TREATMENT ADHERENCE FORM

ID. No.: __subjid__ __ __ __ __   Alpha Code: __alpha_code__   Visit # 3

NOTE: To be completed by the study team at the Week 4 Follow-up Visit by questioning the subject about their use of the study eye drops.

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1. Visit Date: __ __ / __ __ / __ __   tavisitdtc
   Day   Month   Year

2. "Did you use the study eye drops in your **right eye**?"   taeyedrops_r

   $\square_0$ No

   $\square_1$ Yes ⟶

   > 2.A. "On average, how often did you use the study eye drops in your **right eye** in the last 4 weeks?"   tadrops_average_r
   >
   > a.   Once a day $\square_1$
   >
   > b.   Twice a day $\square_2$
   >
   > c.   Other (Specify below) $\square_3$
   >
   > _____tadrops_average_specify_r_____
   >
   > 2.B. "How would you rate your compliance using the study drops in your **right eye** in the last 4 weeks?" tadrops_compliance_r
   >
   > a. Very good $\square_1$
   >
   > b. Good $\square_2$
   >
   > c. Moderate $\square_3$
   >
   > d. Bad $\square_4$
   >
   > e. Very bad $\square_5$

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3. "Did you use the study eye drops in your **left eye**?" taeyedrops_l

$\square_0$ No

$\square_1$ Yes ⟶

> 3.A. "On average, how often did you use the study eye drops in your **left eye** in the last 4 weeks?" tadrops_average_l
>
> a. Once a day $\square_1$
>
> b. Twice a day $\square_2$
>
> c. Other (Specify below) $\square_3$
>   tadrops_average_specify_l
>   _____
>
> 3.B. "How would you rate your compliance using the study drops in your **left eye** in the last 4 weeks?"tadrops_compliance_l
>
> a. Very good $\square_1$
>
> b. Good $\square_2$
>
> c. Moderate $\square_3$
>
> d. Bad $\square_4$
>
> e. Very bad $\square_5$

4. "Who administered the eye drops for you most of time?" taadmin

a. Myself $\square_1$

b. My family member $\square_1$

c. Other $\square_1$
Specify other: taadmin_specify _____

5. "Did you experience any problems from the study eye drops?" taproblems

$\square_0$ No

$\square_1$ Yes ⟶

> Enter on the Adverse Event Log if applicable.

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6. "When was the last day that you used the study eyedrops?" talastday

__ __ / __ __ / __ __   ☐ Check if Unknown
Day   Month   Year   talastdayunk

7. "How many eye drops did you use that day in each eye?"

Right Eye: ____   Left Eye: ____   ☐ Check if Unknown
tadrops_r   tadrops_l   tadropsunk

8. Did the patient return the study medication bottle?
tareturn

☐₀ No

☐₁ Yes ──────────➤ | 8a. Weight of returned study medication bottle: tareturn_weight
__ __.__ __ g

9. Can the number of drops used be determined from the study medication diary? tameddiary

☐₀ No

☐₁ Yes ──────────➤

9A. Count the number of times the eye drops were used in each eye (morning and night) and enter totals below:

	Right Eye Morning	**Right Eye Night**	**Left Eye Morning**	**Left Eye Night**
Total number of times used:	tatimes_used_morning_r __ __	tatimes_used_night_r __ __	tatimes_used_morning_l __ __	tatimes_used_night_l

10. Name & certification number of person completing form

a.   Print Name:_____

b.   Certification #: ___ ___ ___ ___

11. Date form completed:
__ __ / __ __ / __ __
Day   Month   Year

Data entry complete date: __ __ /__ __/__ __

Data entry by initials: __ __