

FORM 1a

SCREENING FORM

Thank you for taking the time to complete this survey. It should only take about 15 minutes and your answers will be completely anonymous.

TIPS FOR COMPLETING THIS SURVEY

- ✓ Please answer all questions (unless otherwise specified)
- ✓ Place a tick inside the shape to nominate your answer
- ✓ If you need help, please ask one of the study team members

Visit Details and Consent – To be completed by study staff

1. Screen date

//

2. Study ID

3. Participant's 2x2 Alias Code

/

4. Is the participant more than 18 years of age?

☐ Yes

☐ No

5. Inclusion/ Exclusion Criteria

a. Have the inclusion/ exclusion criteria been checked?

☐ Yes

☐ No (Patient must meet eligibility criteria)

b. Has the participant provided written informed consent?

☐ Yes

☐ No (Written informed consent must be obtained prior to data collection)

If any shaded boxes have been ticked the patient is **not eligible** to enter the study

Section A: Demographics

THIS SECTION ASKS ABOUT YOU

1. What is your date of birth?

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2. What is your gender?

Select 1 only

- ☐ Male
- ☐ Female
- ☐ Other

3. What is your country of birth?

Select 1 only

- ☐ Myanmar
- ☐ Other (Please specify): _____
- ☐ Unknown

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

Select 1 only

- ☐ No formal schooling
- ☐ Partially completed primary school
- ☐ Completed primary school (Grade 1-5)
- ☐ Partially completed secondary school
- ☐ Completed secondary school (Grade 6-9)
- ☐ Partially completed high school
- ☐ Completed high school (Grade 10-11)
- ☐ Partially completed Vocational Training
- ☐ Completed Vocational Training
- ☐ Partially completed university degree
- ☐ Completed a university degree

5. Which best describes your MAIN source of income at the moment?

Select 1 only

- ☐ Full-time employment
- ☐ Part-time employment
- ☐ Supported by others (e.g., parents, partner, children)
- ☐ No income
- ☐ Other – Please specify: _____

6. What kind of place do you live in at the moment?

- Select 1 only**
- ☐ Own house/ apartment
 - ☐ Rental house/ apartment
 - ☐ Parent's place
 - ☐ Staying with family/ relatives
 - ☐ Staying with partner
 - ☐ Staying temporarily with friends
 - ☐ Street/ homeless
 - ☐ Hotel
 - ☐ Other – please specify: _____

7. Are the people that you usually have sexual relationships with (including causal sexual relationships):

- Select 1 only**
- ☐ Male
 - ☐ Female
 - ☐ Both male and female
 - ☐ Other (specify): _____

8. Have you ever been in prison?

- Select 1 only**
- ☐ Yes
 - ☐ No

9. How do you think you became infected with hepatitis C?

- Select 1 only**
- ☐ Injecting drugs
 - ☐ Sexual contact with a hepatitis C positive partner
 - ☐ Medical injection/ procedure, describe _____
 - ☐ Blood transfusion
 - ☐ Tattoo
 - ☐ Piercing
 - ☐ I don't know
 - ☐ Other – please specify: _____

Section B

THIS SECTION ASKS ABOUT YOUR HISTORY AND BEHAVIOR WITH INJECTING DRUG USE

1. Have you ever injected drugs?

**Select 1
only**

- ☐ Yes
☐ No (Go to Section C)

2. How old were you when you first injected drugs?

Age in years: -----

- ☐ Unknown

3. How often did you inject drugs in the last 6 months?

**Select 1
only**

- ☐ Daily or more
☐ More than weekly, but not daily
☐ Less than weekly
☐ I have not injected drugs in the last 6 months

4. How often did you inject drugs in the last month?

**Select 1
only**

- ☐ Daily or more
☐ More than weekly, but not daily
☐ Less than weekly
☐ I have not injected drugs in the last 6 months

5. What was the last drug you injected?

**Select 1
only**

- ☐ Heroin
☐ Methadone
☐ Metamphatamine
☐ Other - please specify: _____

Section C: Other Drug Use

THIS SECTION ASKS ABOUT YOUR USE OF OTHER DRUGS

1. How often have you used '*ganga*' (marijuana/ cannabis) in the last month?

Select 1
only

- ☐ Daily or more
- ☐ More than weekly, but not daily
- ☐ Less than weekly
- ☐ Not use in the last month, but a past regular user (more than monthly)
- ☐ Never used ganga

