


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	 TEMPO
SCREENING BEHAVIOURAL QUESTIONNAIRE			



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

SCREENING VISIT

Thank you for taking the time to complete this survey. It should only take about 20 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 is the highest level of education you have received?

Select 1 only

- ☐ No formal schooling
- ☐ 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

2. 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: _____

3. 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
- ☐ Prison or a juvenile justice centre
- ☐ Other – please specify: _____

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4. 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.

5. Have you injected drugs in the last month?

Select 1 only

- ☐ Yes (Go to Q7)
☐ No (Go to Q6)

6. Have you injected drugs in the last 3 months?

Select 1 only

- ☐ Yes (Go to Q13)
☐ No (Go to Q13)

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

Select 1 only

- ☐ Heroin
☐ Cocaine
☐ Methamphetamine (meth, crystal, ice, speed, base)
☐ Other opioids (methadone/buprenorphine, morphine, oxycodone, fentanyl, codeine)
☐ Benzodiazepines (xanax, valium, serepax)
☐ Other – please specify: _____

8. 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

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

□□ days

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

- ☐ All injections

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Select 1 only

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

11. 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

12. 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

13. Have you ever injected heroin?


Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

14. Have you ever used heroin by non-injection (e.g. smoked, snorted, shafted, other)?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

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15. Have you ever injected cocaine?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

16. Have you ever used cocaine by non-injection (e.g. smoked or snorted)?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

17. Have you ever injected methamphetamine (meth, crystal, ice, speed, base)?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

18. Have you ever used methamphetamine (meth, crystal, ice, speed, base) by non-injection (smoked, snorted or taken pills)?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

19. Have you smoked methamphetamine (meth, crystal, ice, speed, base) in the last 30 days?


Select 1 only

- ☐ Yes
- ☐ No

20. Have you ever injected methadone (e.g. methadone syrup, Biodone, tablets)?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

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21. Have you ever used methadone (e.g. methadone syrup, Biodone, tablets) by non-injection (swallowed)?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

22. Have you ever injected buprenorphine (e.g. Subutex, Suboxone. NOT including long-acting injectable buprenorphine/Sublocade)?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

23. Have you ever used buprenorphine (e.g. Subutex, Suboxone) by non-injection (swallowed)?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

24. Have you ever injected morphine (e.g. MS Contin, Kapanol, MS Mono, Ordine or morphine ampules)?


Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

25. Have you ever 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)?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

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26. Have you ever injected fentanyl (including patches)?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

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

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

28. Have you ever injected any other opioids [e.g. OxyContin, OxyNorm, Sandoz oxycodone, Endone (oxycodone), codeine, Ultram, Zytram (tramadol), Nucynta, Palexia, Tapal (tarpentadol), Dilaudid, Hydromorph Contin (hydromorphone)]?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days


29. Have you ever 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)]?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

30. Have you ever injected benzodiazepines [e.g. Xanax (alprazolam), Valium (diazepam), Serepax (oxazepam), Temaze (temazepam), Mogadon (nitrazepam)]?

- ☐ Never
- ☐ Yes, but not in last 6 months

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Select 1 only

- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

31. Have you ever 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)?

Select 1 only

- ☐ Never
- ☐ Yes, but not in last 6 months
- ☐ Yes, in last 6 months but not in last 30 days
- ☐ Yes, in last 30 days

32. 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

33. 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)


Select 1 only

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

34. How often do 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: Hepatitis C Testing and Treatment

THIS SECTION ASKS ABOUT TESTING AND TREATMENT FOR HEPATITIS C

35. Have you EVER had a hepatitis C antibody test? (generally, the initial test for hepatitis C)?

Select 1 only

- ☐ Yes, in the last year
- ☐ Yes, more than a year ago
- ☐ Never tested
- ☐ Don't know

36. Have you ever had a hepatitis C PCR or RNA test (to see if you still have current/ongoing infection with the virus)?

Select 1 only

- ☐ Yes, in the last year
- ☐ Yes, more than a year ago
- ☐ No, never (Go to Q39)
- ☐ Don't know (Go to Q39)

37. Where did you get your LAST hepatitis C test?

Select 1 only

- ☐ Regular doctor (general practitioner/GP) or medical centre
- ☐ Hospital or outpatient clinic
- ☐ Opioid treatment/Methadone clinic
- ☐ Needle Syringe Program
- ☐ Prison
- ☐ Aboriginal Community Controlled Health Service
- ☐ Other - please specify: _____

38. Except for the test you had today, have you ever been tested for hepatitis C on a sample of blood from a finger-stick?


