

**Subject ID#:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Month / Day / Year

## **MHCS-II Participant Enrollment Survey**

**Sponsored by:  
National Cancer Institute  
Viral Epidemiology Branch**

**Conducted by:  
Research Triangle Institute  
Rockville, MD**

**All information which would provide identification of the individual will be held in strict confidence, will be used only for purposes of and by persons engaged in the survey, and will not be disclosed or released to others for any purposes, in accordance with Public Law 92-255, as amended.**



**FAMILY AND TREATMENT HISTORY MODULE:** Complete this module with the subject *during clinic visit.*

**SECTION A - Family History**

*We are interested in how hemophilia occurs in families and our research will look with particular interest at siblings enrolled in our study. Please answer to the best of your knowledge. Place a “/” on the line next to the answer.*

1. Have any of your relatives had hemophilia or von Willebrand (vW) disease?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No
- \_\_\_\_\_ Do not know

1a. Have any of your relatives with hemophilia or vW had an inhibitor?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No
- \_\_\_\_\_ Do not know

2. Do you have any brothers with hemophilia?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No → **Go to Question 3**

2a. How many of your brothers have had hemophilia? #

2b. What hemophilia treatment centers do they attend?

- Name of Center 1 (and/or) location: \_\_\_\_\_
- Name of Center 2 (and/or) location: \_\_\_\_\_

3. Do you have any brothers or sisters with von Willebrand’s disease?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No → **Go to Section B**

3a. How many brothers and sisters with vW disease do you have? #

3b. What hemophilia treatment centers do they attend?

- Name of Center 1 (and/or) location: \_\_\_\_\_
- Name of Center 2 (and/or) location: \_\_\_\_\_

**SECTION B - History of Treatments for Hemophilia**

*The next questions are about your use of treatment products during your life.*

4. Have you ever received plasma or cryoprecipitate?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No → **Go to Question 5**

4a. How old were you the first time you received plasma or cryoprecipitate? (NOTE: If you were less than 1 year, write # of months)

Age (years)     Months    (if less than 1 year)

**4b.** How old were you the last time you received plasma or cryoprecipitate? (NOTE: If you were less than 1 year, write # of months)

Age (years)    Months   (if less than 1 year)

**5.** Have you ever received a transfusion of whole blood or red blood cells?

Yes

No → **Go to Question 6**

**5a.** How old were you the first time you received a transfusion of whole blood or red blood cells? (NOTE: If you were less than 1 year, write # of months)

Age (years)    Months   (if less than 1 year)

**6.** Have you ever received a transfusion of platelets?

Yes

No → **Go to Question 7**

**6a.** How old were you the first time you received a transfusion of platelets? (NOTE: If you were less than 1 year, write # of months)

Age (years)    Months   (if less than 1 year)

**7.** Have you ever received non-heat-treated factor concentrate? "*Non-heat-treated*" refers to concentrate products that had no specific viral-inactivation procedure.

Yes

No → **Go to Question 8**

**7a.** How old were you the first time you received non-heat-treated factor concentrate? (NOTE: If you were less than 1 year, write # of months)

Age (years)    Months   (if less than 1 year)

**8.** Have you ever had an unusual health problem, like major surgery or serious injury, for which you needed intensive factor concentrate therapy? Please include only those problems that required at least 50,000 units or 25 bottles of factor concentrate.

Yes

No → **Go to Question 9**

**8a.** About how old were you the first time you required at least 50,000 units or 25 bottles of factor concentrate? Age

**8b.** About how old were you the second time you required at least 50,000 units or 25 bottles of factor concentrate? Age     NO SECOND PROBLEM

**8c.** About how old were you the third time you required at least 50,000 units or 25 bottles of factor concentrate? Age     NO THIRD PROBLEM

Now we would like to ask about routine treatments you received (not including the times you needed intensive treatment with at least 50,000 units or 25 bottles of concentrate). We are interested in regular usage (either to prevent or to treat a bleed) during specific ages. Please do not include the use during episodes reported above.

9. When you were less than 6 years old, did you use factor concentrate?

\_\_\_\_\_ Yes

\_\_\_\_\_ No → **Go to Question 10**

9a. On average, how often did you use factor concentrate when you were less than 6 years old?

