

APPENDIX – Supplemental Digital Content

Supplemental Table – Participant Demographics

(N=886)	
Demographic	
Female sex - no. (%)	432 (48.8%)
Age group - no. (%)	
18-25 yr	145 (16.4%)
26-40 yr	556 (62.8%)
>40 yr	185 (20.9%)
Education level - no. (%)	
No schooling	101 (11.4%)
Primary schooling	359 (40.5%)
Secondary schooling	347 (39.2%)
Post-secondary schooling	79 (8.9%)
Marital Status - no. (%)	
Single	49 (5.5%)
Married/living with partner	833 (94.0%)
Widowed/separated/divorced	4 (0.5%)
Region - no. (%)	
America	142 (16.0%)
Asia	267 (30.1%)
Africa	477 (53.8%)

HPTN 052 Adherence Counseling Checklist: Initial Visit

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Visit Date:_____ Index PTID:_____ Partner PTID:_____

Name of physician/clinician conducting the following items:_____

_____ **Discussion of the importance of good doctor-patient communication**

- Reinforce that successful HIV treatment relies on good doctor-patient communication
- Assure the participants that they can ask any question at any time throughout the study

_____ **Education about HIV medications and adherence**

- Explain the concepts of viral replication, mutation, and resistance
- Emphasize that poor adherence can lead to resistance and that 95-100% adherence is optimal
- Explain the concept of viral load and how it will be used to monitor health and resistance
- Warn against sharing ART with others

_____ **Introduction of ART regimen**

- Show the participants each pill, teach its name, and explain what it does
- Discuss the dosing of each pill (when and how many) and any food restrictions

_____ **Review of side effects**

- Review the side effects of each component of the index case's particular regimen
- Explain the importance of adherence regardless of side effects
- Emphasize that many side effects will decrease automatically or can be treated

Name of adherence counselor conducting the following items:_____

_____ **Build rapport**

- Discuss living with HIV, health maintenance, and the reasons the couple joined the study
- Emphasize that they can ask any questions at any time throughout the study

_____ **Define medication adherence**

- Explain that adherence is the degree to which a person sticks to the prescribed regimen
- Emphasize the collaborative process and taking an active role in one's treatment

_____ **Education about HIV medications and adherence (repeat of information from clinician)**

- Review association of nonadherence to the potential for medication resistance

_____ **Review of side effects (repeat of information from clinician)**

- Review the expectations about side effects, and that generally they can get better over time.
- Emphasize the importance about continued communication about side effects

_____ **Discussion of good doctor-patient communication (repeat of information from clinician)**

- Review the need to always ask questions so that the best decisions can be made about medicines.

_____ **Introduction of ART regimen (repeat information from clinician)**

- Review regimen

- Ask the participants to articulate the information and correct any misunderstandings

HPTN 052 Adherence Counseling Checklist: Initial Visit
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Visit Date: _____ Index PTID: _____ Partner PTID: _____

Name of adherence counselor conducting the following items: _____

_____ **Create a simple and concrete daily medication schedule (participant's adherence plan)**

- Finalize a concrete, simplified adherence plan using any appropriate tools (*e.g.*, pillboxes)
- Discuss when the doses will be taken in different circumstances (*e.g.*, at home, at work)
- Review food restrictions and ensure that the plan accommodates specific medications

_____ **Develop reminder strategies**

- Specifically address the involvement of the partner and/or other support people
- Suggest and discuss over reminder strategies (*e.g.*, watch, timer, notes)

_____ **Discussion of family, community, social support, and privacy**

- Discuss who knows the index case's HIV status and how they can help with adherence
- Strategize how the participant can keep their HIV status private and still maintain adherence

_____ **Address additional potential barriers to adherence**

- Brainstorm about potential barriers to adherence and ways to overcome such obstacles

_____ **Address handling slips (missed doses)**

- Emphasize that although the goal is optimal adherence, no one is perfect
- Discuss ways to get back on track as soon as possible after a missed dose

_____ **Attending appointments and contact information**

- Discuss how the participant will get to future appointments, if necessary, strategize about potential barriers to attendance (*e.g.*, transportation)
- Make sure that the participants have contact information for questions or emergencies

_____ **General review**

- What questions do you have about your regimen?

HPTN 052 Adherence Counseling Checklist: Follow-up Visit

Visit Date: _____ Index PTID: _____ Partner PTID: _____

Name of adherence counselor conducting the following items: _____

_____ **Continue to build rapport**

- Encourage the participants to start the sessions with their concerns or questions
- Emphasize that participants can ask any questions at any time throughout the study

_____ **Review the concept of medication adherence**

- Confirm that the participants understand the concept of medication adherence
- Answer any questions and correct any misunderstandings, consult a clinician if necessary

_____ **Review information about HIV medications and adherence**

- Confirm that the participants understand the relationship between adherence and resistance
- Emphasize that ART should not be shared with others

_____ **Review of side effects**

- Ask the participants what questions they have about side effects
- Assist the participants in eliminating or reducing side effects, consult a clinician if necessary

_____ **Review the status of the participants' doctor-patient communication**

- Ensure that participants are still comfortable talking to the clinicians about treatment issues
- If problems exist, assist participants in improving communication

_____ **Review the participant's ART regimen**

- If the participant is still unfamiliar with the regimen or the ART has changed, review the particulars of each drug – what it looks like, its name, what it does, and how it is taken
- Answer any questions related to the ART regimen, consult a clinician if necessary

_____ **Review the participant's concrete daily medication schedule (participant's adherence plan)**

- Determine the usefulness of the various components of the participant's adherence plan
- Make adjustments to the adherence plan as necessary

_____ **Review reminder strategies**

- Ask about the usefulness of the reminder strategies being used, including partner support
- Suggest alternatives and new approaches as appropriate

_____ **Review the role of family, community, social support, and privacy**

- Discuss how the participants' family and friends are helping or hindering adherence
- Determine if privacy issues are negatively influencing adherence
- Suggest alternatives and new approaches as appropriate

_____ **Review additional potential barriers to adherence**

- Determine if any new barriers to adherence have arisen, help address these issues

_____ **Address handling slips (missed doses)**

- Ask the participants how they have handled missed doses
- Discuss ways to handle similar situations in the future, consult a clinician if necessary

_____ **Attending appointments and contact information**

- If participants are having trouble coming to their appointments, discuss alternative strategies
- Make sure that the participants have contact information for questions or emergencies