Subject ID#: (preprinted)

Date completed: _____
Month / Day / Year
Visit #: 4

MHCS-II Participant Follow-Up Survey
(Form 80)

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.

Thank you for your continuing support of this important study. Your involvement has greatly contributed to our research on hemophilia. As in the past, if you are uncomfortable with a particular question on our survey, you are not required to answer it. However, be assured that all of your answers will be kept highly confidential.

Please answer to the best of your ability to recall. If you need any assistance or have a question, please feel free to ask!

A1. HIV Medications

❑ **I AM NOT HIV+ → Go to A3 on Page 5**

Have you used any HIV related medications **since (2nd Follow-Up visit)**, the date of your last study visit?

Yes ❒→ **PROVIDE INFORMATION BELOW FOR EACH DRUG USED.**
No ❒ → **Go to A3 on Page 5**

- For **each** drug you used since your last MHCS-II visit, provide the dates for first and last use.
- If you started and stopped using a drug multiple times, report the first time you ever used it and the last time you used it since the last visit.
- If you stopped using a drug entirely, please tell us the reason.

A. Drug Used Since Last Visit	**B. Dates Used Since Last Visit**	**C. Please tell us why you stopped using the drug. (Check ALL that apply)**
❒ **abacavir (Ziagen)** [221]	First Date |__|__|- |__|__|__|__| to Last Date |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒ **amprenavir (Agenerase)** [222]	First Date |__|__|- |__|__|__|__| to Last Date |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒ **combivir (AZT/3TC)** [223]	First Date |__|__|- |__|__|__|__| to Last Date |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]

❒ **delavirdine (Rescriptor)** [224]	First Date |__|__|- |__|__|__|__| to MO YEAR Last Date |__|__|- |__|__|__|__| MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒ **didanosine (ddI, Videx)** [225]	First Date |__|__|- |__|__|__|__| to MO YEAR Last Date |__|__|- |__|__|__|__| MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒ **efavirenz (Sustiva)** [226]	First Date |__|__|- |__|__|__|__| to MO YEAR Last Date |__|__|- |__|__|__|__| MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒ **hydroxyurea (Droxia)** [227]	First Date |__|__|- |__|__|__|__| to MO YEAR Last Date |__|__|- |__|__|__|__| MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒ **indinavir (Crixivan)** [228]	First Date |__|__|- |__|__|__|__| to MO YEAR Last Date |__|__|- |__|__|__|__| MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒ **lopinavir/ ritonavir (Kaletra)** [229]	First Date |__|__|- |__|__|__|__| to MO YEAR Last Date |__|__|- |__|__|__|__| MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]

❒**lamivudine (3TC, Epivir)** [230]	First Date Last Date |__|__|- |__|__|__|__| to |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒**nelfinavir (Viracept)** [231]	First Date Last Date |__|__|- |__|__|__|__| to |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒**nevirapine (Viramune)** [232]	First Date Last Date |__|__|- |__|__|__|__| to |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒ **ritonavir (Norvir)** [233]	First Date Last Date |__|__|- |__|__|__|__| to |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒ **saquinavir (Fortovase, Invirase)** [234]	First Date Last Date |__|__|- |__|__|__|__| to |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒ **stavudine (d4T, Zerit)** [235]	First Date Last Date |__|__|- |__|__|__|__| to |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]

❒ **tenofovir (Viread)** [109]	First Date Last Date |__|__|- |__|__|__|__| to |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒ **trizavir (AZT/3TC/ abacavir)** [236]	First Date Last Date |__|__|- |__|__|__|__| to |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒ **zalcitabine (ddC, Hivid)** [237]	First Date Last Date |__|__|- |__|__|__|__| to |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO NEXT DRUG USED]
❒ **zidovudine (AZT, ZDV, Retrovir)** [238]	First Date Last Date |__|__|- |__|__|__|__| to |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO PROPHYLAXIS MEDICATIONS]

