






Sickle Cell Antibiotic Adherence Level Evaluation (SCAALE)

Giving medicine every day can be a challenge. These questions ask about your child's antibiotic medicine. Please tell us what actually happened during the **past three months**. There are no right or wrong answers. Please use the scale below.

Rarely or Never:		less than half of the time
Sometimes:		at least half of the time
Often:		at least 80% of the time
Almost Always:		at least 90% of the time, almost all of the time
Always:		100% of the time, all of the time

	Rarely/ Never	Sometimes	Often	Almost Always	Always
Time					
1. My child takes the antibiotic everyday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My child takes the antibiotic in the morning and evening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My schedule makes it hard to give my child the antibiotic in the morning and evening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The times that my child takes the antibiotic have to be changed because of other responsibilities like work, other children, appointments, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rarely/ Never	Sometimes	Often	Almost Always	Always
Dose					
5. It is hard to give the correct dose of the antibiotic to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When my child is given the antibiotic, he/she behaves in a way that he/she does not get the full dose (e.g., spits out dose, refuses to open mouth).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The adult(s) who give the child the antibiotic know the exact dose to give.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. At times, my child does not get the right dose of antibiotic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rarely/ Never	Sometimes	Often	Almost Always	Always
Pharmacy					
9. I have trouble getting to the pharmacy (due to distance, hours, location, etc.) to pick up the antibiotic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I get enough of the antibiotic from my pharmacy at a time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I run out of the antibiotic because I do not have an active prescription.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Problems at the pharmacy (such as errors in filling the prescription) make it hard for me to give the antibiotic to my child as prescribed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan		Rarely/ Never	Sometimes	Often	Almost Always	Always
13.	I plan ahead so I have enough antibiotic at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I run out of antibiotic before I go to the pharmacy for more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I keep track of when I need more of the antibiotic at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I make a plan to have enough antibiotic when we travel or are away from home for a time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remember		Rarely/ Never	Sometimes	Often	Almost Always	Always
17.	I forget to give my child his/her antibiotic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Remembering to give my child the antibiotic is difficult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	I forget to leave antibiotic doses/supply with other caretakers who give my child medicine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	When other things come up, I forget to give my child his/her antibiotic until later.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communicate		Rarely/ Never	Sometimes	Often	Almost Always	Always
21.	I call one of my child's doctors when my child has a fever over 101°F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	I call the sickle cell doctor when I have sickle cell related health concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	I contact one of my child's doctors when my child has health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	I contact one of my child's doctors when I have a question or am not sure about my child's antibiotic treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environment		Rarely/ Never	Sometimes	Often	Almost Always	Always
25.	Financial or insurance problems prevent me from filling the antibiotic prescription.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Problems finding transportation prevent me from giving my child the antibiotic at the right times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	My child misses the antibiotic doses because of stress and chaos in the environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	I do not have enough help to give the antibiotic to my child at the right times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Caretakers

29. How often is someone else (another caretaker) responsible for giving your child the antibiotic?

Rarely or Never

(once a week or less)

Some Days

(2 days a week)

Several Days

(3 or more days a week)

Many Days

(5 days of the week)

Every Day

(every day of the week)

Please answer the questions below about the other caretaker(s) who give your child the antibiotic. Skip these questions if you answered “Never” to the question above.

	Rarely/ Never	Sometimes	Often	Almost Always	Always
30. Other caretakers don't give my child the antibiotic as prescribed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Other caretakers understand the importance of the antibiotic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. It is hard to tell other caretakers about giving the antibiotic (correct dose, time of day, whether the dose was given, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I am not sure whether the other caretakers give the antibiotic in the right way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
