

DOSE CHANGE FORM

Instructions: Complete one line for each prescribed dose change in one or both study medications. Record the newly prescribed dose for one or both study medications at the time of the dose change. If only one study medication has been changed, record the current dose of the other study medication and check "Not changed". Record the reason for the dose change. If other, complete a record on the Adverse Event (AE) form.

Line	Date of change (mm/dd/yy)	Ribavirin		Interferon		Reason
		Total daily dose		Total injection dose		
1	___/___/___	___mg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	___µg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	<input type="checkbox"/> Neutropenia <input type="checkbox"/> Anemia <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Other symptom/event (AE form) <input type="checkbox"/> Patient preference
2	___/___/___	___mg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	___µg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	<input type="checkbox"/> Neutropenia <input type="checkbox"/> Anemia <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Other symptom/event (AE form) <input type="checkbox"/> Patient preference
3	___/___/___	___mg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	___µg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	<input type="checkbox"/> Neutropenia <input type="checkbox"/> Anemia <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Other symptom/event (AE form) <input type="checkbox"/> Patient preference
4	___/___/___	___mg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	___µg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	<input type="checkbox"/> Neutropenia <input type="checkbox"/> Anemia <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Other symptom/event (AE form) <input type="checkbox"/> Patient preference
5	___/___/___	___mg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	___µg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	<input type="checkbox"/> Neutropenia <input type="checkbox"/> Anemia <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Other symptom/event (AE form) <input type="checkbox"/> Patient preference
6	___/___/___	___mg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	___µg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	<input type="checkbox"/> Neutropenia <input type="checkbox"/> Anemia <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Other symptom/event (AE form) <input type="checkbox"/> Patient preference
7	___/___/___	___mg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	___µg	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Not changed	<input type="checkbox"/> Neutropenia <input type="checkbox"/> Anemia <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Other symptom/event (AE form) <input type="checkbox"/> Patient preference