\_\_\_\_\_ 6 times per year or less

\_\_\_\_\_ once per month or less

\_\_\_\_\_ 2-3 times per month

\_\_\_\_\_ once per week

\_\_\_\_\_ more than once per week

→ **Go to Question 11**

10. When you were less than 6 years old, did you use plasma or cryoprecipitate?

\_\_\_\_\_ Yes

\_\_\_\_\_ No → **Go to Question 11**

10a. On average, how often did you use plasma or cryoprecipitate when you were less than 6 years old?

\_\_\_\_\_ Never

\_\_\_\_\_ Occasionally (up to 3 times per year)

\_\_\_\_\_ Regularly (several or many times per year)

11. When you were 6-12 years old, did you use factor concentrate?

\_\_\_\_\_ Yes

\_\_\_\_\_ No → **Go to Question 12**

11a. On average, how often did you use factor concentrate when you were 6-12 years old?

\_\_\_\_\_ 6 times per year or less

\_\_\_\_\_ once per month or less

\_\_\_\_\_ 2-3 times per month

\_\_\_\_\_ once per week

\_\_\_\_\_ more than once per week

→ **Go to Question 13**

12. When you were 6-12 years old, did you use plasma or cryoprecipitate?

\_\_\_\_\_ Yes

\_\_\_\_\_ No → **Go to Question 13**

12a. On average, how often did you use plasma or cryoprecipitate when you were 6-12 years old?

\_\_\_\_\_ Never

\_\_\_\_\_ Occasionally (up to 3 times per year)

\_\_\_\_\_ Regularly (several or many times per year)

13. When you were 13-20 years old, did you use factor concentrate?

Yes

No → **Go to Question 14**

13a. On average, how often did you use factor concentrate when you were 13-20 years old?

6 times per year or less

once per month or less

2-3 times per month

once per week

more than once per week

**a** → **Go to Question 15**

14. When you were 13-20 years old, did you use plasma or cryoprecipitate?

Yes

No → **Go to Question 15**

14a. On average, how often did you use plasma or cryoprecipitate when you were 13-20 years old?

Never

Occasionally (up to 3 times per year)

Regularly (several or many times per year)

15. When you were 21-30 years old, did you use factor concentrate?

I am younger than this age group → **Go to Section C on Pg. 6**

Yes

No → **Go to Question 16**

15a. On average, how often did you use factor concentrate when you were 21-30 years old?

6 times per year or less

once per month or less

2-3 times per month

once per week

more than once per week

**a** → **Go to Question 17**

16. When you were 21-30 years old, did you use plasma or cryoprecipitate?

Yes

No → **Go to Question 17**

16a. On average, how often did you use plasma or cryoprecipitate when you were 21-30 years old?

Never

Occasionally (up to 3 times per year)

Regularly (several or many times per year)

17. When you were 31-40 years old, did you use factor concentrate?

I am younger than this age group → **Go to Section C on Pg. 6**

Yes

No → **Go to Question 18**

17a. On average, how often did you use factor concentrate when you were 31-40 years old?

6 times per year or less

once per month or less

2-3 times per month

once per week

more than once per week

**a** → **Go to Question 19**

18. When you were 31-40 years old, did you use plasma or cryoprecipitate?  
 \_\_\_\_\_ Yes  
 \_\_\_\_\_ No → **Go to Question 19**
- 18a. On average, how often did you use plasma or cryoprecipitate when you were 31-40 years old?  
 \_\_\_\_\_ Never  
 \_\_\_\_\_ Occasionally (up to 3 times per year)  
 \_\_\_\_\_ Regularly (several or many times per year)
19. When you were 41-50 years old, did you use factor concentrate?  
 \_\_\_\_\_ I am younger than this age group → **Go to Section C on Pg. 6**  
 \_\_\_\_\_ Yes  
 \_\_\_\_\_ No → **Go to Question 20**
- 19a. On average, how often did you use factor concentrate when you were 41-50 years old?  
 \_\_\_\_\_ 6 times per year or less  
 \_\_\_\_\_ once per month or less  
 \_\_\_\_\_ 2-3 times per month  
 \_\_\_\_\_ once per week  
 \_\_\_\_\_ more than once per week
- a** → **Go to Question 21**
20. When you were 41-50 years old, did you use plasma or cryoprecipitate?  
 \_\_\_\_\_ Yes  
 \_\_\_\_\_ No → **Go to Question 21**
- 20a. On average, how often did you use plasma or cryoprecipitate when you were 41-50 years old?  
 \_\_\_\_\_ Never  
 \_\_\_\_\_ Occasionally (up to 3 times per year)  
 \_\_\_\_\_ Regularly (several or many times per year)
21. When you were 51-60 years old, did you use factor concentrate?  
 \_\_\_\_\_ I am younger than this age group → **Go to Section C on Pg. 6**  
 \_\_\_\_\_ Yes  
 \_\_\_\_\_ No → **Go to Question 22**
- 21a. On average, how often did you use factor concentrate when you were 51-60 years old?  
 \_\_\_\_\_ 6 times per year or less  
 \_\_\_\_\_ once per month or less  
 \_\_\_\_\_ 2-3 times per month  
 \_\_\_\_\_ once per week  
 \_\_\_\_\_ more than once per week
- a** → **Go to Question 23**

