



Scale-up of treatment for hepatitis C infection among people who inject drugs:

A phase IV, open-label, single arm, multicentre trial of grazoprevir/elbasvir for genotype 1 or 4 in people with chronic hepatitis C virus infection and recent injecting drug use

DARLO-C BEHAVIOURAL QUESTIONNAIRE

SCREENING VISIT


Visit date: //
(dd/mon/yyyy)

Subject study number: 444-

Subject initials:

E.g. Smith, John
SMJO

Interviewer's name: _____
(Please print in block letters)

Visit date □□/□□□□/□□□□ (dd/mon/yyyy)	Study number 444-□□□	Patient initials □□□□ E.g. <u>Smith</u> John SMJO	
SCREENING BEHAVIOURAL QUESTIONNAIRE			

Section A: Demographics

1. What is your date of birth?

____/____/____
dd/ mon/ yyyy

2. What is your country of birth?


- ☐ Australia
☐ New Zealand
☐ Unknown
☐ Other (please specify) _____

3. What is your main source of income?

- ☐ Full-time employment
☐ Part-time employment
☐ Temporary benefit (e.g. sickness, unemployment)
☐ Pension (e.g. disability)
☐ Student allowance
☐ Dependant on others
☐ Retirement fund
☐ No income
☐ Other (please specify) _____
☐ Not stated/not known/inadequately described

4. Which is the **highest** level of education you have received?


- ☐ Partially completed primary school (< 7 years of formal schooling)
☐ Completed primary school (7-10 years of formal schooling)
☐ Completed high school up to Year 10 (11-12 years of formal schooling)
☐ Completed high school up to Year 12 (13 years of formal schooling)
☐ Completed higher technical education/TAFE/College/University degree

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)	Study number 444- <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	
SCREENING BEHAVIOURAL QUESTIONNAIRE			

☐ Not stated/not known/inadequately described

5. Who do you live with?

- ☐ Alone
- ☐ Spouse/partner
- ☐ Alone with child(ren)
- ☐ Spouse/partner and child(ren)
- ☐ Parent(s)
- ☐ Other relative(s)
- ☐ Friend(s)
- ☐ Friend(s)/parent(s)/relative(s) and children
- ☐ Other (please specify) _____
- ☐ Not stated/not known/inadequately described

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)	Study number 444- <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	
SCREENING BEHAVIOURAL QUESTIONNAIRE			

6. In what type of place have you spent the majority of your nights during the last 6 months?


- ☐ Rented house or flat (public or private)
- ☐ Privately owned house or flat
- ☐ Boarding house
- ☐ Hostel/supported accommodation services
- ☐ Psychiatric home/hospital
- ☐ Alcohol/other drug treatment residence
- ☐ Shelter/refuge
- ☐ Prison/detention centre
- ☐ Caravan on serviced site
- ☐ No usual residence/homeless
- ☐ Squat
- ☐ Other (please specify) _____
- ☐ Not stated/not known/inadequately described


7. Have you ever been in prison/juvenile justice centre?

- ☐ Yes
- ☐ No

8. If yes, have you been in prison/juvenile justice centre within the last 6 months?

- ☐ Yes
- ☐ No

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SCREENING BEHAVIOURAL QUESTIONNAIRE			

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"/> <input type="text"/> (dd/mon/yyyy)	Study number 444- <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	
SCREENING BEHAVIOURAL QUESTIONNAIRE			


Section B: Drug and Alcohol Usage

We now need to ask you some questions about your drug and alcohol use – when you first used drugs and how often and how you use drugs and alcohol now. These questions will contain information about practices such as sharing needles and syringes and other injecting equipment.

I understand that unsafe injecting happens when a person cannot get new needles and syringes and when this happens you can end up doing things you would not normally do. If anything like this has happened in the last month it is important that you tell us. Remember your answers will not affect your treatment and everything you write down is confidential.

11. Have you ever used the following drugs?

<u>PLEASE ANSWER FOR ALL DRUGS</u>	Never	Yes, but not in last 6 months	Yes, in last 6 months but not in last 30 days	Yes, in last 30 days
Heroin - injecting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin - smoked or sniffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine - injecting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine - smoked (free base /crack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine - sniffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines - injecting (speed, base, ice, meth, crystal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines – smoked/sniffed/pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates - injecting (street methadone/buprenorphine, morphine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates - smoked/sniffed/pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines - injecting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines - pills/sniffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana, hashish, pot, weed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)	Study number 444- <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	
SCREENING BEHAVIOURAL QUESTIONNAIRE			

12. How old were you when you first injected any drug?


☐ I have never injected drugs (**Go to question 21**)

13. How often did you inject in the last month?

- ☐ I have not injected drugs in the last month (**go to question 21**)
- ☐ More than three times most days
- ☐ 2 to 3 times most days
- ☐ Once a day
- ☐ More than weekly, not daily (uses between 1-6 days per week)
- ☐ Less than weekly

14. What drug did you inject MOST OFTEN in the last month?

- ☐ Heroin
- ☐ Cocaine
- ☐ Methamphetamines (ice, base, speed, meth crystal)
- ☐ Methadone, subutex, buprenorphine, suboxone
- ☐ Benzodiazepines
- ☐ Morphine
- ☐ Oxycodone
- ☐ Methadone
- ☐ Buprenorphine
- ☐ Fentanyl
- ☐ Steroids
- ☐ LSD or other hallucinogens
- ☐ Ecstasy
- ☐ Ketamine

