

INITIAL QUESTIONNAIRE

ASSESSMENT OF THE IMPLEMENTATION OF 300MG ISONIAZID FOR THE TREATMENT OF LATENT TUBERCULOSIS INFECTION (LTBI)

ID: It is essential to exclude active tuberculosis beforehand

1. Included in the dose: () 3 tablets of 100mg () 1 tablet of 300mg

1.1) Number of doses prescribed for the full treatment: () 180 doses () 270 doses

1.2) Number of doses dispensed at the initial appointment: _____ doses.

2. Date of the interview: ____ / ____ / ____.

NOTIFICATION DETAILS

3) State (UF):	4) Notification municipality:
5) Health Unit:	6) Notification number:

INDIVIDUAL DATA (These details can be found in medical records and patient files)

7. Full name: _____

7.1) Social name: _____ (88) Not applicable

8. Mother's name: _____

9. Date of birth: ____ / ____ / ____

10. Sex: (1) Male (2) Female

11. Weight: _____ kg

12. Pregnant: (1) No (2) Yes (3) Don't know (88) Not applicable

13. What do you consider your race/color?

(1) White (2) Black (3) Yellow (4) Mixed-race (5) Indigenous (6) Unknown (7) Declined to declare

14. What is your marital status?

(1) Single (2) Married (3) Stable union (4) Separated/Divorced (5) Widowed

15. What is your education level?

(1) No schooling

(2) Incomplete Elementary School (grades 1 to 4)

(3) Completed Elementary School (grade 4)

(4) Incomplete Elementary School (grades 5 to 8)

(5) Completed Elementary School

(6) Incomplete High School

(7) Completed High School

(8) Incomplete Higher Education

(9) Completed Higher Education

(88) Not applicable

16. What is your occupation?

(1) Student

(2) Unemployed

(3) Works and studies

(4) Retired worker

(5) Worker

(6) Other: _____

16.1) What type of employment do you have?

(1) Employee with a signed work permit

(2) Employee under public servant regulations

(3) Military (Army, Navy, Air Force, Military Police, or Firefighters)

(4) Employee without a signed work permit

(5) Self-employed

(6) Employer

(7) Unpaid worker

(8) Intern/Apprentice

(9) Unemployment insurance

(10) INSS sick leave

(88) Not applicable

17) What is your individual income?

R\$ _____ (88) Not applicable

18) What is your family income?

R\$ _____ (88) Not applicable

19) Do you receive any government income transfer benefits?

(1) No (2) Yes

19.1) If yes, which one? _____ (88) Not applicable

19.2) Amount: R\$ _____ (88) Not applicable

20) National SUS Card: _____

RESIDENCE INFORMATION

21. State (UF): _____
22. Municipality of residence: _____
23. Address: _____
24. Number: _____
25. Neighborhood: _____
26. Complement: _____
27. ZIP Code: _____
28. Phone: (____) _____

LIFESTYLE HABITS (Now we will talk about some lifestyle habits related to health)

- 29) How often do you consume alcoholic beverages?
- (0) Never
 - (1) Monthly or less
 - (2) 2 to 4 times a month
 - (3) 2 to 3 times a week
 - (4) 4 or more times a week
- 29.1) On occasions when you drink, how many drinks do you typically consume?
- (0) 1 or 2
 - (1) 3 or 4
 - (2) 5 or 6
 - (3) 7, 8, or 9
 - (4) 10 or more
- 29.2) How often do you consume 6 or more drinks in one sitting?
- (0) Never
 - (1) Less than once a month
 - (2) Monthly
 - (3) Weekly
 - (4) Almost every day or every day
- 29.3) How many times in the past 12 months did you feel you couldn't stop drinking once you started?
- (0) Never
 - (1) Less than once a month
 - (2) Monthly
 - (3) Weekly
 - (4) Almost every day or every day
- 29.4) How many times in the past 12 months were you unable to do what was expected of you because of alcohol?
- (0) Never
 - (1) Less than once a month
 - (2) Monthly
 - (3) Weekly
 - (4) Almost every day or every day
- 29.5) How many times in the past 12 months did you need a drink in the morning to feel better after drinking the previous day?
- (0) Never
 - (1) Less than once a month
 - (2) Monthly

(3) Weekly

(4) Almost every day or every day

29.6) How many times in the past 12 months did you feel guilty or regretful after drinking?

(0) Never

(1) Less than once a month

(2) Monthly

(3) Weekly

(4) Almost every day or every day

29.7) How many times in the past 12 months were you unable to remember what happened due to drinking?

(0) Never

(1) Less than once a month

(2) Monthly

(3) Weekly

(4) Almost every day or every day

29.8) Have you ever caused harm or injury to yourself or others after drinking?

(0) Never

(2) Yes, but not in the past 12 months

(4) Yes, in the past 12 months

29.9) Has a relative, friend, doctor, or other health professional ever been concerned about your drinking or suggested you stop?

(0) Never

(2) Yes, but not in the past 12 months

(4) Yes, in the past 12 months

30) Do you currently smoke any tobacco products?

(1) I do not smoke currently

(2) Yes, daily

(3) Yes, less than daily

30.1) Have you smoked any tobacco products in the past?

(1) No, I never smoked

(2) Yes, daily

(3) Yes, less than daily

30.2) How old were you when you started smoking cigarettes daily?

_____ years old (88) Not applicable

30.3) On average, how many cigarettes do you smoke per day or week currently?

_____ cigarettes per day and _____ cigarettes per week.

(1) One or more per day

(2) One or more per week

(3) Less than once a week

(4) Less than once a month

(88) Not applicable

30.4) How soon after waking up do you usually smoke your first cigarette?

(1) Within 5 minutes

(2) 6 to 30 minutes

(3) 31 to 60 minutes

(4) More than 60 minutes

(88) Not applicable

30.5) How long has it been since you stopped smoking?

_____ years and _____ months (88) Not applicable

31) In your lifetime, which of these substances have you used?

(consider only non-prescribed use)

31.1) Marijuana (1) No (2) Yes

31.2) Cocaine, crack (1) No (2) Yes

31.3) Stimulants, such as amphetamines (1) No (2) Yes

31.4) Inhalants (1) No (2) Yes

31.5) Hypnotics, sedatives (1) No (2) Yes

31.6) Hallucinogens (1) No (2) Yes

31.7) Opiates, opioids (1) No (2) Yes

31.8) Others: _____ (1) No (2) Yes

31.9) During the past three months, how often have you used the substances mentioned?

31.9) Marijuana (0) Never (1) Less than once a month (2) Monthly

(3) Weekly (4) Almost every day or every day

31.10) Cocaine, crack (0) Never (1) Less than once a month (2) Monthly

(3) Weekly (4) Almost every day or every day

31.11) Stimulants, such as amphetamines (0) Never (1) Less than once a month (2) Monthly

(3) Weekly (4) Almost every day or every day

31.12) Inhalants (0) Never (1) Less than once a month (2) Monthly

(3) Weekly (4) Almost every day or every day

31.13) Hypnotics, sedatives (0) Never (1) Less than once a month (2) Monthly

(3) Weekly (4) Almost every day or every day

31.14) Hallucinogens (0) Never (1) Less than once a month (2) Monthly

(3) Weekly (4) Almost every day or every day

31.15) Opiates, opioids (0) Never (1) Less than once a month (2) Monthly

(3) Weekly (4) Almost every day or every day

31.16) Others: _____ (0) Never (1) Less than once a month (2) Monthly

(3) Weekly (4) Almost every day or every day

HEALTH HISTORY (Now we will talk about some illnesses and health conditions that you might have or that a healthcare professional has diagnosed you with)

32) Do you have any of the following associated comorbidities?

32.1) Alcoholism: (1) No (2) Yes

32.1.1) How long ago were you diagnosed? _____ years and _____ months (88) Not applicable

32.2) Diabetes: (1) No (2) Yes

32.2.1) How long ago were you diagnosed? _____ years and _____ months (88) Not applicable

32.3) Renal failure: (1) No (2) Yes

32.3.1) How long ago were you diagnosed? _____ years and _____ months (88) Not applicable

32.3.2) Are you undergoing dialysis? (1) No (2) Yes

32.3.3) How long have you been on dialysis? _____ years and _____ months (88) Not applicable

32.4) HIV: (1) No (2) Yes

32.4.1) How long ago were you diagnosed? _____ years and _____ months (88) Not applicable

32.5) Liver disease: (1) No (2) Yes

32.5.1) How long ago were you diagnosed? _____ years and _____ months (88) Not applicable

32.6) Viral hepatitis (B/C): (1) No (2) Yes

32.6.1) How long ago were you diagnosed? _____ years and _____ months (88) Not applicable

32.7) Silicosis: (1) No (2) Yes

32.7.1) How long ago were you diagnosed? _____ years and _____ months (88) Not applicable

32.8) Transplant recipient: (1) No (2) Yes

32.8.1) How long ago did you have the transplant? _____ years and _____ months (88) Not applicable

32.9) Epilepsy: (1) No (2) Yes

32.9.1) How long ago were you diagnosed? _____ years and _____ months (88) Not applicable

32.10) Prolonged corticosteroid use: (1) No (2) Yes

32.10.1) How long have you been using this medication?

_____ years and _____ months (88) Not applicable

32.11) Use of immunosuppressants/TNF-alpha inhibitors:

(1) No (2) Yes

32.11.1) How long have you been using this medication?

_____ years and _____ months (88) Not applicable

32.12) Neoplasia (cancer): (1) No (2) Yes

32.12.1) How long ago were you diagnosed? _____ years

and _____ months (88) Not applicable

32.13) Depression: (1) No (2) Yes

32.13.1) How long ago were you diagnosed? _____ years

and _____ months (88) Not applicable

32.14) Autoimmune disease: (1) No (2) Yes

32.14.1) How long ago were you diagnosed? _____ years

and _____ months (88) Not applicable

32.15) Others: _____ (88) Not
applicable

VULNERABLE POPULATIONS (I will ask about some situations, and I kindly ask for your response)

33) Do you fall into any of these categories?

- (1) Deprived of liberty
- (2) Homeless
- (3) Indigenous
- (4) Healthcare professional
- (5) Resident of a nursing home/shelter
- (6) Other: _____
- (88) Not applicable

INVESTIGATION (Use the notification form or medical records to fill in the following information (Q34 to Q42))

34. Active TB excluded: (1) No (2) Yes

34.1) If active TB has not been excluded, justify: _____ (88) Not applicable

35. BCG vaccination:

- (1) Yes, less than 2 years ago
- (2) Yes, 2 years ago or more
- (3) No
- (4) Unknown

36. Chest X-ray:

- (1) Normal
- (2) Abnormal, not suggestive of active TB
- (3) Suggestive of active TB
- (4) Not performed

37. HIV test result:

- (1) Positive
- (2) Negative
- (3) Pending
- (4) Not performed

37.1) Date of diagnosis (month/year): ____ / ____ (88) Not applicable

38. IGRA (Interferon-Gamma Release Assay):

- (1) Positive
- (2) Negative
- (3) Indeterminate
- (4) Not performed

38.1) IGRA test date (month/year): ____ / ____ (88) Not applicable

39) Tuberculin Skin Test (TST):

- (1) No (2) Yes

39.1) Date of the last TST (month/year): ____ / ____ (88) Not applicable

39.2) Result of the last TST: _____ mm (88) Not applicable

40) Contact with TB:

- (1) No (2) Yes (3) Don't know (4) Unknown

41) Index Case Name: _____ (88) Not applicable

41.1) Number of cohabiting contacts of the Index Case: _____ contacts (88) Not applicable

42) SINAN Number: _____ (88) Not applicable

TREATMENT

43) Indicate the primary reason for LTBI treatment:

Without TST or IGRA performed:

- (1) People living with HIV who are contacts of pulmonary TB confirmed by laboratory testing.
- (2) People living with HIV with CD4+ cell count ≤ 350 cells/ μ l.
- (3) People living with HIV with documented evidence of TST ≥ 5 mm or IGRA positive and not previously treated for LTBI.
- (4) People living with HIV with a chest X-ray showing a TB scar, without prior TB treatment.

TST ≥ 5 mm or IGRA positive:

- (5) Adult and child contacts, regardless of previous BCG vaccination.
- (6) People living with HIV with CD4+ > 350 cells/ μ l or not performed.
- (7) Radiological findings suggestive of TB sequelae.
- (8) Individuals using TNF- α inhibitors.
- (9) Individuals using corticosteroids (>15 mg of Prednisone for over a month).
- (10) Individuals in pre-transplant on immunosuppressive therapy.

