### ADHERENCE TO HCV THERAPY

**NIAID ADULT AIDS CLINICAL TRIALS GROUP**

<table>
<thead>
<tr>
<th>Patient Number</th>
<th>Date of Patient Visit</th>
<th>Protocol Number</th>
<th>Institution Code</th>
<th>Form Week</th>
<th>* Seq. No.</th>
<th>** Step No.</th>
<th>Key Operator Code</th>
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</table>

* Enter a “1” if this is the first of this form for this date. Designate subsequent forms on the same date with a 2, 3, etc.
**Enter the subject’s current study step number. Enter ‘1’ if the study does not have multiple steps.

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**FOR OFFICE USE ONLY - TEAR OFF SHEET**

**INSTRUCTIONS TO THE STUDY NURSE:**

The ADHERENCE TO HCV THERAPY questionnaire should be given to the study participant prior to the clinical exam and preferably in a quiet secluded area (e.g., exam room or other office). The study participant must be able to read at the sixth-grade level at a minimum to complete the questionnaire without additional assistance.

It is important to be familiar with the content and format of the questionnaire before giving it to study participants. At the first visit, please begin by telling the study participant:

> "We would like you to answer some questions about HCV medication. Your answers will help us understand the effects of the medication you are taking. We appreciate your filling out this questionnaire."

You should then briefly go over the format of the questions and how to complete them. Have the study participant complete the questionnaire before vital signs, history, and physical are completed.

The questionnaire is very brief and should take no more than 10 minutes to complete. Before giving the study participant the questionnaire, please fill out the header(s) and DETACH THIS PAGE.

For data keying, if the study participant did not answer a question, enter “-1.” Do not leave any fields blank.

**PLEASE COMPLETE THE FOLLOWING ITEMS AFTER STUDY PARTICIPANT COMPLETES THE QUESTIONNAIRE OR AFTER YOU ASCERTAIN THAT THIS IS NOT POSSIBLE:**

1. How was the questionnaire completed? ............
   - Self administered by the study participant [ ]
   - Face-to-face interview that you conducted [ ]
   - Both self-administered and interview [ ]
   - Not completed [ ]
   - Other, specify [ ]

   **If Other, specify [30]:** ____________________________________________________________________

a. If you answered “4-Not completed,” please indicate the reason why:
   - Study participant refused [ ]
   - Study participant missed clinic visit [ ]
   - There was not enough time [ ]
   - Other reason, specify [ ]

   **If Other, specify [30]:** ____________________________________________________________________

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12-05-03
ADHERENCE TO HCV THERAPY
NIAID ADULT AIDS CLINICAL TRIALS GROUP

**INSTRUCTIONS:**
This questionnaire asks about the HCV study medicines that you may have missed taking.

Most people with HIV and HCV have many medicines to take at different times during the day. Many people find it hard to always remember their medicines. Some people get busy and forget to carry their medicines with them. Some people decide to skip medicines to avoid side effects or just may not be taking medicines everyday.

We need to understand how people with HIV and HCV are really doing with their medicines. Please tell us what you are actually doing with the HCV medicines. Don’t worry about telling us that you don’t take all your medicines. We need to know what is really happening, not what you think we want to hear.

Please answer the following questions by placing a "✓" in the appropriate box. Please check one box for each question.

1. Is pegylated-interferon (PEG-IFN) currently one of your study medications?
   - If No, go to question 2.
   a. Did you miss your PEG-IFN injection in the last week?
   b. Did you miss your PEG-IFN injection the week before that?
   c. When was the last time you missed your PEG-IFN injection?

   Within the past week  5
   1-2 weeks ago  4
   3-4 weeks ago  3
   1-3 months ago  2
   4-6 months ago  1
   Never skip PEG-IFN  0

12-05-03
2. Is Ribavirin currently one of your study medications?

   (Check one)
   ☐ Yes  ☐ No

   If No, STOP.

   a. Have you missed any doses of your Ribavirin in the last four days?

      (Check one)
      ☐ Yes  ☐ No

      If Yes, how many doses did you miss?

      None  1 Dose  2 doses

      a1. Yesterday .................................................................
          0  1  2

      a2. Day before yesterday (2 days ago) ............................
          0  1  2

      a3. 3 days ago .................................................................
          0  1  2

      a4. 4 days ago .................................................................
          0  1  2

   b. Some people find that they forgot to take pills on the weekend days. Did you miss any of your Ribavirin last weekend - last Saturday or Sunday?

      (Check one)
      ☐ Yes  ☐ No

   c. When was the last time you missed any of your Ribavirin dose?

      Within the past week  5
      1-2 weeks ago  4
      3-4 weeks ago  3
      1-3 months ago  2
      4-6 months ago  1
      Never skip Ribavirin  0

      Language:  ☐ E

      Date Form Keyed (DO NOT KEY): _____ / _____ / _____