22. When you were 51-60 years old, did you use plasma or cryoprecipitate?

- Yes
- No → Go to Question 23

22a. On average, how often did you use plasma or cryoprecipitate when you were 51-60 years old?

- Never
- Occasionally (up to 3 times per year)
- Regularly (several or many times per year)

23. Since you turned 61 years old, did you use factor concentrate?

- I am younger than this age group → **Go to Section C**
- Yes
- No → **Go to Question 24**

23a. On average, how often did you use factor concentrate since you turned 61 years old?

- 6 times per year or less
  - once per month or less
  - 2-3 times per month
  - once per week
  - more than once per week
- a** → **Go to Section C**

24. Since you turned 61 years old, did you use plasma or cryoprecipitate?

- Yes
- No → **Go to Section C**

24a. On average, how often did you use plasma or cryoprecipitate since you turned 61 years old?

- Never
- Occasionally (up to 3 times per year)
- Regularly (several or many times per year)

**SECTION C: Prescription Medications**

*The last questions are about prescription medications you have used during the past month.*

**Excluding HIV treatment meds** such as antiretrovirals, please tell me the names of all prescription medications you have taken during the past month. If you do not know the name of a drug, give the medical reason you are taking it.

- Drug #1 \_\_\_\_\_
- Drug #2 \_\_\_\_\_
- Drug #3 \_\_\_\_\_
- Drug #4 \_\_\_\_\_
- Drug #5 \_\_\_\_\_
- Drug #6 \_\_\_\_\_
- Drug #7 \_\_\_\_\_
- Drug #8 \_\_\_\_\_
- Drug #9 \_\_\_\_\_
- Drug #10 \_\_\_\_\_

**HIV Supplement**

Are you currently taking any medication for the treatment of HIV/AIDS?

- Yes → Complete checklist below
- No → Go to next page
- Not HIV positive → Go to next page

During the past month, which of the following drugs and substances have you taken? *Indicate your answer with a check (“/“).*

Antiretroviral meds

- Amprenavir
- Abacavir
- Combivir (AZT/3TC)
- Didanosine (ddI)
- Delavirdine
- Efavirenz
- Hydroxyurea
- Indinavir
- Lamivudine (3TC)
- Lopinavir/ritonavir (Kaletra)
- Nevirapine (Viramune)
  
- Nelfinavir
- Ritonavir
- Saquinavir
- Stavudine (D4t)
- Trizavir (AZT/3TC/abacavir)
- Zalcitabine (ddC)
- Zidovudine (AZT)

Prophylaxis meds

- Acyclovir
- Aerosolized pentamidine
- Atovaquone
- Dapsone
- Azithromycin
- Clarithromycin
- Fanciclovir
- Fluconazole
- Ganciclovir
- Rifabutin
- Trimethoprim/sulfa (Bactrim, Septra)
- Valacyclovir

If you took a drug for HIV treatment that is not listed, please write the name of the drug(s) here:

- Drug #1 \_\_\_\_\_
- Drug #2 \_\_\_\_\_
- Drug #3 \_\_\_\_\_

**LIFESTYLE MODULE: Complete this module on your own *during your clinic visit.***

*Thank you for participating in this important study. Your answers will greatly contribute to our research on hemophilia. Some questions ask for personal information and if you are uncomfortable with a particular item, you are not required to answer it. However, be assured that all of your answers will be kept highly confidential.*

*For some questions, place a check (✓) on a line, and for others you will write a number. Please feel free to write comments where you feel they are needed to explain your answer. Depending on how you answer a question, you may be asked to skip to another part of the survey. If you need assistance, please feel free to consult the clinic study coordinator.*

**SECTION A -Activities and Pain**

*Please think about any pain you may have had in the past 4 weeks and use a check (✓) to report whether you have had any of the following problems with work or other regular daily activities.*

