

**Subject ID#:** (preprinted)

**Date completed:** \_\_\_\_\_  
Month / Day / Year  
Visit #: 3

# **MHCS-II Participant Follow-Up Survey**

(Form 70)

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

**Conducted by:**  
**Research Triangle Institute**  
**Washington, DC**

**The information entered on this form will be handled  
in the strictest confidence and will not be  
released to unauthorized personnel.**







<p>" lamivudine (3TC, Epivir)<sup>230</sup></p>	<p>First Date                      Last Date   _ _ - _ _ _ _  to               _ _ - _ _ _ _   MO    YEAR                      MO    YEAR</p> <p>IF <u>CURRENTLY USING</u>, GO TO <u>NEXT DRUG</u>  USED. IF <b>NOT</b>, GO TO COLUMN C.</p>	<p>" Side effect/toxicity  " Medicine wasn't working (resistant virus)  " Changed to new regimen  " Planned interruption of therapy/'drug holiday'  " No insurance/poor coverage/could not afford  " Other (specify): _____</p> <p>[GO TO NEXT DRUG USED]</p>
<p>" nelfinavir (Viracept)<sup>231</sup></p>	<p>First Date                      Last Date   _ _ - _ _ _ _  to               _ _ - _ _ _ _   MO    YEAR                      MO    YEAR</p> <p>IF <u>CURRENTLY USING</u>, GO TO <u>NEXT DRUG</u>  USED. IF <b>NOT</b>, GO TO COLUMN C.</p>	<p>" Side effect/toxicity  " Medicine wasn't working (resistant virus)  " Changed to new regimen  " Planned interruption of therapy/'drug holiday'  " No insurance/poor coverage/could not afford  " Other (specify): _____</p> <p>[GO TO NEXT DRUG USED]</p>
<p>" nevirapine (Viramune)<sup>232</sup></p>	<p>First Date                      Last Date   _ _ - _ _ _ _  to               _ _ - _ _ _ _   MO    YEAR                      MO    YEAR</p> <p>IF <u>CURRENTLY USING</u>, GO TO <u>NEXT DRUG</u>  USED. IF <b>NOT</b>, GO TO COLUMN C.</p>	<p>" Side effect/toxicity  " Medicine wasn't working (resistant virus)  " Changed to new regimen  " Planned interruption of therapy/'drug holiday'  " No insurance/poor coverage/could not afford  " Other (specify): _____</p> <p>[GO TO NEXT DRUG USED]</p>
<p>" ritonavir (Norvir)<sup>233</sup></p>	<p>First Date                      Last Date   _ _ - _ _ _ _  to               _ _ - _ _ _ _   MO    YEAR                      MO    YEAR</p> <p>IF <u>CURRENTLY USING</u>, GO TO <u>NEXT DRUG</u>  USED. IF <b>NOT</b>, GO TO COLUMN C.</p>	<p>" Side effect/toxicity  " Medicine wasn't working (resistant virus)  " Changed to new regimen  " Planned interruption of therapy/'drug holiday'  " No insurance/poor coverage/could not afford  " Other (specify): _____</p> <p>[GO TO NEXT DRUG USED]</p>
<p>" saquinavir (Fortovase, Invirase)<sup>234</sup></p>	<p>First Date                      Last Date   _ _ - _ _ _ _  to               _ _ - _ _ _ _   MO    YEAR                      MO    YEAR</p> <p>IF <u>CURRENTLY USING</u>, GO TO <u>NEXT DRUG</u>  USED. IF <b>NOT</b>, GO TO COLUMN C.</p>	<p>" Side effect/toxicity  " Medicine wasn't working (resistant virus)  " Changed to new regimen  " Planned interruption of therapy/'drug holiday'  " No insurance/poor coverage/could not afford  " Other (specify): _____</p> <p>[GO TO NEXT DRUG USED]</p>
<p>" stavudine (d4T, Zerit)<sup>235</sup></p>	<p>First Date                      Last Date   _ _ - _ _ _ _  to               _ _ - _ _ _ _   MO    YEAR                      MO    YEAR</p> <p>IF <u>CURRENTLY USING</u>, GO TO <u>NEXT DRUG</u>  USED. IF <b>NOT</b>, GO TO COLUMN C.</p>	<p>" Side effect/toxicity  " Medicine wasn't working (resistant virus)  " Changed to new regimen  " Planned interruption of therapy/'drug holiday'  " No insurance/poor coverage/could not afford  " Other (specify): _____</p> <p>[GO TO NEXT DRUG USED]</p>

