

**ADHERENCE QUESTIONNAIRE (AD)**

<b>DATA SECTION</b>	<b>COMPLETION INSTRUCTIONS</b>
GENERAL INFORMATION	<p>The Adherence Questionnaire (AD) is designed to monitor the patient's adherence to the study medications.</p> <p><b>This questionnaire is to be administered at Treatment day 28 and Treatment weeks 12, 24, 36 and 48, or at the time of premature discontinuation from study medication.</b></p> <p>This questionnaire is to be completed by the patient. If the patient is not able to complete the form without help, the coordinator may read the questions and answers to the patient.</p> <p>After completing the survey:</p> <p style="padding-left: 40px;">Record whether the survey was completed by the patient alone or by the patient with assistance.</p> <p style="padding-left: 40px;">Review the form for any missing items. If there are any incomplete items ask the patient to provide a response.</p> <p style="padding-left: 40px;">Make sure that each item has a single response marked.</p> <p style="padding-left: 40px;">If the patient does not understand the question, a coordinator may read the question to him. Do not rephrase the question. If the patient does not answer the question, indicate whether the response is unknown or the patient refused to answer the question.</p>
PATIENT ID	Record the patient's ID number on the cover and in the top right hand corner of each page.
TIME POINT	<p>Indicate the time point that corresponds to the visit.</p> <p style="padding-left: 40px;"><u>Premature discontinuation:</u> Treatment is discontinued prior to 48 weeks other than for those determined to be non-responders at Treatment week 24. All forms required at treatment Week 48 must be completed at the time that study medication is discontinued.</p>
COMPLETED BY	Indicate who completed the questionnaire: patient without assistance, patient with assistance from the coordinator, patient with assistance from next of kin.
TODAY'S DATE	Record the date (month/day/year) on which the patient filled out the questionnaire.
MEDICATION TAKING SCALE	<b>GENERAL INSTRUCTIONS:</b> Circle "Y" (yes) or "N" (no) or check the appropriate box to indicate the patient's response to each question.

DATA SECTION	COMPLETION INSTRUCTIONS
ADHERENCE QUESTIONNAIRE	<p><b>SPECIFIC INSTRUCTIONS:</b></p> <p><u>Ribavirin</u>: This question refers to <i>missed</i> doses of ribavirin over the past <i>4 days</i> – yesterday, 2 days ago, 3 days ago, and 4 days ago.</p> <p><u>Interferon</u>: This question refers to <i>missed</i> doses of interferon over the past <i>4 weeks</i> – in the past week, 2 weeks ago, 3 weeks ago, and 4 weeks ago.</p> <p><u>Question 2</u>: This question refers to ribavirin doses <i>taken over the past 4 days</i>.</p> <p><u>Question 3</u>: This question refers to interferon doses <i>taken over the past 4 weeks</i>.</p> <p><u>Question 4</u>: This question refers to ribavirin or interferon doses <i>missed over the last Saturday or Sunday</i>.</p> <p><u>Question 5</u>: (1) The question refers to the <i>last time</i> either one of the study medicines were missed.                      (2) If response is “Never miss medicines”, answer questions 6 and 7.</p> <p><u>Question 6</u>: Circle the response that best indicates how often the patient has missed taking the study medication for each reason listed.</p> <p><u>Question 7</u>: Check “Yes” if there are any other reasons which were not listed. If yes, record those reasons in the space provided.</p>