NIDDK

VIRAL HEPATITIS C

MEMS QUESTIONNAIRE

1/18/2002
Version 1.0

FORM KEYS

Patient ID __ __-__ __ __-__ __ __

Time point:

☐ TMT Day 28

TMT Week _____ (8, 12, 16, 20, 24, 28, 32, 36, 40, 44, 48)

☐ Premature discontinuation of treatment

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

COMPLETION LOG
Data Collector ID _____
                    Initials

Data Collection __ __ - __ __ - __ __

Date Entered   __ __ - __ __ - __ __

Date Verified   __ __ - __ __ - __ __
                  MM   DD   YY

Patient ID __ __-__ __ __-__ __ __

MEMS QUESTIONNAIRE

Instructions: This questionnaire asks about taking your medication and using the monitoring caps on your ribavirin bottles and interferon containers. Please check the box that indicates your response and record your answers in the space provided.

1. Please record today's date _____ / _____ / _____
                                        month   day   year

2. Think about how you used the special bottle for the ribavirin since your last clinic visit. How long did you usually wait, from the time you opened the bottle until the time you took the pills? (check only one)

    ☐ 1 Right away
    ☐ 2 Within 5 minutes
    ☐ 3 Between 5 minutes and half an hour
    ☐ 4 Between 30 minutes and an hour
    ☐ 5 More than an hour

    If you waited 5 minutes or more, please tell us why you waited:
    _____
    _____
    _____

3. Since your last clinic visit, how often did you open the ribavirin bottle but NOT remove a dose? (check only one)

    ☐ 1 Never
    ☐ 2 A few times each month
    ☐ 3 A few times each week
    ☐ 4 Almost every day
    ☐ 5 Every day

    If you opened the bottle almost everyday or every other day but did not remove a dose, please tell us when and why:
    _____
    _____
    _____

4. Think about how you used the special container for the interferon syringes. How long did you usually wait, from the time you opened the bottle until the time you gave yourself the injection? (check only one)

    ☐ 1 Right away
    ☐ 2 Within 5 minutes
    ☐ 3 Between 5 minutes and half an hour
    ☐ 4 Between 30 minutes and an hour
    ☐ 5 More than an hour

    If you waited 5 minutes or more, please tell us why you waited:
    _____
    _____
    _____

5. Since your last clinic visit, how often did you open the interferon bottle but NOT remove a syringe? (check only one)

    ☐ 1 Never
    ☐ 2 A few times each month
    ☐ 3 Almost every week
    ☐ 4 Every week