


Visit date <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 1904-6 <input type="text"/> <input type="text"/> <input type="text"/> <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 John</u> → SMJO	
FOLLOW-UP BEHAVIOURAL QUESTIONNAIRE			
Please select the study visit below:			
<input type="radio"/> Follow-up Visit 1 (Week 12) <input type="radio"/> Follow-up Visit 2 (Week 24) <input type="radio"/> Follow-up Visit 3 (12 months)			



A multi-centre, practice-level, cluster randomized, parallel-group controlled trial to compare point-of-care hepatitis C RNA testing to dried blood spot testing to enhance treatment uptake among people with HCV who have recently injected drugs attending needle and syringe programs: the TEMPO study


TEMPO BEHAVIOURAL QUESTIONNAIRE

FOLLOW-UP VISIT

Thank you for taking the time to complete this survey. It should only take about 5-10 minutes and your answers will be completely anonymous.

TIPS FOR COMPLETING THIS SURVEY:

- ✓ **Please answer all questions (unless otherwise specified)**
- ✓ **Questions with circles ○ = select 1 answer only**
- ✓ **Questions with squares □ = select as many answers that apply**
- ✓ **Place a tick inside the shape to nominate your answer**
- ✓ **If you need help, please ask one of the study team members**

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Section A: Demographics

1. Which best describes your main source of income at the moment?

Select 1 only

- ☐ Full-time employment
- ☐ Part-time/casual employment
- ☐ Centrelink payment/government financial assistance
- ☐ Superannuation/investments
- ☐ Sex work
- ☐ Supported by others (e.g. parents, partner)
- ☐ No income
- ☐ Other – please specify: _____

2. In what type of place have you spent the majority of nights during the last month?


Select 1 only

- ☐ Privately owned house or flat
- ☐ Rental house or flat (public or private)
- ☐ Boarding house
- ☐ Hostel/supported accommodation services
- ☐ Psychiatric home/hospital
- ☐ Alcohol/other drug treatment residential treatment centre
- ☐ Shelter/refuge
- ☐ No usual residence/homeless
- ☐ Squat
- ☐ Other – please specify: _____
- ☐ Not stated/not known/inadequately described

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

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, 4-6 months ago
- ☐ Yes, 1-3 months ago
- ☐ Yes, in the last month

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Section B: Injecting Drug Use and Alcohol

THIS SECTION ASKS ABOUT YOUR HISTORY AND BEHAVIOUR WITH INJECTING DRUG USE AND ALCOHOL. THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE PROVIDED TO YOUR PRESCRIBER.

4. Have you injected drugs since your last visit?

Select 1 only

- ☐ Yes
- ☐ No

5. Have you injected drugs?

Select 1 only

- ☐ Yes, in the last month
- ☐ Yes, in the last 3 months, but not in the last month (Go to Q20)
- ☐ Neither (Go to Q20)

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

Select 1 only

- ☐ 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


7. How many days in the last month have you injected drugs?

days

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

Select 1 only

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

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

Select 1 only

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

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

Select 1 only

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

11. Have you injected heroin in the last month?

Select 1 only

- ☐ Yes
- ☐ No

12. Have you injected cocaine in the last month?

Select 1 only

- ☐ Yes
- ☐ No

13. Have you injected methamphetamines (meth, crystal, ice, speed, base) in the last month?


Select 1 only

- ☐ Yes
- ☐ No

14. Have you injected methadone (e.g. methadone syrup, Biodone, tablets) in the last month?

Select 1 only

- ☐ Yes
- ☐ No

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15. Have you injected buprenorphine (e.g. Subutex, Suboxone) in the last month?

Select 1 only

- ☐ Yes
☐ No

16. Have you injected morphine (e.g. MS Contin, Kapanol, MS Mono, Ordine or morphine ampules) in the last month?

Select 1 only

- ☐ Yes
☐ No

17. Have you injected fentanyl (including patches) in the last month?

Select 1 only

- ☐ Yes
☐ No

18. Have you injected any other opioids [e.g. OxyContin, OxyNorm, Sandoz oxycodone, Endone (oxycodone), codeine, Ultram, Zytram (tramadol), Nucynta, Palexia, Tapal (tapentadol), Dilaudid, Hydromorph Contin (hydromorphone) in the last month?

Select 1 only

- ☐ Yes
☐ No

19. Have you injected benzodiazepines [e.g. Xanax (alprazolam), Valium (diazepam), Serepax (oxazepam), Temaze (temazepam), Mogadon (nitrazepam)] in the last month?


