


Visit date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mon/yyyy)	Study number 1510-61 <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Patient initials <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> E.g. <u>Smith</u> John SMJO	
DARLO-C ADHERENCE QUESTIONNAIRE			

<b>VISIT (please select the visit week)</b>	<input type="checkbox"/> WK4	<input type="checkbox"/> WK8	<input type="checkbox"/> WK12 (ETR)
---------------------------------------------	------------------------------	------------------------------	-------------------------------------

### INSTRUCTIONS:

Please answer the following questions about your medications over the last four weeks by entering the number of pills missed in the box below. Please note that your answers will be confidential and not disclosed to your medical practitioner.

1. During the last four weeks, how many Grazoprevir/elbasvir (Zepatier) pills did you <u>MISS</u>	<input type="text"/> (0-28)
---------------------------------------------------------------------------------------------------	--------------------------------

If you didn't miss any pills, STOP. Otherwise, please continue with next question

2. Why did you miss taking Grazoprevir/elbasvir (Zepatier) Check all that apply.

- Side effects..... ☐
- Too many pills..... ☐
- Running out of pills..... ☐
- Other reason..... ☐

If other reason, briefly describe reason \_\_\_\_\_