

Participant Enrollment Survey HCV Supplement (Form 50) Subject ID#: _____

If never treated for HCV, GO TO Question 5 on back of page.

We'd like to know about treatments you have ever received for HCV. Some brand names of HCV drugs are:

- Standard interferon alone= *Intron or Roferon or Infergen*
- Ribavirin= *Rebetol or Virazole*
- Standard interferon and ribavirin together= *Rebetron*
- Pegylated interferon= *PEG-Intron or Pegasys*

1. Were you ever treated at the same time with standard interferon and ribavirin? Yes
 No → **Go to Question 2**
 - 1a. When did you first use this?
Month Year
 - 1b. Are you currently using it? Yes → **Go to Question 2**
 No
 - 1c. Why are you no longer using it? Experienced side effects and stopped use early.
 Completed prescribed treatment.
2. Were you ever treated with standard interferon without ribavirin? Yes
 No → **Go to Question 3**
 - 2a. When did you first use this?
Month Year
 - 2b. Are you currently using it? Yes → **Go to Question 3**
 No
 - 2c. Why are you no longer using it? Experienced side effects and stopped use early.
 Completed prescribed treatment.
3. Were you ever treated at the same time with pegylated interferon and ribavirin? Yes
 No → **Go to Question 4**
 - 3a. When did you first use this?
Month Year
 - 3b. Are you currently using it? Yes → **Go to Question 4**
 No
 - 3c. Why are you no longer using it? Experienced side effects and stopped use early.
 Completed prescribed treatment.
4. Were you ever treated with pegylated interferon without ribavirin? Yes
 No → **Go to Question 5**
 - 4a. When did you first use this?
Month Year
 - 4b. Are you currently using it? Yes → **Go to Question 5**
 No
 - 4c. Why are you no longer using it? Experienced side effects and stopped use early.
 Completed prescribed treatment.

5. During the past two weeks, which Cox-2 inhibitors did you take for pain or discomfort? _____ None → **Go to Question 6**
 _____ Vioxx
 _____ Celebrex
 _____ Other (Specify) _____
- 5a. For how many months had you been using a Cox-2 inhibitor? _____ Less than one month
 _____ 1-12 months
 _____ More than 12 months
6. During the past two weeks, did you take any other NSAIDs for pain or discomfort? *Please do not include the Cox-2 inhibitors listed at Q5 above.* _____ Yes
 _____ No → **Go to Question 7**
- 6a. For how many months had you been using any **other** NSAID? _____ Less than one month
 _____ 1-12 months
 _____ More than 12 months
7. Have you had a GI bleed, gastrointestinal perforation or gastrointestinal obstruction (stenosis) since May 1, 2002? (*Check all that apply*) _____ **NO → GO TO END**
 _____ Yes, GI bleed
 _____ Yes, gastrointestinal perforation
 _____ Yes, gastrointestinal obstruction (stenosis)

IF ANY YES TO QUESTION 7, PLEASE NOTIFY THE NURSE COORDINATOR TO COMPLETE THE UPPER GI SUPPLEMENT FOR YOU.