<p>" <b>tenofovir (Viread)</b> <sup>109</sup></p>	<p>First Date                      Last Date        ___-___-___ to                      ___-___-___        MO    YEAR                              MO    YEAR</p> <p>IF <u>CURRENTLY USING</u>, GO TO <u>NEXT DRUG</u> USED. IF <b>NOT</b>, GO TO COLUMN C.</p>	<p>" Side effect/toxicity          " Medicine wasn't working (resistant virus)          " Changed to new regimen          " Planned interruption of therapy/'drug holiday'          " No insurance/poor coverage/could not afford          " Other (specify): _____</p> <p>[GO TO NEXT DRUG USED]</p>
<p>" <b>trizavir (AZT/3TC/abacavir)</b> <sup>236</sup></p>	<p>First Date                      Last Date        ___-___-___ to                      ___-___-___        MO    YEAR                              MO    YEAR</p> <p>IF <u>CURRENTLY USING</u>, GO TO <u>NEXT DRUG</u> USED. IF <b>NOT</b>, GO TO COLUMN C.</p>	<p>" Side effect/toxicity          " Medicine wasn't working (resistant virus)          " Changed to new regimen          " Planned interruption of therapy/'drug holiday'          " No insurance/poor coverage/could not afford          " Other (specify): _____</p> <p>[GO TO NEXT DRUG USED]</p>
<p>" <b>zalcitabine (ddC, Hivid)</b> <sup>237</sup></p>	<p>First Date                      Last Date        ___-___-___ to                      ___-___-___        MO    YEAR                              MO    YEAR</p> <p>IF <u>CURRENTLY USING</u>, GO TO <u>NEXT DRUG</u> USED. IF <b>NOT</b>, GO TO COLUMN C.</p>	<p>" Side effect/toxicity          " Medicine wasn't working (resistant virus)          " Changed to new regimen          " Planned interruption of therapy/'drug holiday'          " No insurance/poor coverage/could not afford          " Other (specify): _____</p> <p>[GO TO NEXT DRUG USED]</p>
<p>" <b>zidovudine (AZT, ZDV, Retrovir)</b> <sup>238</sup></p>	<p>First Date                      Last Date        ___-___-___ to                      ___-___-___        MO    YEAR                              MO    YEAR</p> <p>IF <u>CURRENTLY USING</u>, GO TO <u>NEXT DRUG</u> USED. IF <b>NOT</b>, GO TO COLUMN C.</p>	<p>" Side effect/toxicity          " Medicine wasn't working (resistant virus)          " Changed to new regimen          " Planned interruption of therapy/'drug holiday'          " No insurance/poor coverage/could not afford          " Other (specify): _____</p> <p>[GO TO PROPHYLAXIS MEDICATIONS]</p>
<p>" <b>Other HIV/AIDS drug 1, specify:</b>        _____</p>	<p>First Date                      Last Date        ___-___-___ to                      ___-___-___        MO    YEAR                              MO    YEAR</p> <p>IF <u>CURRENTLY USING</u>, GO TO <u>NEXT DRUG</u> USED. IF <b>NOT</b>, GO TO COLUMN C.</p>	<p>" Side effect/toxicity          " Medicine wasn't working (resistant virus)          " Changed to new regimen          " Planned interruption of therapy/'drug holiday'          " No insurance/poor coverage/could not afford          " Other (specify): _____</p> <p>[GO TO PROPHYLAXIS MEDICATIONS]</p>
<p>" <b>Other HIV/AIDS drug 2, specify:</b>        _____</p>	<p>First Date                      Last Date        ___-___-___ to                      ___-___-___        MO    YEAR                              MO    YEAR</p> <p>IF <u>CURRENTLY USING</u>, GO TO <u>NEXT DRUG</u> USED. IF <b>NOT</b>, GO TO COLUMN C.</p>	<p>" Side effect/toxicity          " Medicine wasn't working (resistant virus)          " Changed to new regimen          " Planned interruption of therapy/'drug holiday'          " No insurance/poor coverage/could not afford          " Other (specify): _____</p> <p>[GO TO PROPHYLAXIS MEDICATIONS]</p>