2. How often do you smoke tobacco?

Select 1
only

- ☐ Current smoker
- ☐ Never a smoker
- ☐ Stopped smoking. Please specify when you stopped smoking

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

Select 1
only

- ☐ Never (Go to Section D)
- ☐ Monthly or less
- ☐ 2 to 4 times a month
- ☐ 2 to 3 times a week
- ☐ 4 or more times a week

4. What type of drinks containing alcohol do you have on a typical day?

Select 1
only

- ☐ Hard drinks
- ☐ Beer
- ☐ Wine
- ☐ Palm wine

5. How much do you drink on a typical day?

Select 1
only

- ☐ 1 Pegs
- ☐ 2 Pegs
- ☐ 3 Pegs
- ☐ 4 Pegs
- ☐ 5 or more Pegs

6. How often do you have 4 or more Pegs of hard drinks or 4 or more cans of regular beer on one occasion?

Select 1
only

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

Section D: Hepatitis C Knowledge

THIS SECTION IS ABOUT YOUR KNOWLEDGE OF HEPATITIS C

1. What does it mean if you have a positive hepatitis C antibody test?

Select 1
only

- ☐ You are infected with hepatitis C
- ☐ You are not infected with hepatitis C
- ☐ You have been infected with hepatitis C, but you don't know if you are actively infected now
- ☐ I don't know

2. What does it mean if you have a positive hepatitis C PCR test (also known as an RNA test)?

Select 1
only

- ☐ You are infected with hepatitis C
- ☐ You are not infected with hepatitis C
- ☐ You have been infected with hepatitis C, but you don't know if you are actively infected now
- ☐ I don't know

3. Is there a vaccine that prevents infection with hepatitis C?

Select 1
only

- ☐ Yes
- ☐ No
- ☐ I don't know

4. What are the chances of cure, following hepatitis C treatment?

Select 1
only

- ☐ Hepatitis C cannot be cured
- ☐ Next to none (<10%)
- ☐ Not very common (<25%)
- ☐ Reasonable (at least 50%)
- ☐ Very good (>90%)
- ☐ I don't know

5. Can an infection with the hepatitis C virus cause liver cancer?

Select 1
only

- ☐ Yes
- ☐ No
- ☐ I don't know

Section E: EQ-5D

THIS SECTION ASKS ABOUT YOUR HEALTH

Please indicate what statement best describes your own health state today?

1. Mobility

**Select 1
only**

- ☐ I have no problems in walking around
- ☐ I have some problems in walking around
- ☐ I am mostly confined to bed

2. Personal Care

**Select 1
only**

- ☐ I have no problems with personal care
- ☐ I have some problems washing or dressing myself
- ☐ I am unable to wash or dress myself

3. Usual activities (e.g. work, study, housework, family or leisure activities)

**Select 1
only**

- ☐ I have no problems with performing my usual activities
- ☐ I have some problems with performing my usual activities
- ☐ I am unable to perform my usual activities

4. Pain/ Discomfort

**Select 1
only**

- ☐ I have no pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have extreme pain or discomfort

5. Anxiety/ Depression

**Select 1
only**

- ☐ I am not anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am extremely anxious or depressed

6. We would like to know how good or bad your health is TODAY

This scale is numbered form 0 to 100.

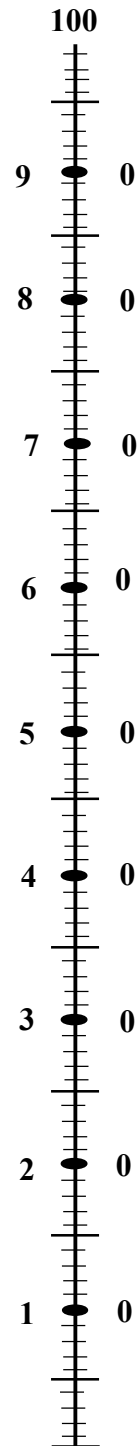
100 means the best health you can imagine.

0 means the worst health you can imagine.

Please tap on the scale to indicate how your health is today.

**YOUR HEALTH
TODAY**

The best health you can
imagine



The worst health you
can imagine

**Thank you. This is the end of the survey.
Please return this survey to one of the study staff.**