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|--|--|---|---|
| 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"/> (dd/mon/yyyy) | Study subject ID 1701- <input type="text"/> <input type="text"/> <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 |  |
| PARTICIPANT SATISFACTION QUESTIONNAIRE – SVR12 (Week 20) | | | |

INSTRUCTIONS

For the following questions, please tick the appropriate boxes.

1. Clinic Visits

Having completed your hepatitis C treatment program, which of the following visits after starting treatment do you feel are necessary to be seen in clinic?

Select all that apply:

| Week 4 | Week 8 (EOT - end of treatment) | Week 20 (SVR12 - 12 weeks post-treatment) | Additional visits in weeks other than those specified |
|--------------------------|---------------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Medical Visits


- a. Since you started treatment, have you seen a doctor (other than study doctors) for any medical care?

Select 1
only

- ☐ Yes
☐ No (go to section 3- patient preferences)

- b. What did you see the doctor for and how many times?

| Reason | Tick if yes | How many times |
|---|--------------------------|----------------|
| Treatment side effects | <input type="checkbox"/> | |
| Mental Health | <input type="checkbox"/> | |
| Existing illnesses (e.g. HIV, Diabetes) | <input type="checkbox"/> | |
| New medical conditions | <input type="checkbox"/> | |

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3. Patient Preferences

Now that you have completed treatment, if you had to repeat treatment, please indicate your opinion on the following statements by ticking 1 box per row.

| Statement | 1 Strongly Disagree | 2 Disagree | 3 No strong opinion | 4 Agree | 5 Strongly Agree |
|--|---------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| You expect to be seen by a doctor in clinic during the course of treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You expect to be seen by a nurse in clinic during the course of treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone contact during treatment is just as good as clinic visits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall, you are satisfied with your treatment follow-up plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |