.g., pillbox)
   705 family/friends reminded me
   706 DPP staff phone contact
   707 stopped taking study medication since last visit
   799 other (please specify):

3. What is your main problem, if any, in trying to take your DPP pills as prescribed? (800 series) (Do not read options)

   800 no barriers reported
   801 forgets to take DPP pills
   802 reports doesn’t like to take pills
   803 fear of taking DPP pills
   804 adverse reaction to DPP pills (please specify)
   805 inconvenient to take pills as prescribed (e.g., with meals)
   806 difficult to swallow DPP pills
   807 forgets to take evening (second dose) of metformin
   808 specifically a GI reaction to DPP pills
   809 sometimes takes too many DPP pills
   810 outside influence to stop taking medication (e.g., MD, family, friends, media)
   811 disruption of regular routine (e.g., vacation, significant life events)
   812 hospitalization/new illness/medical reasons
   813 study fatigue/lack of motivation
   814 lost/misplaced pills
   815 excessive alcohol usage
   816 unwilling to take DPP pills as prescribed
   899 other (please specify):

4. What plan or strategy do you think could be helpful to deal with this problem? (900 series) (May suggest options, as needed)

   900 no barriers reported, not applicable
   901 will continue current plan
   902 new device (e.g., pill box)
   903 new routine/strategy (e.g., take with other pills, mark dates on blister packs)
remedy for adverse reactions to pills
change type and/or frequency of DPP staff communication (e.g., phone calls, letters, e-mail)
interim visits for adherence counseling
given tip sheet to address specific barriers
remedy for difficulty swallowing pills (please specify)
staff-prescribed deviation of taking a half tablet of metformin daily
DPP staff-prescribed deviation from medication protocol during this quarter, other than a half tablet of metformin daily (please specify)
accept participant’s proposed level of adherence to DPP pills to promote retention
use new tool/strategy to assess barriers (i.e., record when and how often adverse events occur, monitor eating patterns)
Reduce alcohol intake to acceptable levels
Staff use of percent exposure data with selected participant
Scheduled a meeting with behavior therapist on DPP staff
other (please specify):