**A2. Prophylaxis medications (for AIDS-related infections)**

Please tell us which of the following medications you are currently taking. Place a check next to each drug you take at this time.

**DIDN'T USE ANY PROPHYLAXIS MEDICATIONS FOR HIV Go to A3**

- |  |  |
|--|--|
| <input type="checkbox"/> acyclovir (Zovirax) <sup>239</sup>                        | <input type="checkbox"/> ganciclovir (Cytovene, DHPG) <sup>245</sup>         |
| <input type="checkbox"/> aerosolized pentamidine (Nebupent, Pentam) <sup>240</sup> | <input type="checkbox"/> rifabutin (Ansamycin, Mycobutin) <sup>246</sup>     |
| <input type="checkbox"/> atovaquone (Mepron) <sup>141</sup>                        | <input type="checkbox"/> trimethoprim/sulfa (Bactrim, Septra) <sup>160</sup> |
| <input type="checkbox"/> azithromycin (Zithromax) <sup>82</sup>                    | <input type="checkbox"/> valacyclovir (Valtrex) <sup>247</sup>               |
| <input type="checkbox"/> clarithromycin (Biaxin) <sup>242</sup>                    | Other prophylaxis med. 1 _____   |
| <input type="checkbox"/> dapsone (DDS) <sup>243</sup>                              | Other prophylaxis med. 2 _____   |
| <input type="checkbox"/> famciclovir (Famvir) <sup>244</sup>                       | Other prophylaxis med. 3 _____   |
| <input type="checkbox"/> fluconazole (Diflucan) <sup>162</sup>                     |  |

**A3. HCV Medications**

We would like to know about any HCV medications you used since your last study visit. Place a check next to each drug you used since your last visit. You were last seen for a study visit on [DATE OF 1<sup>st</sup> Follow -Up].

**I AM NOT HCV+ ÷ Go to A4**

**DIDN'T USE ANY HCV MEDS SINCE LAST STUDY VISIT Go to A4**

- |   |  |
|---|--|
| <input type="checkbox"/> Intron (standard interferon) <sup>275</sup>        | <input type="checkbox"/> Virazole (ribavirin) <sup>280</sup>                           |
| <input type="checkbox"/> Roferon (standard interferon) <sup>276</sup>       | <input type="checkbox"/> Rebetron (standard interferon/ribavirin combo) <sup>281</sup> |
| <input type="checkbox"/> Infergen (standard interferon) <sup>277</sup>      | <input type="checkbox"/> PEG-Intron (pegylated interferon) <sup>282</sup>              |
| <input type="checkbox"/> Standard interferon (brand unknown) <sup>278</sup> | <input type="checkbox"/> Pegasys (pegylated interferon) <sup>283</sup>                 |
| <input type="checkbox"/> Rebetol (ribavirin) <sup>279</sup>                 |  |

**A4. Other Prescription Medications (excluding HIV/HCV meds)**

We would like to know about any other prescription medications you used since your last study visit. Place a check next to each drug you used since your last visit. If you used something not listed, write it in on the line.