1. Did you reduce the amount of time you spent on work, school or other activities?  
 Yes  
 No
  
2. Did you accomplish less than you would like?  
 Yes  
 No
  
3. Were you limited in the kind of work, school or other activities you performed?  
 Yes  
 No
  
4. Did you have difficulty performing work or other activities, or did it take extra effort?  
 Yes  
 No
  
5. How much pain in your joints did you have during the past 4 weeks?  
 None  
 Very mild  
 Mild  
 Moderate  
 Severe  
 Very severe
  
6. How much pain of other types did you have during the past 4 weeks?  
 None  
 Very mild  
 Mild  
 Moderate  
 Severe  
 Very severe

7. How much did pain interfere with your normal activities?
- \_\_\_\_\_ Not at all  
 \_\_\_\_\_ A little bit  
 \_\_\_\_\_ Moderately  
 \_\_\_\_\_ Quite a bit  
 \_\_\_\_\_ Extremely

**SECTION B - Pain Medications**

*The following series of questions ask about your use of various types of pain medications. Please include both over-the-counter and prescriptions, brand names, store brand and generic versions. When reporting number of pills used, include capsules, caplets, and any other form.*

Acetaminophen Use

*Include any type of acetaminophen (Tylenol) and medications that combine acetaminophen with something else such as Tylenol #3, Darvocet, Percocet, Propacet, etc.*

8. During the past month, how often did you take acetaminophen for pain or discomfort?
- \_\_\_\_\_ Never  
 \_\_\_\_\_ Less than once a week  
 \_\_\_\_\_ At least once a week

*For the next questions, record the # of acetaminophen pills you took each week during the period of time. If you don't remember exactly, record your best guess.*

9. During the last 3 months, how many acetaminophen pills did you **usually** take in a week?
- Per week # |\_\_|\_\_| NONE \_\_\_\_\_

10. During the last 3 months, what was the **maximum number** of acetaminophen pills you took in any one week?
- Per week # |\_\_|\_\_| NONE \_\_\_\_\_

*We've just looked back over the last 3 months. Now, we'd like you to think back over the past year up until 3 months ago.*

11. Between 3 and 12 months ago, how many acetaminophen pills did you **usually** take in a week?
- Per week # |\_\_|\_\_| NONE \_\_\_\_\_

12. Between 3 and 12 months ago, what was the **maximum number** of acetaminophen pills you took in any one week?
- Per week # |\_\_|\_\_| NONE \_\_\_\_\_

Non-Steroidal Anti-Inflammatory Drugs (NSAID)

*Include any type of ibuprophen (Motrin, Nuprin, Advil) as well as Vioxx, Celebrex, etc.*

13. During the past month, how often did you take NSAIDs for pain or discomfort?

- \_\_\_\_\_ Never  
\_\_\_\_\_ Less than once a week  
\_\_\_\_\_ At least once a week

*For the next questions, record the # of NSAID pills you took each week during each period of time. If you don't remember exactly, record your best guess.*

14. During the last 3 months, how many NSAID pills did you **usually** take in a week?

Per week # |\_\_| |\_\_| NONE \_\_\_\_\_

15. During the last 3 months, what was the **maximum number** of NSAID pills you took in any one week?

Per week # |\_\_| |\_\_| NONE \_\_\_\_\_

*We've just looked back over the last 3 months. Now, we'd like you to think back over the past year up until 3 months ago.*

16. Between 3 and 12 months ago, how many NSAID pills did you **usually** take in a week?

Per week # |\_\_| |\_\_| NONE \_\_\_\_\_

17. Between 3 and 12 months ago, what was the **maximum number** of NSAID pills you took in any one week?

Per week # |\_\_| |\_\_| NONE \_\_\_\_\_

Codeine and other Narcotics

*Include narcotic medications such as codeine, propoxyphene (Darvon), and morphine. Do not include medications with acetaminophen (like Tylenol #3 and Darvocet).*

18. During the past month, how often did you take codeine or other narcotics for pain or discomfort?

- \_\_\_\_\_ Never  
\_\_\_\_\_ Less than once a week  
\_\_\_\_\_ At least once a week

*For the next questions, record the # of pills of narcotic medication you took each week during each period of time. If you don't remember exactly, record your best guess.*

19. During the last 3 months, how many pills of codeine and other prescription narcotics did you **usually** take in a week?

Per week # |\_\_| |\_\_| NONE \_\_\_\_\_

20. During the last 3 months, what was the *maximum number* of pills of codeine and other prescription narcotics you took in any one week?