Select 1 only

- ☐ Yes, in the last year
- ☐ Yes, more than a year ago
- ☐ No, never
- ☐ Don't know

39. Have you ever been told you have hepatitis C infection?

Select 1 only

- ☐ Yes

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☐ No (go to Q50)

40. What is your current hep C status?

Select 1 only

- ☐ I have hepatitis C
- ☐ I cleared the virus without treatment (spontaneously)
- ☐ I cleared the virus with treatment
- ☐ Don't know

41. Have you EVER had any treatment for your hepatitis C?


Select 1 only

- ☐ Yes, in the last year (go to Q43)
- ☐ Yes, more than a year ago (go to Q43)
- ☐ No, never (go to Q42, then Q50)

42. What are your main reasons for why you have not had treatment for hepatitis C (Select all that apply and then go to question 50)?

Mark all that apply

- ☐ Cleared the virus spontaneously
- ☐ I do not know enough about hepatitis C or hepatitis C treatment
- ☐ I am concerned about the potential side effects of hepatitis C treatment
- ☐ I feel fine and do not feel sick
- ☐ I have other priorities in my life that are more important right now
- ☐ There is a risk I will become reinfected anyway
- ☐ Treatment is too expensive
- ☐ I found it difficult to make an appointment
- ☐ I found it difficult to keep appointments
- ☐ Health service providers treat me poorly
- ☐ I do not have access to a doctor
- ☐ The waiting time for treatment was too long
- ☐ My doctor has not encouraged me to have treatment
- ☐ My doctor has told me to wait or that it is not urgent to have treatment
- ☐ Nobody has offered me treatment
- ☐ Other - please specify: _____

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43. What is the most recent type of treatment you have had?

Select 1 only

☐ Interferon-based treatment



☐ Sofosbuvir/ledipasvir (Harvoni®)



☐ Sofosbuvir + daclatasvir (Sovaldi® + Daklinza®)



☐ Sofosbuvir + ribavirin (Sovaldi® + Ibvayr®)



☐ Paritaprevir/ritonavir/ombitasvir + dasabuvir (Viekira Pak®)



☐ Paritaprevir/ritonavir/ombitasvir + dasabuvir + ribavirin (Viekira Pak-RBV®)



☐ Sofosbuvir/velpatasvir (Epclusa®)




☐ Grazoprevir/elbasvir (Zepatier®)



☐ Grazoprevir/elbasvir + sofosbuvir (Zepatier® + Sovaldi®)



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☐ Glecaprevir/pibrentasvir (Mavyret®)



☐ Voxilaprevir (Vosevi®)



☐ Other – please specify: _____

☐ Unknown

44. Where did you receive your hep C treatment?

Select 1 only

- ☐ Regular doctor (general practitioner/GP) or medical centre
- ☐ Hospital or outpatient clinic
- ☐ Opioid treatment/Methadone clinic
- ☐ Needle Syringe Program
- ☐ Prison
- ☐ Aboriginal Community Controlled Health Service
- ☐ Other - please specify: _____

45. When did you start your most recent course of treatment for hepatitis C?

□□/□□ (MONTH/YEAR)

46. Have you completed your hepatitis C treatment?


Select 1 only

- ☐ Yes
- ☐ No (Go to Q50)
- ☐ Unknown

47. Did your treatment work?

Select 1 only

- ☐ Yes, treatment was successful (cured)
- ☐ No, treatment wasn't successful (Go to Q50)
- ☐ No, I stopped treatment early (Go to Q50)
- ☐ Don't know I am still on it (Go to Q50)
- ☐ Don't know I haven't had the final HCV test to determine whether treatment was successful (Go to Q50)

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48. Have you been re-tested with a PCR/RNA test to see if you have a new hepatitis C infection (re-infection) after successful treatment?

Select 1 only

- ☐ Yes, I have had a PCR/RNA test in the last year to see if I have a new hepatitis C infection (also known as reinfection)
- ☐ Yes, I have had a PCR/RNA test more than a year ago to see if I have a new hepatitis C infection (also known as reinfection)
- ☐ No, I haven't been re-tested (Go to Q50)