Select 1 only

- ☐ Yes
☐ No

20. Have you used drugs by non-injection?

Select 1 only

- ☐ Yes, in the last month
☐ Yes, in the last 3 months, but not in the last month (Go to Q31)
☐ Neither (Go to Q31)

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21. Have you used heroin by non-injection (e.g. smoked, snorted, shafted, other) in the last month?

Select 1 only

- ☐ Yes
☐ No

22. Have you used cocaine by non-injection (e.g. smoked or snorted) in the last month?

Select 1 only

- ☐ Yes
☐ No

23. Have you used methamphetamine (meth, crystal, ice, speed, base) by non-injection (smoked, snorted or taken pills) in the last month?

Select 1 only

- ☐ Yes
☐ No

24. Have you smoked methamphetamine (meth, crystal, ice, speed, base) in the last month?

Select 1 only

- ☐ Yes
☐ No

25. Have you used methadone (e.g. methadone syrup, Biodone, tablets) by non-injection (swallowed) in the last month?


Select 1 only

- ☐ Yes
☐ No

26. Have you used buprenorphine (e.g. Subutex, Suboxone) by non-injection (swallowed) in the last month?

Select 1 only

- ☐ Yes
☐ No

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27. Have you used morphine (e.g. MS Contin, Kapanol, MS Mono, Ordine) by non-injection (smoked, snorted, taken pills) (including any morphine that has ever been prescribed to you or someone else) in the last month?

Select 1 only

- ☐ Yes
☐ No

28. Have you used fentanyl (including patches) by non-injection (smoked, snorted, taken pills) (including any fentanyl that has ever been prescribed to you or someone else) in the last month?

Select 1 only

- ☐ Yes
☐ No

29. Have you used any other opioids [e.g. OxyContin, OxyNorm, Sandoz oxycodone, Endone (oxycodone), codeine, Ultram, Zytram (tramadol), Nucynta, Palexia, Tapal (tarpentadol), Dilaudid, Hydromorph Contin (hydromorphone)] by non-injection (smoked, snorted, taken pills) (including any other opioids that have ever been prescribed to you or someone else) in the last month?


Select 1 only

- ☐ Yes
☐ No

30. Have you used benzodiazepines [e.g. Xanax (alprazolam), Valium (diazepam), Serepax (oxazepam), Temaze (temazepam), Mogadon (nitrazepam)] by non-injection (smoked, snorted, taken pills) (including any benzodiazepines that have ever been prescribed to you or someone else) in the last month?

Select 1 only

- ☐ Yes
☐ No

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

Select 1 only

- ☐ Never (go to Section C)
- ☐ Monthly or less
- ☐ 2 – 4 times a month
- ☐ 2 – 3 times a week
- ☐ 4 or more times a week

32. How many standard drinks did you have on a typical day when you were 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)


Select 1 only

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

33. How often did you have six or more standard drinks on one occasion?

Select 1 only

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

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Section C: Drug Treatment

34. Of all the following types of medications available to treat opioid dependence, if you could choose today, which one would you prefer?

Select 1 only

- ☐ Methadone (including Biodone)
- ☐ Buprenorphine (Subutex or a pill)
- ☐ Buprenorphine (any formulation)
- ☐ Long-acting (injected under the skin) buprenorphine
- ☐ Buprenorphine/naloxone (Suboxone)
- ☐ Any of them would be fine – I don't have a preference
- ☐ None of them – I would not take any medication to treat myself presently
- ☐ None of them – There is nothing that suits me or is appropriate for me
- ☐ None of them – I am not interested in treatment

35. Are you currently on opioid substitution treatment [methadone/Biodone, buprenorphine (Subutex), or buprenorphine-naloxone (Suboxone)]?

Select 1 only

- ☐ Yes (Go to Q37)
- ☐ No (Go to Q36)

36. Have you been on opioid substitution treatment [methadone/Biodone, buprenorphine (Subutex), or buprenorphine-naloxone (Suboxone)] in the following?