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)	Study number 444- <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	
SCREENING BEHAVIOURAL QUESTIONNAIRE			

- ☐ GHB
- ☐ Other (please specify) _____

15. How often did you use a NEW sterile needle and syringe in the last month?

- ☐ All injections
- ☐ Most of the time
- ☐ Half of the time
- ☐ Some of the time
- ☐ Not in the last month

16. How many times in the last month have you used a needle and/ or syringe after someone else had already used it?


- ☐ None
- ☐ One time
- ☐ Two times
- ☐ 3-5 times
- ☐ More than 5 times

17. Who were these people? (you can mark more than one)

- ☐ No-one
- ☐ Regular sex partner
- ☐ Casual sex partner
- ☐ Close friends
- ☐ Acquaintance
- ☐ Other (please specify) _____

18. How many times in the last month has someone used a needle and/ or syringe after you have used it?

- ☐ None

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)	Study number 444- <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	
SCREENING BEHAVIOURAL QUESTIONNAIRE			

- ☐ One time
- ☐ Two times
- ☐ 3-5 times
- ☐ More than 5 times

19. Who were these people? (you can mark more than one)

- ☐ No-one
- ☐ Regular sex partner
- ☐ Casual sex partner
- ☐ Close friends
- ☐ Acquaintance
- ☐ Other (please specify) _____

20. What injecting equipment have you used after anyone else in the last month? (you can mark more than one)


- ☐ Spoons or mixing containers
- ☐ Drug solution/mix
- ☐ Water
- ☐ Filter
- ☐ Did not share any of the above last month

21. How often have you used marijuana/cannabis in the last month?

- ☐ Never a regular user
- ☐ Daily or more
- ☐ Less than daily, but more than weekly
- ☐ Less than weekly, but at least in the last month

22. How often do you have a drink containing alcohol?

- ☐ Never (**go to question 25**)
- ☐ Monthly or less

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)	Study number 444- <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	
SCREENING BEHAVIOURAL QUESTIONNAIRE			

- ☐ 2 – 4 times a month
- ☐ 2 – 3 times a week
- ☐ 4 or more times a week

23. How many standard drinks do you have on a typical day when you are drinking?
(Standard drink guide examples: 1 Bottle/Can (375ml) beer = 1 standard drink; Average Serving of Wine = 1.5 standard drinks; 1 Shot (30ml) of spirits = 1 standard drink)


- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9
- ☐ 10 or more

24. How often do you have six or more standard drinks on one occasion?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily


Section C: Drug Treatment History

The next few questions are about drug and alcohol treatment. It is important for us to know your drug and alcohol treatment history so we can see whether it impacts your hepatitis C treatment.

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"/> <input type="text"/> (dd/mon/yyyy)	Study number 444- <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	
SCREENING BEHAVIOURAL QUESTIONNAIRE			

26. Please tick any drug treatments you have ever had or are having now (check all that apply)

	Ever	Now
Methadone (including biodone)	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine/Naloxone (Suboxone)	<input type="checkbox"/>	<input type="checkbox"/>
Detoxification (inc home detox and rapid detox)	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic community/rehab	<input type="checkbox"/>	<input type="checkbox"/>
Narcotics Anonymous	<input type="checkbox"/>	<input type="checkbox"/>
Drug counseling	<input type="checkbox"/>	<input type="checkbox"/>
Naltrexone treatment	<input type="checkbox"/>	<input type="checkbox"/>
Court ordered drug education program	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

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)	Study number 444- <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	
SCREENING BEHAVIOURAL QUESTIONNAIRE			

Section D: Social Support

These questions are about social support, these include your relationship with friends and family and how supported you feel.

27. How many different places have you lived in over the last six months?


- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five or more

28. How much of the last six months have you been unemployed?

- ☐ All of the time
- ☐ Most of the time
- ☐ Half of the time
- ☐ Some of the time
- ☐ None of the time

29. How many different fulltime jobs have you had in the last six months?

- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four or more
- ☐ None

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)	Study number 444- <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	
SCREENING BEHAVIOURAL QUESTIONNAIRE			

30. How often in the last six months have you had conflict with your relatives?


- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Not applicable

31. How often in the last six months have you had conflict with your partner(s)?

- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Not applicable

32. How often in the last six months have you had conflict with your friends?

- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Not applicable

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)	Study number 444- <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	
SCREENING BEHAVIOURAL QUESTIONNAIRE			

33. About how many close friends would you estimate that you have? (INCLUDE PARTNER)


- ☐ None
- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four or more

34. When you are having problems, are you satisfied with the support you get from your friends?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Reasonably OK
- ☐ Not satisfied
- ☐ Very unsatisfied
- ☐ Not applicable

35. About how often do you see your friends?

- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Not applicable

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)	Study number 444- <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	
SCREENING BEHAVIOURAL QUESTIONNAIRE			

- 36. How many of the people you hang around with now have you known for more than six months?**
- ☐ None
 - ☐ Less than half
 - ☐ About a half
 - ☐ More than a half
 - ☐ All of them
 - ☐ Not applicable
- 37. How much of the last six months have you been living with anyone who injects drugs?**
- ☐ All of the time
 - ☐ Most of the time
 - ☐ Half of the time
 - ☐ Some of the time
 - ☐ None of the time
- 38. How many of the people you hang around with now are users? (INCLUDE PARTNER)**
- ☐ None
 - ☐ Less than half
 - ☐ About a half
 - ☐ More than a half
 - ☐ All of them
 - ☐ Not applicable

Thank you for your time.