### Patient Adherence Plan

**Name and Surname:**

### FTIC Session 1 after Chronic Disease Education Session (Date):

#### Adherence Step 1: Education on HIV ☐ TB ☐ Hypertension ☐ Diabetes ☐ Other ☐

#### Adherence Step 2: Life goals:
- My motivations to stay healthy are: (1) ................................................ (2) ................................................ (3) ................................................
- I will maintain a healthy lifestyle by ☐ adopting healthy eating habits ☐ getting regular exercise ☐ managing my stress

#### Adherence Step 3: Patient Support System
- Agree for home visit: Yes ☐ No ☐
- Preferred means of contact: SMS ☐ WhatsApp ☐ Phone call ☐ Other ☐
- Who can support me in my treatment: ☐ Family ☐ Friends ☐ Work ☐ School ☐ Church ☐ Other:

#### Adherence Step 4: Getting to appointments
- I will come to my appointments by: ☐ walk ☐ public transport ☐ own transport
- If I face a difficulty to come (money, transport, etc.), my alternative plan will be to ask for assistance from:
  - family ☐ friends ☐ neighbour ☐ other ...........................................
- I will inform clinic I am unable to come to set appointment and request for an alternative appointment ☐

#### Adherence Step 5: My readiness to start treatment
- I feel ready and will start treatment:
  - ☐ Yes ☐ Yes ☐ No but will be on………………. (insert date) ☐ I do not feel ready and would like to discuss more with:
  - ☐ peer ☐ family member ☐ other ...........................................

### FTIC Session 2 (Date):

#### Adherence Step 6: Medication Schedule
- The best time for me to take my treatment is: ☐ Morning ☐ Afternoon ☐ Evening

#### Adherence Step 7: Managing missed doses
- If I miss a dose, my plan is: (1) to take treatment as soon as I remember ☐

#### Adherence Step 8: Reminder Strategies
- To remind me to take medication, I will use: ☐ watch ☐ cell phone alarm ☐ pill box ☐ buddy ☐ other ...........................................

#### Adherence Step 9: Storing Medication and Extra Doses
- I will store my medication in: ☐ Safe place: .......................................................... ☐ Far from reach of children
- I will carry extra supply in: ☐ a bag ☐ pill box ☐ other:........................... I will keep it in my: ☐ handbag ☐ pocket ☐ other:...........................

#### Adherence Step 10: Dealing with Side-effects
- If I experience side effects, I will: Refer to treatment adherence pamphlet ☐
- Inform clinic if side effects do not go away or are too worrying ☐

### FTIC Session 3 (Date):

#### Adherence Step 11: Understanding the Treatment Pathway Ahead of Me if I Take My Treatment Well
- ☐ I understand the options for multi-month treatment supply and simplified collection available after 6 months on treatment

#### Adherence Step 12: Planning for Trips
- If I have some trips planned, before going away I will:
  - ☐ Inform health facility before travelling to receive referral letter and treatment ☐ Get enough supply of treatment for trip
  - ☐ In case I cannot come to the facility before going away:
  - ☐ I will report to the nearest health facility in the travel area as soon as I arrive to get access to treatment
  - ☐ I will carry evidence of my condition and evidence of the treatment I am taking

#### Adherence Step 13: Dealing with Substance Use
- My plan to make sure I take my medication if I used alcohol or drugs is:
  - ☐ To make sure I take treatment before starting to use drugs or alcohol
  - ☐ Arrange for someone to remind me to take treatment in case I am intoxicated

### FTIC Session 4 (Date):

#### Education on Assessment:
- Viral load ☐ Sputum ☐ HbA1c ☐ BP ☐ Other: ..........................................................
- ☐ 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: ..........................................................