TST ≥ 10 mm or IGRA positive:

- (11) Silicosis.
- (12) Head and neck cancers, lymphomas, and other hematologic malignancies.
- (13) Cancers on immunosuppressive therapy.
- (14) Renal failure on dialysis.
- (15) Diabetes mellitus.
- (16) Individuals with low body weight ($< 85\%$ of ideal weight).
- (17) Smokers (>1 pack/day).
- (18) Individuals with isolated calcification (without fibrosis) on chest X-ray.

Conversion (second TST with a 10mm increase compared to the first TST):

- (19) Contacts of laboratory-confirmed TB cases.
- (20) Healthcare professionals.
- (21) Mycobacteriology laboratory workers.
- (22) Long-term care facility workers.
- (23) Prison system workers.
- (24) Other: _____

MEDICATIONS

44) Do you use any medication continuously (for more than 6 months)?

(1) No (2) Yes

44.1) If yes, which medication(s)? _____ (88) Not applicable

SYMPTOMS (Now we will talk about some symptoms you might have)

45) How often do you experience the following symptoms?

45.1) Headache: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.2) Insomnia: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.3) Euphoria/Agitation: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.4) Anxiety: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.5) Sleepiness: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.6) Mild depression: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.7) Visual hallucinations: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.8) Auditory hallucinations: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.9) Mental confusion: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.10) Psychosis: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.11) Seizures: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.12) Nightmares: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.13) Dizziness: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.14) Toxic encephalopathy or coma: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.15) Nausea: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.16) Vomiting: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.17) Stomach pain: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.18) Hepatotoxicity: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.19) Joint pain: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.20) Acne on the face/trunk: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.21) Jaundice: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.22) Skin itching: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.23) Rash or hypersensitivity: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.24) Abnormal bleeding: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.25) Peripheral neuropathy: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.26) Fever: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

45.27) Others (describe): _____ (88) Not applicable

46) Have any of these symptoms led you to seek medical care?

(1) No (2) Yes

46.1) If yes, where?

(1) Health Post, Center, or Basic Health Unit

(2) Polyclinic

(3) Hospital

(4) Emergency Room

(5) Private clinic

(6) Specialized clinic

(7) Pharmacy

(8) Health Surveillance Unit

(9) Other: _____ (88) Not applicable

46.2) Date of the consultation (month/year): ____ / ____ (88) Not applicable (2) Does not remember

CONCLUSION	
47) Health Unit:	48) Treatment Start Date: _____ / ____ / ____
49) Observations:	
Name of Investigator:	
Investigator's CPF:	Investigator's Role:
Investigator's Signature:	
PLASMA MONITORING	
50. What is your height? _____ (3) Does not know 51. Do you drink tea? (1) No (2) Yes 51.1) Which one? _____ 51.2) How many times per week? _____ 52. Do you consume alcoholic beverages? (1) No (2) Yes 52.1) If yes, how many times per week? _____ 52.2) Quantity/number of drinks? _____ 53. What time do you take your tuberculosis medication? _____ 54. How do you take your tuberculosis medication? (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always 54.1) With food: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always 54.2) Without food: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always 54.3) On an empty stomach: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always 54.4) With a full stomach: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always 54.5) If on an empty stomach, how long do you wait before taking the medication? _____ 55. What other medications are you currently taking? _____ 56. What time do you take your medications? _____	

FOLLOW-UP / CLOSURE QUESTIONNAIRE
ASSESSMENT OF THE IMPLEMENTATION OF 300MG ISONIAZID FOR THE TREATMENT OF
LATENT TUBERCULOSIS INFECTION (LTBI)

ID:	Full Name:	
	1.1) Social Name: (88) Not applicable	
2) Date of Birth: ____/____/____	3) Current Weight: _____ kg	4) Date of Completion: ____/____/____.
5) Treatment Regimen: () 3 tablets of 100mg () 1 tablet of 300mg		
5.1) Number of doses prescribed for the complete treatment: ____ doses.		

TREATMENT (Now let's talk about your treatment)

Dose Follow-up:

6.1) Month and year of treatment: ____ / ____

6.2) Number of doses dispensed this month and year: ____ doses.

6.3) Most people have difficulties taking their pills. Do you have any difficulty taking yours? (1) No (2) Yes

6.3.1) What difficulty(ies) do you have? (88) Not applicable.

6.4) How many times, in the last thirty days, have you missed taking your medications? ____

6.5) Have you ever forgotten to take your medications? (1) No (2) Yes

6.6) Do you take the medications at the prescribed time? (1) No (2) Yes

6.7) When you feel well, do you stop taking your medications? (1) No (2) Yes

6.8) When you feel unwell, do you stop taking your medications? (1) No (2) Yes

6.9) Did you bring your medication blister pack? (1) No (2) Yes

6.9.1) Number of doses not taken (blister pack count): ____ (88) Not applicable

SYMPTOMS – Now let's talk about some symptoms you may have experienced

How often do you experience the following symptoms?

- 7.1) Headache: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.2) Insomnia: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.3) Euphoria/Agitation: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.4) Anxiety: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.5) Drowsiness: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.6) Mild depression: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.7) Visual hallucinations: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.8) Auditory hallucinations: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.9) Mental confusion: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.10) Psychosis: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.11) Seizures: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.12) Nightmares: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.13) Dizziness: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.14) Toxic encephalopathy or coma: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.15) Nausea: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.16) Vomiting: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.17) Stomach pain: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.18) Hepatotoxicity: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.19) Joint pain: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.20) Acne on face/trunk: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.21) Jaundice: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.22) Skin itching: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.23) Rash or hypersensitivity: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.24) Abnormal bleeding: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.25) Peripheral neuropathy: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.26) Fever: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always
- 7.27) Others (describe): (88) Not applicable

8) Have any of these symptoms led you to seek medical care? (1) No (2) Yes

8.1) If yes, where?

(1) Primary Healthcare Center

(2) Polyclinic

(3) Hospital

(4) Emergency Room

(5) Private Practice

(6) Specialized Clinic

(7) Pharmacy

(8) Health Surveillance Unit

(9) Other: ____ (88) Not applicable

8.2) Date of consultation (month/year): ____ / ____ (88) Not applicable (2) Doesn't remember

To complete question 9, obtain information from the patient's medical record.

9) Elevated liver enzymes? TGO/AST: ____ TGP/ALT: ____ () Not evaluated during the period

Laboratory standard: ____ Date: ____ / ____ / ____

10) Do you receive any government income transfer benefits? (1) No (2) Yes

10.1) If yes, which one? ____ (88) Not applicable

10.2) Value: R\$ ____ (88) Not applicable

11) CLOSURE – Fill out only at the end of the treatment: (88) Not applicable (2) Yes, closure

12.1) In case of death during treatment or within 30 days after treatment, investigate the cause using the SIM.

Cause of death: ____ (88) Not applicable

12.1.1) Is the death related to the use of isoniazid? (1) No (2) Yes (88) Not applicable

12.2) Was there any intervention due to an adverse reaction? (1) No (2) Yes (88) Not applicable

12.2.1) If there was an intervention, what was it?

(1) Referred to a reference service

(2) Indication of Rifampicin (RMP 300mg)

(3) Other: ____ (88) Not applicable

12.3) Date of closure: ____ / ____ / ____

CONCLUSION

13) Health Unit:

14) Municipality:

15) Start Date of Treatment: ____ / ____ / ____.

16) End Date of Treatment: ____ / ____ / ____.

17) Observations:

Name of Investigator:

Investigator's CPF:

Investigator's CPF:

Investigator's Signature:

PLASMA MONITORING

50. What is your height? ____ (3) Does not know

51. Do you drink tea? (1) No (2) Yes

51.1) Which one? ____

51.2) How many times per week? ____

52. Do you consume alcoholic beverages? (1) No (2) Yes

52.1) If yes, how many times per week? ____

52.2) Quantity/number of drinks?

53. What time do you take your tuberculosis medication? _____

54. How do you take your tuberculosis medication?

(1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

54.1) With food: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

54.2) Without food: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

54.3) On an empty stomach: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

54.4) With a full stomach: (1) Never (2) Rarely (3) Sometimes (4) Frequently (5) Always

54.5) If on an empty stomach, how long do you wait before taking the medication? _____

55. What other medications are you currently taking? _____

56. What time do you take your medications? _____