

**MEMS QUESTIONNAIRE (MM)**

<b>DATA SECTION</b>	<b>COMPLETION INSTRUCTIONS</b>
GENERAL INFORMATION	<p>The MEMS Questionnaire (MM) is designed to monitor the patient's adherence to the study medication schedule through use of the MEMS cap.</p> <p><b>This questionnaire is to be administered at Treatment day 28 and Treatment weeks 8, 12, 16, 20, 24, 28, 32, 36, 40, 44 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> <ul style="list-style-type: none"> <li>Record whether the survey was completed by the patient alone or by the patient with assistance.</li> <li>Review the form for any missing items. If there are any incomplete items ask the patient to provide a response.</li> <li>Make sure that each item has a single response marked.</li> <li>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.</li> </ul>
PATIENT ID	Record the patient's ID number on the cover and in the top right hand corner page 1.
TIME POINT	<p>Indicate the time point that corresponds to the visit.</p> <p><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	<p>Indicate who completed the questionnaire: patient without assistance, patient with assistance from the coordinator, patient with assistance from next of kin.</p> <p><b>GENERAL INSTRUCTIONS:</b> For each question, check the box that best describes the patient's habits in regards to administration of study medications. When necessary, record the patient's response in the space provided. Check only one response per question.</p> <p><b>SPECIFIC INSTUCTIONS:</b></p> <p><u>Today's date</u>: Record the date (month/day/year) on which the patient filled out the questionnaire.</p>

DATA SECTION	COMPLETION INSTRUCTIONS
	<p><u>Questions 2:</u> Check the box that best indicates the amount of time between opening the ribavirin bottle and taking the medication. If the patient waited 5 minutes or more, record the reason for waiting.</p> <p><u>Questions 3:</u> Check the box that best indicates how many times the ribavirin bottle was opened without removing a dose. If the patient opened the bottle almost everyday or every other day but did not remove a dose, the patient should record when this occurred and why.</p> <p><u>Questions 4:</u> Check the box that best indicates the amount of time between opening the interferon bottle and giving the injection. If the patient waited 5 minutes or more, the patient should record their reason for waiting.</p> <p><u>Question 5:</u> Check the box that best indicates how often the interferon bottle was opened without removing a syringe.</p>