



2. Are you currently taking (DRUG)?

YES ..... 1 → GO TO Q3

NO ..... 2

a. When was the last time you took (DRUG)? I just need a month and year.

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M            Y

b. What was the MAIN reason or reasons you stopped taking (DRUG)? If you stopped this drug more than once, tell me only about the most recent time. **CIRCLE RESPONSES.**

- I successfully completed therapy (the virus cleared) ..... 1
- Therapy was unsuccessful ..... 2
- I had a low white blood cell count (leukopenia) ..... 3
- I had a low red blood cell count (anemia) ..... 4
- I had psychological side effects ..... 5
- I'm having a baby ..... 6
- My health care provider stopped it, but I don't know why ..... 7
- I had other blood test abnormalities ..... 9
- It required too many visits ..... 10
- It was too expensive/my insurance didn't cover treatment ..... 11
- I was not able to keep all the appointments ..... 12
  
- Other reason ..... 8

Specify reason: \_\_\_\_\_

3. I would like for you to focus on how you have taken your medications since you started your current regimen. In general, how often did you take your Hepatitis medications as prescribed?

- 100% of the time ..... 1
- 95-99% of the time ..... 2
- 75-94% of the time ..... 3
- < 75% of the time ..... 4
- I haven't taken any of my prescribed medications ..... 5