


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)	Screening ID 333- <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 - <b>SCREENING</b>			

## INSTRUCTIONS

For the following questions, please tick the appropriate boxes.

### 1. Clinic Visits

For an hepatitis C treatment program consisting of 8 weeks of treatment and a 12 week post-treatment follow-up, 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. Patient Preferences

For the following statements, please indicate your opinion 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"/>