**DRUG REGIMEN PREFERENCE SURVEY**

|  |  |
| --- | --- |
| **Title** | Evaluation of the safety, tolerability and effectiveness of weekly tafenoquine in protecting Vietnam People’s Army personnel in South Sudan against malaria infections”. |
| **Short title** | Evaluation of weekly tafenoquine antimalarial prophylaxis in Vietnam People’s Army personnel in South Sudan |
| **Protocol number** | *To be provided by the Secretariat*  |
| **Project Sponsor**  | Australian Defence Organisation represented by ADFMIDI |
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**Date of Survey:** |\_\_\_\_\_|\_\_\_\_\_| |\_\_\_\_\_|\_\_\_\_\_| |**20**|\_\_\_\_|\_\_\_\_

 (day) (month) (year)

**Participant ID Number** |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

**Gender:** Male Female **Date of Birth** |\_\_\_\_|\_\_\_\_| |\_\_\_\_|\_\_\_\_| |**\_\_\_**|\_\_\_|\_\_\_|\_\_\_|

 (day) (month) (year)

**Tafenoquine regimen** (tick completed regimen)

|  |  |
| --- | --- |
|  | Loading dose of 200 mg tafenoquine daily for 3 days and then 200 mg tafenoquine weekly for 4 weeks |
|  | 200 mg tafenoquine weekly from week 5 to week 26 (end of study) |

As a participant in this research study of evaluating the safety, tolerability and effectiveness of using weekly tafenoquine to protect you from malaria in a highly malarious country, we would like you to provide information on your experience in taking tafenoquine and your preference of weekly versus daily drug administration. Can you please answer the following questions by ticking either “Yes” or “No”?

1. **Gastrointestinal tolerance:** While taking tafenoquine did you either vomit or feel as if you would vomit?

|  |  |  |  |
| --- | --- | --- | --- |
|  Yes  |  No | (for vomiting) | If yes,* After each dose: Yes No
* After some doses: Yes No
 |
|  Yes  |  No  | (felt like vomiting) | If yes,* After each dose: Yes No
* After some doses : Yes No
 |

1. **Diarrhea:** Did you have loose bowel movements while taking tafenoquine?

|  |  |  |
| --- | --- | --- |
|  Yes  |  No  | If yes,* After each dose: Yes No
* After some doses: Yes No
 |

1. **Nausea:** While taking tafenoquine did you experience nausea?

|  |  |  |
| --- | --- | --- |
|  Yes  |  No  | If yes,* After each dose: Yes No
* After some doses: Yes No
 |

1. **Headache:** While taking tafenoquine did you develop a headache?

|  |  |  |
| --- | --- | --- |
|  Yes  |  No  | If yes,* After each dose: Yes No
* After some doses: Yes No
 |

1. **Dizziness:** While taking tafenoquine did you feel dizzy or unsteady on your feet?

|  |  |  |
| --- | --- | --- |
|  Yes  |  No  | If yes,* After each dose: Yes No
* After some doses: Yes No
 |

1. **Sleep Disturbance:** While taking tafenoquine did you experience sleep disturbance?

|  |  |  |
| --- | --- | --- |
|  Yes  |  No  | If yes,* After each dose: Yes No
* After some doses: Yes No
 |

1. **Repeatability and tafenoquine regimen preference:** Would you take tafenoquine again if requested to do so?

|  |  |  |
| --- | --- | --- |
|  Yes  |  No  | If yes,* Weekly medication is easier to remember

than daily medication: Yes No* Daily medication is easier to remember

than weekly medication: Yes No* Weekly medication is more convenient

to take than daily medication: Yes No* Daily medication is more convenient

to take than weekly medication: Yes No |
| If No,* Weekly medication makes me feel unwell: Yes No
 |

1. **Drug regimen frequency preference**: For ease and convenience how often would you prefer to take any medication? daily , weekly monthly (tick 🗹 only one box)

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| --- |
|  |
| Name of Investigator |
|  |
| Signature of Investigator |
|  |
| Date *(*day/month/year) |