Select 1 only

- ☐ In the last 3 months (Go to Q47)
- ☐ In the last month (Go to Q47)
- ☐ No (Go to Q47)

37. Which opioid substitution treatment are you currently participating in?

Select 1 only

- ☐ Methadone (including Biodone) (Go to question 38, then 43)
- ☐ Buprenorphine (Subutex) (Go to question 39, then 43)
- ☐ Buprenorphine (formulation unknown) (Go to question 39, then 43)
- ☐ Long-acting (injected under the skin) buprenorphine (Go to question 40)
- ☐ Buprenorphine/naloxone (Suboxone) (Go to question 39, then 43)

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☐ Other – please specify (Go to question 43):

☐ Unknown (Go to question 43)

38. What is your current daily dose of methadone? Please tell us in mg NOT ml per day (Usually your dose will be between 0 and 200 mg)

mg per day (Range 0 to 300) (Go to question 43)

39. What is your current daily dose of buprenorphine? Please tell us in mg NOT ml per day (Usually your dose will be between 0 and 32 mg)

mg per day (Range 0 to 40) (Go to question 43)

40. How often do you receive your dose of long-acting (injected under the skin) buprenorphine?

Select 1 only

- ☐ Weekly (Go to question 41)
☐ Monthly (Go to question 42)

41. What is your current dose of weekly long-acting (injected under the skin) buprenorphine? Please tell us in mg NOT ml per day (Usually a weekly dose will be between 8 and 32 mg)

mg per day (Range 8 to 32) (Go to question 43)

42. What is your current dose of monthly long-acting (injected under the skin) buprenorphine? Please tell us in mg NOT ml (Usually a monthly dose will be between 64 and 300 mg)


mg per day (Range 64 to 300)

43. Are you satisfied with your current dose?

Select 1 only

- ☐ It is OK
☐ It is too low
☐ It is too high

44. Where was your last dose dispensed?

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Select 1 only

- ☐ Public clinic/hospital
- ☐ Private clinic
- ☐ GP
- ☐ Pharmacy
- ☐ Prison or a juvenile justice centre
- ☐ Other please specify:

45. Do you receive takeaway doses (doses of methadone or buprenorphine which can be taken home)?

Select 1 only

- ☐ Yes
- ☐ No (Go to question 47)


46. In the last month, what was the average number of takeaway doses of methadone or buprenorphine you received each week?

Takeaway doses each week (*Range 1-7*)

47. Have you ever received other types of treatment for your drug use from a drug treatment agency? [Includes assessment, detox, counselling and rehabilitation. Excludes other health and social services (e.g., NSP, accommodation services). Agency must be providing specialised drug treatment]?

Select 1 only

- ☐ No, never
- ☐ Yes, currently
- ☐ Yes, in the previous 3 months, but not currently
- ☐ Yes, 3-6 months ago
- ☐ Yes, 6-12 months ago
- ☐ Yes, more than 12 months ago


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Section D: NSP utilisation

48. How often have you visited an NSP in the last month?

Select 1 only

- ☐ Daily
- ☐ A few times a week
- ☐ Weekly
- ☐ Less than weekly
- ☐ Not in the last month

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SECTION E: EQ-5D-5L

THIS SECTION ASKS ABOUT YOUR HEALTH.

49. Mobility

Select 1 only

- ☐ I have no problems in walking around
- ☐ I have slight problems in walking around
- ☐ I have moderate problems in walking around
- ☐ I have severe problems in walking around
- ☐ I am confined to bed

50. Personal Care

Select 1 only

- ☐ I have no problems with washing or dressing myself
- ☐ I have slight problems washing or dressing myself
- ☐ I have moderate problems washing or dressing myself
- ☐ I have severe problems washing or dressing myself
- ☐ I am unable to wash or dress myself

51. 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 slight problems with performing my usual activities
- ☐ I have moderate problems with performing my usual activities
- ☐ I have severe problems with performing my usual activities
- ☐ I am unable to perform my usual activities

52. Pain/Discomfort

Select 1 only


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

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53. Anxiety/Depression

Select 1 only

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

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

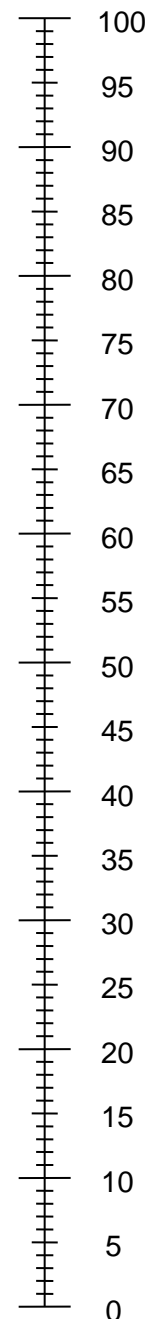
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
- 0 means the worst health you can imagine.
- Please tap on the scale to indicate how your health is today. *[ODK only]*
- Mark an X on the scale to indicate how your health is TODAY. *[Paper copy only]*

Your health today

- Now, please write the number you marked on the scale in the box above. *[Paper copy only]*

**THANK YOU FOR YOUR TIME IN COMPLETING
THIS QUESTIONNAIRE**

The best health you can imagine



The worst health you can imagine