Per week #    NONE

*We've just looked back over the last 3 months. Now, we'd like you to think back over the past year up until 3 months ago.*

21. Between 3 and 12 months ago, how many pills of codeine and other prescription narcotics did you *usually* take in a week?

Per week #    NONE

22. Between 3 and 12 months ago, what was the *maximum number* of pills of codeine and other prescription narcotics you took in any one week?

Per week #    NONE

### SECTION C - Alcohol Use

*For the following questions, a 'drink' is defined as 12 oz (360 ml) of beer, 4 oz (120 ml) of wine, or 1 oz (30 ml) of liquor. Please indicate your answers with a check (✓).*

23. Have you ever had a drink containing alcohol?

Yes

No → **Go to Section D**

23a. How old were you the first time you had a drink containing alcohol?

Age

23b. How old were you the last time you had a drink containing alcohol?

Age

*For the next questions, record the number of drinks you had on a weekly basis. If you did not drink weekly, record the number on a monthly basis. Please give your best estimate. If you do not drink at all, mark 'none'.*

24. During the last 3 months, how many drinks did you *usually* have?

Per week #    **OR** Per month #    NONE

25. During the last 3 months, what was the *maximum* number of drinks had?

In any one week #    **OR** in any one day #    NONE

We're interested in knowing if your drinking habits changed after you found out you had the hepatitis C virus (HCV). The next questions relate to this. If you do not have HCV, go to Question 31.

26. When did you find out you had HCV? Year |||||
27. During the year before you found out you had HCV, how many drinks did you *usually* have?  
 Per week # |||| **OR** Per month # ||||  NONE
28. During the year before you found out you had HCV, what was the *maximum* number of drinks had?  
 In any one week # |||| **OR** in any one day # ||||  NONE
29. During the year after you found out you had HCV, how many drinks did you *usually* have?  
 Per week # |||| **OR** Per month # ||||  NONE
30. During the year after you found out you had HCV, what was the *maximum* number of drinks had?  
 In any one week # |||| **OR** in any one day # ||||  NONE

Please answer the following questions while thinking of the last 12 months. For each question, circle the number the number that best represents your answer.

How often during the last year...	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<b>EXAMPLE:</b> .....have you taken a vacation?	0	1	2	3	4
31. ...have you found that you were unable to stop drinking once you had started?	0	1	2	3	4
32. ...have you failed to do what was normally expected from you because of drinking?	0	1	2	3	4
33. ...have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?	0	1	2	3	4
34. ...have you had a feeling of guilt or remorse after drinking?	0	1	2	3	4
35. ...have you been unable to remember what happened the night before because you had been drinking?	0	1	2	3	4
36. ...have you or someone else been injured as the result of your drinking?	0	1	2	3	4
37. ...has a relative, friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?	0	1	2	3	4

## SECTION D - Smoking History

*These next questions are about your use of cigarettes and cigars. Please indicate your answers with a check (✓).*

38. Have you ever smoked cigarettes regularly (at least 10 cigarettes per week)?

\_\_\_\_\_ Yes

\_\_\_\_\_ No → **Go to Question 43**

39. Have you smoked cigarettes in the past 6 months?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

40. At what age did you begin smoking cigarettes?

\_\_\_\_\_ 14 years or younger

\_\_\_\_\_ Age 15 to age 19

\_\_\_\_\_ Age 20 to age 24

\_\_\_\_\_ 25 years or older

41. When did you stop smoking cigarettes?

\_\_\_\_\_ Current Smoker

\_\_\_\_\_ Less than a year ago

\_\_\_\_\_ 1-4 years ago

\_\_\_\_\_ 5-9 years ago

\_\_\_\_\_ 10 years ago or more

42. How many cigarettes do/did you smoke per day?

\_\_\_\_\_ Less than 10 (less than ½ a pack)

\_\_\_\_\_ 10-15 (½ a pack)

\_\_\_\_\_ 16-24 (1 pack)

\_\_\_\_\_ 25-34 (1½ packs)

\_\_\_\_\_ 35 or more (2 packs or more)

43. Have you smoked a pipe or cigar in the past 6 months?

\_\_\_\_\_ Yes

\_\_\_\_\_ No → **Go to Section E**

44. How many pipes or cigars do you smoke per week?

\_\_\_\_\_ Less than 1 per week

\_\_\_\_\_ 1-9 per week (or 1 per day)

\_\_\_\_\_ 10-19 per week (or 2 per day)

\_\_\_\_\_ 20 or more per week (or 3 per day)

**SECTION E - Herbal Supplements and Other Drugs**

During the past month, which of the following drugs and substances have you taken?