**DIDN'T USE OTHER PRESCRIPTION MEDS SINCE LAST STUDY VISIT Go to A5**

- |   |  |
|---|--|
| <input type="checkbox"/> Vioxx <sup>22</sup>      | <input type="checkbox"/> Oxyir <sup>42</sup>     |
| <input type="checkbox"/> Celebrex <sup>5</sup>    | <input type="checkbox"/> Lasix <sup>30</sup>     |
| <input type="checkbox"/> Vicodin <sup>21</sup>    | <input type="checkbox"/> Prilosec <sup>3</sup>   |
| <input type="checkbox"/> Tylenol #3 <sup>72</sup> | <input type="checkbox"/> Zoloft <sup>19</sup>    |
| <input type="checkbox"/> Percocet <sup>55</sup>   | <input type="checkbox"/> Neurontin <sup>45</sup> |
|   | Other prescription drug 1 _____                  |
|   | Other prescription drug 2 _____                  |
|   | Other prescription drug 3 _____                  |

**A5. Herbal Supplements and Other Drugs**

Please tell us about any herbs or other drugs you used since the last study visit.

**DIDN'T USE HERBS/DRUGS SINCE THE LAST STUDY VISIT Go to Section B below**

Herbal Supplements

- \_\_\_\_\_ Alchemilla (lady's mantle)<sup>248</sup>
- \_\_\_\_\_ Chaparral<sup>249</sup>
- \_\_\_\_\_ Chondroitin<sup>250</sup>
- \_\_\_\_\_ Evening Primrose<sup>251</sup>
- \_\_\_\_\_ Ephedra (ma huang)<sup>252</sup>
- \_\_\_\_\_ Feverfew<sup>253</sup>
- \_\_\_\_\_ Fish Oil (omega-3 or 3-fatty acids)<sup>254</sup>
- \_\_\_\_\_ Gentian<sup>255</sup>
- \_\_\_\_\_ Germander<sup>256</sup>
- \_\_\_\_\_ Ginkgo<sup>257</sup>
- \_\_\_\_\_ Ginseng<sup>258</sup>
- \_\_\_\_\_ Ginger<sup>259</sup>
- \_\_\_\_\_ Glucosamine<sup>260</sup>
- \_\_\_\_\_ Ji bu huan<sup>261</sup>
- \_\_\_\_\_ Milk thistle (Silymarin)<sup>262</sup>
- \_\_\_\_\_ Senna<sup>263</sup>
- \_\_\_\_\_ Shark Cartilage<sup>264</sup>
- \_\_\_\_\_ Scurellaria (skullcap)<sup>265</sup>
- \_\_\_\_\_ St. John's Wort<sup>266</sup>

- Other herbal supplement 1 \_\_\_\_\_
- Other herbal supplement 2 \_\_\_\_\_
- Other herbal supplement 3 \_\_\_\_\_

Other Drugs

- \_\_\_\_\_ Heroin (injection)<sup>267</sup>
- \_\_\_\_\_ MDMA/ "ecstasy"<sup>268</sup>
- \_\_\_\_\_ Phencyclidine (Angel Dust)<sup>269</sup>
- \_\_\_\_\_ Anabolic Steroids (injection)<sup>270</sup>
- \_\_\_\_\_ Anabolic Steroids (by mouth)<sup>271</sup>
- \_\_\_\_\_ Glues or solvents<sup>272</sup>
- \_\_\_\_\_ Cocaine (injection)<sup>273</sup>
- \_\_\_\_\_ Cocaine (nasal)<sup>274</sup>
- \_\_\_\_\_ Marijuana<sup>26</sup>

- Other drug 1 \_\_\_\_\_
- Other drug 2 \_\_\_\_\_
- Other drug 3 \_\_\_\_\_

**Section B. Activities and Pain**

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

- B1. Did you reduce the amount of time you spent on work, school or other activities?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No
  
- B2. Did you accomplish less than you would like?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No
  
- B3. Were you limited in the kind of work, school or other activities you performed?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No

