



AD

NIDDK
VIRAL HEPATITIS C
ADHERENCE QUESTIONNAIRE

1/18/2002
Version 1.0

FORM KEYS

Patient ID ____-____-____

Treatment time point:

- ☐ Day 28
- ☐ Week 12
- ☐ Week 24
- ☐ Week 36
- ☐ Week 48
- ☐ Premature discontinuation of treatment

COMPLETION LOG

Data Collector ID _____
Initials

Data Collection ____ - ____ - ____

Date Entered ____ - ____ - ____

Date Verified ____ - ____ - ____
MM DD YY

This form was completed by (check one)

- ☐ the patient without assistance
- ☐ the patient with assistance from the Virahep-C coordinator
- ☐ the patient with assistance from family member

ADHERENCE QUESTIONNAIRE

Instructions: This questionnaire asks about taking your study medications, ribavirin and interferon. Please read each question carefully and write your answer in the space provided or circle the number that indicates your response.

Please record today's date ____ / ____ / ____
month day year

SECTION I: MEDICATION TAKING SCALE

For this study, the medications are taken by mouth and by injections. Sometimes people find it hard to always remember to take their medications as prescribed:

- Some people get busy and forget to carry their medications with them.
- Some people find it hard to take their medications according to all the instructions.
- Some people skip doses to avoid side effects or for other reasons.

This questionnaire asks about how you are taking your medications for this study. We need to understand how people are really doing with their medications. Please be honest and tell us what you are **actually** doing. Don't worry about telling us that you do not take all your study medications. We need to know what is really happening in your life, not what you think we might "want to hear."

Please circle "Yes" or "No" for each of the following questions.

	<u>Yes</u>	<u>No</u>
1. Do you sometimes forget to take your study medications?	Y	N
2. People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past two weeks, were there any days when you did not take your study medications?	Y	N
3. Have you ever cut back or stopped taking one OR BOTH of your study medications, because you felt worse when you took it?	Y	N
4. When you travel or leave home, do you sometimes forget to bring along your study medications?	Y	N
5. Did you take your ribavirin yesterday?	Y	N
6. Do you have a special routing or reminder system to help you take your study medications?	Y	N
7. When you feel like your hepatitis is under control, do you sometimes stop taking your study medications?	Y	N
8. Taking medicines everyday is a real inconvenience for some people. Do you ever feel hassled about sticking to your treatment plan for this study?	Y	N

9. How often do you have difficulty remembering to take your study medications?

- ☐ 1 Rarely or never
☐ 2 Once in a while
☐ 3 Sometimes
☐ 4 Usually
☐ 5 All of the time

SECTION II: ADHERENCE QUESTIONNAIRE

1a. Ribavirin pills are taken twice a day. Thinking about the past four days, please complete the table below by checking the number of times, if any, you missed taking a dose of ribavirin. If you only took part of a dose, count that as missing a whole dose.

For RIBAVIRIN, how many doses did you miss...			
...yesterday?	...the day before yesterday (2 days ago)?	...3 days ago?	...4 days ago?
<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none
<input type="checkbox"/> 1 dose	<input type="checkbox"/> 1 dose	<input type="checkbox"/> 1 dose	<input type="checkbox"/> 1 dose
<input type="checkbox"/> 2 doses	<input type="checkbox"/> 2 doses	<input type="checkbox"/> 2 doses	<input type="checkbox"/> 2 doses
<input type="checkbox"/> I don't remember	<input type="checkbox"/> I don't remember	<input type="checkbox"/> I don't remember	<input type="checkbox"/> I don't remember

1b. Interferon is injected once a week. Thinking of the past four weeks, please complete the following table below by checking whether you missed taking a dose of interferon. Check "yes" if you missed a dose and "no" if you did not. If you are unsure or don't remember, check the box next to "I don't remember".

For INTERFERON, did you miss your dose. . .			
...this past week?	...2 weeks ago?	...3 weeks ago?	...4 weeks ago?
<input type="checkbox"/> yes, dose missed	<input type="checkbox"/> yes, dose missed	<input type="checkbox"/> yes, dose missed	<input type="checkbox"/> yes, dose missed
<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no
<input type="checkbox"/> I don't remember	<input type="checkbox"/> I don't remember	<input type="checkbox"/> I don't remember	<input type="checkbox"/> I don't remember

2. Ribavirin needs to be taken 2 times a day. How closely did you follow your specific schedule over the last four days?

- ☐ 1 Never
☐ 2 Some of the time
☐ 3 About half of the time
☐ 4 Most of the time
☐ 5 All of the time

3. For interferon, how closely did you follow your specific schedule over the last four weeks?
- ☐ 1 Never
- ☐ 2 Some of the time
- ☐ 3 About half of the time
- ☐ 4 Most of the time
- ☐ 5 All of the time
4. Some people find that they forget to take their medicines on the weekend days. Did you miss any of your study medications last weekend - last Saturday **or** Sunday?
- ☐ Yes
- ☐ No
- ☐ I don't remember
5. When was the last time you missed taking either one of your study medications? (Check only one)
- ☐ 1 Within the past week
- ☐ 2 1 to 2 weeks ago
- ☐ 3 2 to 4 weeks ago
- ☐ 4 1 to 3 months ago
- ☐ 5 More than 3 months ago
- ☐ 6 Never miss medicines

***If you NEVER miss your study medications, please STOP.
Otherwise, please continue by answering the next set of questions.***

6. People may miss taking their study medications for various reasons. Here is a list of possible reasons why you may miss taking your study medications. Please circle the response that best indicates how often you have missed taking your study medications due to the reasons stated below.

How often have you **missed taking your study medications** because you:

	Never	Rarely	Sometimes	Often
a. Were away from home?	1	2	3	4
b. Were busy with other things?	1	2	3	4
c. Simply forgot?	1	2	3	4
d. Had too many medicines to take?	1	2	3	4
e. Wanted to avoid side effects?	1	2	3	4
f. Did not want others to notice you taking medicines?	1	2	3	4
g. Had a change in daily routine?	1	2	3	4

	Never	Rarely	Sometimes	Often
h. Felt like the medicines were toxic/harmful?	1	2	3	4
i. Fell asleep/slept through dose time?	1	2	3	4
j. Felt sick or ill?	1	2	3	4
k. Felt depressed/overwhelmed ?	1	2	3	4
l. Had problem taking the medicines at specified times (with meals, on empty stomach, etc.)?	1	2	3	4
m. Ran out of medicine?	1	2	3	4
n. Felt good?	1	2	3	4

7. Are there any other reasons you missed taking your study medications? ☐ Yes ☐ No

If yes,

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