



ART Adherence Calendar

Have you taken your pills today?

Details

Name:

Address:

Tel:

Doctor's Name:

Doctor's Address:

Doctor's Tel:

Blood Type:

Allergies:

Medical Aid:

Name of Parent or Guardian:


Medication 1:

Medication 2:

Medication 3:

Medication 4:

Tick day and time when you take your medicine



**I FILL IN MY ADHERENCE
CALENDAR EVERY DAY AND
MY BROTHER HELPS TO
REMIND ME!**

**I CAN HELP YOU
REMEMBER TO FILL IN YOUR
CALENDAR TOO, AND TO SHARE
IT WITH THE OTHER KIDS
IN OUR TREATMENT
SUPPORT GROUP!**

January

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morning																															
Afternoon																															
Night																															

February

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Morning																														
Afternoon																														
Night																														

March

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morning																															
Afternoon																															
Night																															

Tick day and time when you take your medicine

January
notes

February
notes

March
notes

Don't miss a single dose of your medicine

April

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Morning																														
Afternoon																														
Night																														

May

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morning																															
Afternoon																															
Night																															

June

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Morning																														
Afternoon																														
Night																														

Tick day and time when you take your medicine

April
notes

May
notes

June
notes

Write down any doses you missed and why you missed them

July

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Morning																																
Afternoon																																
Night																																

August

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Morning																																
Afternoon																																
Night																																

September

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
Morning																																
Afternoon																																
Night																																

Tick day and time when you take your medicine

July

notes

August

notes

September

notes

Take this calendar with you to all your check-ups

October

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morning																															
Afternoon																															
Night																															

November

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Morning																														
Afternoon																														
Night																														

December

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morning																															
Afternoon																															
Night																															

Tick day and time when you take your medicine

October
notes

November
notes

December
notes

Ask someone to help you remember to take your pills every day



SAHAIDS Southern Africa
HIV and AIDS Information
Dissemination Service

