


Completion date <div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 24px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 24px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p>(dd/mon/yyyy)</p>	Site Number <div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> Site Practitioner name <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div>	
PRACTITIONER ACCEPTABILITY QUESTIONNAIRE – POST-TREATMENT		

INSTRUCTIONS

One questionnaire is to be completed **each by the site Principal Investigator and the primary Research Nurse** after all participants have completed SVR12.

SECTION 1: YOUR DETAILS

1. Practitioner type:
 - ☐ Hepatologist
 - ☐ Infectious Diseases
 - ☐ General Practitioner
 - ☐ Other Medical Doctor, please specify _____
 - ☐ Study Nurse/Study Coordinator

SECTION 2: SIMPLIFIED TREATMENT MONITORING EXPERIENCE

2. Please rate the simplified monitoring strategy based on the following: *Do you expect...*

	Lower in the simplified group than in the standard one	Equivalent in both treatment monitoring strategies	Higher in the simplified group than in the standard one
<i>treatment adherence will be</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>SVR12 will be</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>adverse Events reported rate will be</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>lost to follow up rates will be</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>treatment discontinuation rates will be</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Which monitoring strategy do you prefer for this study's patient population?
 - ☐ Standard monitoring
 - ☐ Simplified monitoring
 - ☐ Other, specify _____
4. Would you suggest changes to the protocol simplified monitoring strategy for this study's patient population?
 - ☐ No
 - ☐ Yes
5. If yes, please indicate which of the following you would suggest:
 - ☐ Additional clinic visit
 - ☐ Reduce the number of phone calls, i.e. one phone contact only
 - ☐ Other, specify _____