

## *Supplementary material File B: Covidence data extraction template*

### General information

First author's last name and date of publication

#### Primary Outcome of Study

Note primary outcome of study (may not be adherence)

### Characteristics of included studies

#### Study design

- ☐ Randomised controlled trial (has a control condition)
- ☐ Non-randomised experimental study (quasiexperimental, no random assignment, has control/comparison condition)
- ☐ Prospective observational study (pre/post; within subject)
- ☐ Other

#### Is the study a pilot?

- ☐ Yes
- ☐ No

#### Adherence in the study

- ☐ Primary focus (clear articulated link between intervention and adherence improvement)
- ☐ Secondary focus (link between intervention and adherence improvement noted as secondary)
- ☐ Tertiary (link between intervention and adherence improvement is only implied)

## Describe adherence outcomes and data collection

Start year of data collection/data collected in the study

Select all adherence measures included in the study outcomes

- ☐ Self-report
- ☐ Pill-count
- ☐ Pharmacy refill
- ☐ Electronic dose monitoring
- ☐ DOT (in person)
- ☐ Video DOT
- ☐ Real time adherence self report (e.g., mobile app, texting)
- ☐ CD4
- ☐ Viral load/Suppression/Viral outcome
- ☐ Drug levels (DBS, Plasma, Urine, Hair)
- ☐ Other

Select the Primary adherence outcome

- ☐ Self-report
- ☐ Pill-count
- ☐ Pharmacy refill
- ☐ Electronic dose monitoring
- ☐ DOT (in person)
- ☐ Video DOT
- ☐ Real time adherence self report (e.g., mobile app, texting)
- ☐ CD4
- ☐ Viral load/suppression
- ☐ Drug levels (DBS, Plasma, Urine, Hair)

Notes on primary adherence outcome

Name, type, cut-off used

Month (on study) adherence primary outcome was assessed

- ☐ 1 month
- ☐ 3 months
- ☐ 6 months
- ☐ 12 months
- ☐ 18 months
- ☐ 24 months
- ☐ Other

Sufficient power (80% or higher) to detect effect on adherence primary outcome?

- ☐ Yes
- ☐ No
- ☐ Not stated

Intervention impact on primary adherence outcome based on analysis presented?

- ☐ Intervention sig better
- ☐ Intervention better (ns)
- ☐ Same (no difference)
- ☐ Control better (sig or otherwise)
- ☐ Other

Secondary adherence outcome

- ☐ Self report
- ☐ Pill count
- ☐ Pharmacy refill
- ☐ Electronic dose monitoring
- ☐ DOT (in person)
- ☐ video DOT
- ☐ Real time self report (mobile app, texting)
- ☐ CD4
- ☐ Viral load/suppression
- ☐ Drug level (DBS, Plasma, Urine, Hair)
- ☐ NONE
- ☐ Other

Notes on secondary adherence outcome

Provide cut-off (threshold for success) used for primary adherence outcomes (if used)- NA if outcome is continuous.

Month for secondary adherence outcome

- ☐ 1 month
- ☐ 3 months
- ☐ 6 months
- ☐ 12 months
- ☐ 18 months
- ☐ 24 months
- ☐ Other

Sufficient power (80% or higher) to detect effect on secondary adherence outcome?

- ☐ Yes
- ☐ No
- ☐ Not stated

Intervention impact on second adherence outcome based on analysis presented?

- ☐ Intervention sig better
- ☐ Intervention better (ns)
- ☐ Same
- ☐ Control better (sig or otherwise)
- ☐ Other

Are there additional adherence outcomes not captured above?

- ☐ Yes
- ☐ No

Additional outcomes of interest that are not included above

List any other outcomes for support/lack of support of intervention that should be considered but are not in outcomes 1, 2 or 3

### Population(s)

Country/Countries included in research population

Continents where study was conducted

- ☐ Africa
- ☐ Asia
- ☐ Australia
- ☐ Europe
- ☐ North America
- ☐ South America
- ☐ Other

### Reported Population(s) included

Only tick boxes for those identities/groups that are specifically listed/reported. Otherwise select general clinic sample.

- ☐ Pregnant/post-partum
- ☐ Youth/Adol
- ☐ Hospitalized
- ☐ GBMSM
- ☐ TGW
- ☐ PW use substances
- ☐ Sex Work engaged
- ☐ Incarcerated/recent release
- ☐ Unspecified/general clinic sample
- ☐ Other

### Inclusion criteria (must be...)

Artificial (clinical trial setting with retention strategies)

- ☐ Treatment experienced
- ☐ New to treatment
- ☐ Viremic
- ☐ Virally suppressed
- ☐ People with adherence problems
- ☐ History of missed clinic visits/retention problems
- ☐ Other

Total number of participants enrolled

### Notes on participant retention or engagement impacting generalizability

Any peculiarities in retention or strategies used to retain participants that would limit generalizability

## INTERVENTION(s)

### Number of active interventions

Presently the form is set for 1 active intervention

- ☐ 1  
☐ 2  
☐ 3  
☐ Other

### Intervention Description Open Text (one line description)

Include key characteristics of intervention- we will create code list from these

### Features of Intervention 1 (select all)

- ☐ eHealth/mobile health (apps, texts)  
☐ dose monitoring device(s)  
☐ DOT/vDOT  
☐ economic incentives/micro finance  
☐ adherence clubs  
☐ peer support (adherence supporter, peer counselor)  
☐ task shifting (nurse vs md care, peer vs psychologist care)  
☐ counseling support- mental health focused (coping, trauma, depression)  
☐ adherence focused counseling (problem solving, MI on adherence)  
☐ educational counseling- adherence training  
☐ regimen simplification (reduced frequency or co-formulation to reduce number of pills)  
☐ alcohol/drug use treatments  
☐ food/nutrition supplements  
☐ change in dispensing schedule (frequency of clinic attendance)  
☐ Other

### Intervention 1 Duration/Dose

Weeks duration

Number of sessions

Length of sessions

### Explain any additional interventions evaluated in the study

## CONTROL CONDITIONS

Control/comparison Description

Features of Comparison Condition (select all/any adherence support provided in the comparison condition)

- ☐ eHealth/mobile health (apps, texts) related to adherence
- ☐ Dose monitoring device
- ☐ DOT/vDOT
- ☐ economic incentives/micro finance
- ☐ adherence clubs
- ☐ peer support (adherence supporter, peer counselor)
- ☐ task shifting (nurse vs md care, peer vs psychologist care)
- ☐ counseling support- mental health focused (coping, trauma, depression)
- ☐ adherence focused counseling (problem solving, MI on adherence)
- ☐ educational counseling- adherence training
- ☐ regimen simplification (reduced frequency or co-formulation to reduce number of pills)
- ☐ alcohol/drug use treatments
- ☐ food/nutrition supplements
- ☐ change in dispensing schedule (frequency of clinic attendance)
- ☐ Other

Open Notes