Indicate your answer with a check (“• “). If you have not taken any, GO TO SECTION F below.

Herbal Supplements

- Alchemilla (lady’s mantle)
- Chaparral
- Chondroitin
- Evening Primrose
- Ephedra (ma huang)
- Feverfew
- Fish Oil (omega-3 or 3-fatty acids)
- Gentian
- Germander
- Ginkgo
- Ginseng
- Ginger
- Glucosamine
- Ji bu huan
- Milk thistle (Silymarin)
- Senna
- Shark Cartilage
- Scurellaria (skullcap)
- St. John's Wort

Other Drugs

- Anabolic Steroids (injection)
- Anabolic Steroids (by mouth)
- Cocaine (injection)
- Cocaine (nasal)
- Heroin (injection)
- MDMA/ “ecstasy”
- Phencyclidine (Angel Dust)
- Glues or solvents
- Other, specify: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SECTION F - Quality of Life**

These last questions ask how you have been feeling over the past 2 weeks. Circle the number that corresponds to how often you felt that way. For example, circle 3 if you have been tired or fatigued some of the time during the past 2 weeks. Please circle only one number per line.

How much of the time during the past 2 weeks.....	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	Hardly any of the time	None of the time
<b>EXAMPLE: have you been tired or fatigued?</b>	6	5	4	3	2	1	0
45. ...have you been troubled by a feeling of abdominal bloating?	6	5	4	3	2	1	0
46. ...have you been tired or fatigued?	6	5	4	3	2	1	0
47. ...have you experienced bodily pain?	6	5	4	3	2	1	0
48. ...have you felt sleepy during the day?	6	5	4	3	2	1	0
49. ...have you experienced abdominal pain?	6	5	4	3	2	1	0
50. ...has shortness of breath been a problem for you in your daily activities?	6	5	4	3	2	1	0
51. ...have you not been able to eat as much as you would like?	6	5	4	3	2	1	0
52. ...have you been bothered by having decreased strength?	6	5	4	3	2	1	0

<b>How much of the time during the past 2 weeks.....</b>	<b>All of the time</b>	<b>Most of the time</b>	<b>A good bit of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>Hardly any of the time</b>	<b>None of the time</b>
<b>53.</b> ...have you had trouble lifting or carrying heavy objects?	6	5	4	3	2	1	0
<b>54.</b> ...have you felt anxious?	6	5	4	3	2	1	0
<b>55.</b> ...have you felt a decreased level of energy?	6	5	4	3	2	1	0
<b>56.</b> ...have you felt unhappy?	6	5	4	3	2	1	0
<b>57.</b> ...have you felt drowsy?	6	5	4	3	2	1	0
<b>58.</b> ...have you been bothered by a limitation of your diet?	6	5	4	3	2	1	0
<b>59.</b> ...have you been irritable?	6	5	4	3	2	1	0
<b>60.</b> ...have you had difficulty sleeping at night?	6	5	4	3	2	1	0
<b>61.</b> ...have you been troubled by a feeling of abdominal discomfort?	6	5	4	3	2	1	0
<b>62.</b> ...have you been worried about the impact your hepatitis C virus infection has on your family?	6	5	4	3	2	1	0
<b>63.</b> ...have you had mood swings?	6	5	4	3	2	1	0
<b>64.</b> ...have you been unable to fall asleep at night?	6	5	4	3	2	1	0
<b>65.</b> ...have you had muscle cramps?	6	5	4	3	2	1	0
<b>66.</b> ...have you been worried that your symptoms will develop into major problems?	6	5	4	3	2	1	0
<b>67.</b> ...have you had a dry mouth?	6	5	4	3	2	1	0
<b>68.</b> ...have you felt depressed?	6	5	4	3	2	1	0
<b>69.</b> ...have you been worried about your hepatitis C virus infection getting worse?	6	5	4	3	2	1	0
<b>70.</b> ...have you had problems concentrating?	6	5	4	3	2	1	0
<b>71.</b> ...have you been troubled by itching?	6	5	4	3	2	1	0
<b>72.</b> ...have you been worried about never feeling any better?	6	5	4	3	2	1	0
<b>73.</b> ...have you been concerned about the availability of a liver if you need a liver transplant?	6	5	4	3	2	1	0

***When you are done with this form, return it to the study nurse. Thank you very much for taking part in this important research project. Your answers are of great value to this study.***