❒ **Other HIV/ AIDS drug 1, specify:** _____	First Date Last Date |__|__|- |__|__|__|__| to |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO PROPHYLAXIS MEDICATIONS]
❒ **Other HIV/ AIDS drug 2, specify:** _____	First Date Last Date |__|__|- |__|__|__|__| to |__|__|- |__|__|__|__| MO YEAR MO YEAR IF CURRENTLY USING, WRITE TODAY'S DATE AND GO TO NEXT DRUG USED. IF **NOT**, GO TO COLUMN **C**.	❒ 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):_____ [GO TO PROPHYLAXIS MEDICATIONS]

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**

_____ acyclovir (Zovirax) [239]
_____ aerosolized pentamidine (Nebupent, Pentam) [240]
_____ atovaquone (Mepron) [141]
_____ azithromycin (Zithromax) [82]
_____ clarithromycin (Biaxin) [242]
_____ dapsone (DDS) [243]
_____ famciclovir (Famvir) [244]
_____ fluconazole (Diflucan) [162]
_____ ganciclovir (Cytovene, DHPG) [245]
_____ rifabutin (Ansamycin, Mycobutin) [246]
_____ trimethoprim/sulfa (Bactrim, Septra) [160]
_____ valacyclovir (Valtrex) [247]

Other prophylaxis med. 1 _____
Other prophylaxis med. 2 _____
Other prophylaxis med. 3 _____

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 2nd Follow -Up].

❑ **I AM NOT HCV+ → Go to A4**
❑ **DIDN'T USE ANY HCV MEDS SINCE LAST STUDY VISIT → Go to A4**

_____ Intron (standard interferon) [275]
_____ Roferon (standard interferon) [276]
_____ Infergen (standard interferon) [277]
_____ Standard interferon (brand unknown) [278]
_____ Rebetol (ribavirin) [279]
_____ Virazole (ribavirin) [280]
_____ Rebetron (standard interferon/ribavirin combo) [281]
_____ PEG-Intron (pegylated interferon) [282]
_____ Pegasys (pegylated interferon) [283]

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**

_____ Vioxx [22]
_____ Celebrex [5]
_____ Vicodin [21]
_____ Tylenol #3 [72]
_____ Percocet [55]
_____ Oxyir [42]
_____ Lasix [30]
_____ Prilosec [3]
_____ Zoloft [19]
_____ Neurontin [45]

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

Other herbal supplement 1_____
Other herbal supplement 2_____
Other herbal supplement 3_____

Other Drugs

_____ Heroin (injection) [267]
_____ MDMA/ "ecstacy" [268]
_____ Phencyclidine (Angel Dust) [269]
_____ Anabolic Steroids (injection) [270]
_____ Anabolic Steroids (by mouth) [271]
_____ Glues or solvents [272]
_____ Cocaine (injection) [273]
_____ Cocaine (nasal) [274]
_____ Marijuana [26]

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.*

C1. SINCE YOUR LAST STUDY VISIT DID YOU USE ACETAMINOPHEN?

- ❑ YES
- ❑ NO → **Go to C6**

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.*

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.

C6. SINCE YOUR LAST STUDY VISIT DID YOU USE NSAIDS?

- ❑ YES
- ❑ NO → **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

C9a. What types of NSAIDs did you use during the last 3 months? (Check all that apply)

❑ Cox-2 inhibitors (Vioxx, Celebrex, etc.)

❑ All other NSAIDs (ibuprofen, etc.)

❑ NONE → **Go to C10**

C9b. What types of NSAIDs did you use during the **last 2 weeks**? (Check all that apply)

❑ Cox-2 inhibitors (Vioxx, Celebrex, etc.)

❑ All other NSAIDs (ibuprofen, etc.)

❑ 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

C11a. What type of NSAIDs did you use during the past year up until 3 months ago? (Check all that apply)

❑ Cox-2 inhibitors (Vioxx, Celebrex, etc.)

❑ All other NSAIDs (ibuprofen, etc.)

❑ 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.*

C12. SINCE YOUR LAST STUDY VISIT DID YOU USE NARCOTICS?

❑ YES

❑ NO → **Go to Section D**

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**

For the next questions, record the number of drinks you had 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**
EXAMPLE: .....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
EXAMPLE: have you been tired or fatigued?	**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!