

**BRIEF MATI
(MEDICATION ADHERENCE TRAINING INTERVIEW FOR HEPATITIS C)**

Date of Evaluation ____/____/____
mm dd yy

CHECKLIST

This form is to be completed by the person performing the MATI-HepC. Please indicate whether or not the following activities were completed with the patient.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Interferon injection technique reviewed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Patient medication schedule set | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Side effects addressed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Adherence training/issues addressed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Birth Control Issues addressed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Ensure patient has contact number(s) for study | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

<p>Time point:</p> <p><input type="checkbox"/> Day 28</p> <p><input type="checkbox"/> Week 12</p> <p><input type="checkbox"/> Week 20</p> <p><input type="checkbox"/> Week 28</p> <p><input type="checkbox"/> Week 36</p>

<p><u>COMPLETION LOG</u></p> <p>Data Collector ID _____ Initials</p> <p>Data Collection ____ - ____ - ____</p> <p>Date Entered ____ - ____ - ____</p> <p>Date Verified ____ - ____ - ____ MM DD YY</p>
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