MEDICATION ADHERENCE TRAINING INTERVIEW FOR HEPATITIS C (MATI-HepC)

Date of evaluation: ___/_ mm dd yy

SECTION I: 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. Disease state education	□ Yes	□ No	
2. Medication education	□ Yes	□ No	
3. Interferon injection technique reviewed	□ Yes	□ No	
4. Patient medication schedule set	□ Yes	□ No	
5. Side effects addressed	□ Yes	□ No	
6. Adherence training/issues addressed	□ Yes	□ No	
7. MEMS cap distribution	□ Yes	□ No	
8. Birth control issues addressed	□ Yes	□ No	
9. Ensure patient has contact number(s) for study	□ Yes	□ No	
SECTION II: DEPRESSION MANAGEMENT			
1. Since your last visit, have you felt depressed, sad, or blue most of the time?			□ No
2. Since your last visit, have you often felt helpless about the future?			□ No
3. Since your last visit, have you had thoughts about harming or killing yourself or others?			□No

SECTION III: DAY 0 DOSE (first dose given):

	Ribavirin	-		Interferon	-
Date	Military time	Total daily dose	Date	Military time	Total weekly dose
// mm_ddyy	<u> </u>	mg	// mm_ddyy	<u>:</u> hr min	μg

COMPLETION LOG Data Collector ID Initials		
Data Collection Date E	Entered	Date Verified
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