- B4. Did you have difficulty performing work or other activities, or did it take extra effort?  
 \_\_\_\_\_ Yes  
 \_\_\_\_\_ No
- B5. How much pain in your joints did you have during the past 4 weeks?  
 \_\_\_\_\_ None  
 \_\_\_\_\_ Very mild  
 \_\_\_\_\_ Mild  
 \_\_\_\_\_ Moderate  
 \_\_\_\_\_ Severe  
 \_\_\_\_\_ Very severe
- B6. How much pain of other types did you have during the past 4 weeks?  
 \_\_\_\_\_ None  
 \_\_\_\_\_ Very mild  
 \_\_\_\_\_ Mild  
 \_\_\_\_\_ Moderate  
 \_\_\_\_\_ Severe  
 \_\_\_\_\_ Very severe
- B7. How much did pain interfere with your normal activities?  
 \_\_\_\_\_ Not at all  
 \_\_\_\_\_ A little bit  
 \_\_\_\_\_ Moderately  
 \_\_\_\_\_ Quite a bit  
 \_\_\_\_\_ Extremely

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

**' DIDN'T USE ACETAMINOPHEN SINCE LAST STUDY VISIT Go to C6**

- C1. 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 amount of acetaminophen you took during the past three months. If you don't remember exactly, record your best guess.

C2. During the last 3 months, how much acetaminophen did you *usually* take in a week?

Pills per week #    ' NONE

C3. During the last 3 months, what was the *maximum amount* of acetaminophen you took in any *one day*?

Pills per day #    ' 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.

C4. Between 3 and 12 months ago, how much acetaminophen did you *usually* take in a week?

Pills per week #    ' NONE

C5. Between 3 and 12 months ago, what was the *maximum amount* of acetaminophen you took in any *one day*?

Pills per day #    ' NONE

**Non-Steroidal Anti-Inflammatory Drugs (NSAID) :** Include any type of ibuprofen (Motrin, Nuprin, Advil) as well as Cox-2 inhibitors Vioxx, Celebrex, etc. If you are uncertain about whether a medication is in this category, please refer to the list provided by clinic staff.

C6. During the past two weeks, which Cox-2 inhibitors did you take for pain or discomfort?

None **Go to C7**  
 Vioxx  
 Celebrex  
 Other (Specify) \_\_\_\_\_

C6a. For how many months had you been using a Cox-2 inhibitor?

Less than one month  
 1-12 months  
 More than 12 months

C7. 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 Question C6 above.

Yes  
 No **Go to C8**

C7a. For how many months had you been using any other NSAID?

Less than one month  
 1-12 months  
 More than 12 months

For the next questions, record the amount of all NSAIDs you took during the past three months, including Cox-2 inhibitors such as Vioxx and Celebrex. If you don't remember exactly, record your best guess.

' **DIDN'T USE NSAIDS SINCE LAST STUDY VISIT Go to C12**

C8. During the last 3 months, what amount of NSAIDs did you *usually* take in a week?

Pills per week #    ' NONE

C9. During the last 3 months, what was the *maximum amount* of NSAIDs you took in any *one day*?

Pills per day #    ' 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.*

C10. Between 3 and 12 months ago, what amount of NSAIDs did you *usually* take in a week?

Pills per week #    ' NONE

C11. Between 3 and 12 months ago, what was the *maximum amount* of NSAIDs you took in any *one day*?

Pills per day #    ' 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.*

' **DIDN'T USE NARCOTICS SINCE LAST STUDY VISIT Go to Section D on page 10**

C12. 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 amount of narcotic medication you took during the past three months. If you don't remember exactly, record your best guess.*

C13. During the last 3 months, how much codeine and other prescription narcotics did you *usually* take in a week?

Pills per week #    Injections per week #    ' NONE

C14. During the last 3 months, what was the *maximum amount* of codeine and other prescription narcotics you took in any *one day*?

Pills per day #         Injections per day #         ' 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.*

C15. Between 3 and 12 months ago, how much codeine and other prescription narcotics did you *usually* take in a week?

Pills per week #         Injections per week #         ' NONE

C16. Between 3 and 12 months ago, what was the *maximum amount* of codeine and other prescription narcotics you took in any *one day*?

