INSTRUCTIONS FOR BRIEF ADHERENCE RATING SCALE FORM
BAR, VERSION A (QxQ)

I. GENERAL INSTRUCTIONS

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form.

PATIENT ID NUMBER: Affix the pre-printed label to the form. This is a unique 8-character code assigned at the DCC for each study patient. Labels are provided.

FORM CODE: This is a three-letter mnemonic code for the form, which is precoded as “BAR”.

VERSION: This is a one-letter version assigned to the form, which is precoded as “A”.

VISIT: The BAR is completed at Visit 2.

SEQ #: Fill in the sequence number. SEQ #: Sequence number is pre-assigned as 001.

PATIENT INITIALS: Enter the first, middle, and last initial of the patient. For those with no middle name, use a ‘—’ (dash). For example:

A — Z

VISIT DATE: Enter the date on which the data was collected. Code in numbers using leading zeroes where necessary to fill all boxes. For example, September 6, 2010, would be entered as:

0 9 / 0 6 / 2 0 1 0
M M D D Y Y Y Y

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Item 1. Record Y (Yes) if the patient has lived in the community in the past month (i.e., not hospitalized or in a day treatment facility). Record N (No) if the patient has not lived in the community in the past month and go to Item 5.

Item 2. Record Y (Yes) if the patient has been prescribed at least one oral antipsychotic medication in the past month and answer Items 2a-d. Record N (No) if the patient has not been prescribed at least one oral antipsychotic medication in the past month and go to Item 5.

Item 2a. Record the name of the first oral antipsychotic.

Item 2b. Record the number of pills per day of the first oral antipsychotic prescribed.
**Item 2c.** Say to the patient:

"Over the past month, on how many days did you NOT TAKE (name of first antipsychotic)?"

Read the options and record the one the patient chooses. 1. few if any (< seven), 2. seven--thirteen, 3. fourteen--twenty, 4. most (>twenty).

**Item 2d.** Say to the patient:

"Over the past month, on how many days did you TAKE LESS THAN the prescribed number of pills of (name of first antipsychotic)?"

Read the options and record the one the patient chooses. 1. always/almost always (76-100% of the time), 2. Usually (51-75% of time), 3. Sometimes (26-50% of time) 4. Never/Almost Never (0-25% of time).

**Item 3.** Record Y (Yes) if the patient has been prescribed a second oral antipsychotic in the past month, and answer Items 3a-d. Record N (No) if the patient has not been prescribed a second antipsychotic in the past month and go to Item 4.

**Item 3a.** Record the name of the second oral antipsychotic.

**Item 3b.** Record the number of pills per day of the second oral antipsychotic prescribed.

**Item 3c.** Say to the patient:

"Over the past month, on how many days did you NOT TAKE (name of second antipsychotic)?"

Read the options and record the one the patient chooses. 1. few if any (< seven), 2. seven--thirteen, 3. fourteen--twenty, 4. most (>twenty).

**Item 3d.** Say to the patient:

"Over the past month, on how many days did you TAKE LESS THAN the prescribed number of pills of (name of second antipsychotic)?"

Read the options and record the one the patient chooses. 1. always/almost always (76-100% of the time), 2. Usually (51-75% of time), 3. Sometimes (26-50% of time) 4. Never/Almost Never (0-25% of time).

**Item 4.** Place a single vertical line on the dotted line on the paper form that you believe best describes, out of the total number of prescribed antipsychotic medication doses, the proportion of doses taken by the patient in the past month.

**How to calculate percent taken:** Number of chances divided by number taken.
Example 1: If patient takes 1 pill a day, then divide number taken by 30

Example 2: If patient takes 2 pills a day, then divide number taken by 60

Record the estimated percentage of prescribed doses of oral antipsychotic taken by the patient in the past month.

ADMINISTRATIVE INFORMATION

Item 5. Staff Code: Enter the first, middle and last initial of the person completing this form. For those with no middle name, use a ‘-’ (dash).