Pills per day #         Injections per day #         ' NONE

**Section D. Cigarette and Alcohol Use**

D1. During the past year, have you smoked cigarettes regularly (at least 10 cigarettes per week)?

Yes  
 No

*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 (✓).*

D2. During the past year, have you had a drink containing alcohol?

Yes  
 No **Go to Section E on Page 12**

*For the next questions, record the number of drinks you during the past three months. Please give your best estimate. If you do not drink at all, mark 'none'.*

D3. During the last 3 months, how many drinks did you *usually* have per week? (*Give 1 answer only*)

Per week #     
' LESS THAN 1 PER WEEK  
' NONE

D4. During the last 3 months, what was the *maximum* number of drinks had in any *one day*?

Maximum # in any one day

' 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.*

D5. Between 3 and 12 months ago, how many drinks did you *usually* have per week? (*Give 1 answer only*)

Per week #

' LESS THAN 1 PER WEEK

' NONE

D6. Between 3 and 12 months ago, what was the *maximum number* of drinks you had in any *one day*?

Maximum # 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
D7. ...have you found that you were unable to stop drinking once you had started?	0	1	2	3	4
D8. ...have you failed to do what was normally expected from you because of drinking?	0	1	2	3	4
D9. ...have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?	0	1	2	3	4
D10. ...have you had a feeling of guilt or remorse after drinking?	0	1	2	3	4
D11. ...have you been unable to remember what happened the night before because you had been drinking?	0	1	2	3	4
D12. ...have you or someone else been injured as the result of your drinking?	0	1	2	3	4
D13. ...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 E. 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
E1. ...have you been troubled by a feeling of abdominal bloating?	6	5	4	3	2	1	0
E2. ...have you been tired or fatigued?	6	5	4	3	2	1	0
E3. ...have you experienced bodily pain?	6	5	4	3	2	1	0
E4. ...have you felt sleepy during the day?	6	5	4	3	2	1	0
E5. ...have you experienced abdominal pain?	6	5	4	3	2	1	0
E6. ...has shortness of breath been a problem for you in your daily activities?	6	5	4	3	2	1	0
E7. ...have you not been able to eat as much as you would like?	6	5	4	3	2	1	0
E8. ...have you been bothered by having decreased strength?	6	5	4	3	2	1	0
E9. ...have you had trouble lifting or carrying heavy objects?	6	5	4	3	2	1	0
E10. ...have you felt anxious?	6	5	4	3	2	1	0
E11. ...have you felt a decreased level of energy?	6	5	4	3	2	1	0
E12. ...have you felt unhappy?	6	5	4	3	2	1	0
E13. ...have you felt drowsy?	6	5	4	3	2	1	0
E14. ...have you been bothered by a limitation of diet?	6	5	4	3	2	1	0
E15. ...have you been irritable?	6	5	4	3	2	1	0
E16. ...have you had difficulty sleeping at night?	6	5	4	3	2	1	0
E17. ...have you been troubled by a feeling of abdominal discomfort?	6	5	4	3	2	1	0
E18. ...have you been worried about the impact your hepatitis C virus infection has on your family?	6	5	4	3	2	1	0

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
E19. ...have you had mood swings?	6	5	4	3	2	1	0
E20. ...have you been unable to fall asleep at night?	6	5	4	3	2	1	0
E21. ...have you had muscle cramps?	6	5	4	3	2	1	0
E22. ...have you been worried that your symptoms will develop into major problems?	6	5	4	3	2	1	0
E23. ...have you had a dry mouth?	6	5	4	3	2	1	0
E24. ...have you felt depressed?	6	5	4	3	2	1	0
E25. ...have you been worried about your hepatitis C virus infection getting worse?	6	5	4	3	2	1	0
E26. ...have you had problems concentrating?	6	5	4	3	2	1	0
E27. ...have you been troubled by itching?	6	5	4	3	2	1	0
E28. ...have you been worried about never feeling any better?	6	5	4	3	2	1	0
E29. ....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 your ongoing support of this important research project. As always, your answers are of great value to this study and your time is greatly appreciated!