49. The LAST time you had a PCR/RNA test, what was the result?

Select 1 only

- ☐ I am still cured
- ☐ I have been re-infected with hep C
- ☐ Don't know

50. Are you living with HIV infection?

Select 1 only

- ☐ Yes
- ☐ No
- ☐ Unknown

51. Do you have a regular doctor (e.g. GP or general practitioner)?


Select 1 only

- ☐ Yes
- ☐ No

52. In the last 6 months, have you used any of the following services?

Select all that apply

- ☐ Needle syringe program (NSP)
- ☐ Regular doctor (e.g. GP or general practitioner)
- ☐ Ambulance
- ☐ Emergency department
- ☐ Hospital admission
- ☐ Psychologist/counsellor
- ☐ Psychiatrist
- ☐ Psychiatric admission
- ☐ None

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Section D: Overdose and naloxone

THIS SECTION ASKS ABOUT YOUR EXPERIENCE WITH OVERDOSE AND USE OF NALOXONE

53. Have you ever accidentally overdosed on any drug (including alcohol)? (The following symptoms are consistent with a **DEPRESSANT OVERDOSE**: reduced level of consciousness, respiratory depression, turning blue, collapsing. An overdose is a situation where you feel professional assistance would have been helpful)?

Select 1 only

- ☐ Yes
☐ No (go to Q59)

54. Have you accidentally overdosed in the past year?

Select 1 only

- ☐ Yes
☐ No (go to Q59)

55. Last time you accidentally overdosed which drugs had you taken?


Mark all that apply

- ☐ Heroin
☐ Methadone
☐ Buprenorphine or buprenorphine-naloxone
☐ Oxycodone (OxyContin, Endone, Targin)
☐ Morphine (MS Contin, Kapanol, MS Mono, Ordine)
☐ Codeine
☐ Tramadol
☐ Fentanyl patches
☐ Benzodiazepines (Xanax, Valium, Serepax, Temaze)
☐ Cocaine
☐ Methamphetamines (meth, crystal, ice, speed, base)
☐ Cannabis
☐ Alcohol
☐ Other - please specify: _____

56. In the last year, have you accidentally overdosed on any opioids (heroin, methadone/buprenorphine, morphine, oxycodone, fentanyl) in the last year?

Select 1 only

- ☐ Yes
☐ No (go to Q59)

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57. How many times has naloxone (Narcan) been administered to you in the past year?

times in the past year

58. In the last year, who has administered naloxone (Narcan) to you?

Mark all that apply

- ☐ Ambulance officer
- ☐ Friend/Peer
- ☐ Family member/significant other
- ☐ Healthcare worker
- ☐ Other person

59. Have you ever obtained a prescription for naloxone (Narcan) from your healthcare provider?

Select 1 only

- ☐ Yes
- ☐ No

60. Have you ever accessed naloxone (Narcan) (been given or bought Narcan to take home)?

Select 1 only

- ☐ Yes, in the last year
- ☐ Yes, more than a year ago
- ☐ No (Go to Q65)

61. Have you ever got naloxone (Narcan) from a pharmacy over the counter WITHOUT a prescription?


Select 1 only

- ☐ Yes
- ☐ No

62. Where did you last access naloxone?

Select 1 only

- ☐ Needle and syringe program (NSP)
- ☐ Pharmacy
- ☐ Health service
- ☐ Regular doctor/ general practitioner (GP)
- ☐ Hospital
- ☐ Drug treatment service
- ☐ A naloxone training programme
- ☐ Prison or a juvenile justice centre
- ☐ Other – please specify:

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63. What form of Narcan/naloxone did you receive last time?

Select 1 only

- ☐ Syringe / Intramuscular naloxone (Prenoxad or Ampoule)
- ☐ Nose spray / Intranasal naloxone (Nyxoid or similar)
- ☐ Don't know

64. The last time you used opioids did you have naloxone (Narcan) on you or close at hand?

Select 1 only

- ☐ Yes
- ☐ No
- ☐ I have never used opioids

65. Have you ever completed a naloxone (Narcan) training program? This may include brief advice, brief education or more extensive training.

Select 1 only

- ☐ Yes, in the last year
- ☐ Yes, more than a year ago
- ☐ No

66. Have you used naloxone (Narcan) to reverse SOMEONE ELSE'S overdose in the last year?


Select 1 only

- ☐ Yes (a jab)
- ☐ Yes (a nose spray)
- ☐ No (go to Section E)

67. What was the source of your naloxone (Narcan) when you reversed SOMEONE ELSE'S overdose in the last year?

**Mark all
that apply**

- ☐ Used my take-home naloxone/Narcan from a training program
- ☐ Used Narcan which I got with a prescription
- ☐ Used my over-the-counter naloxone/Narcan from a pharmacy, which I paid for
- ☐ Used my over-the-counter naloxone/Narcan from a pharmacy, which I got for free
- ☐ Used Narcan from other/unknown source (Please specify)

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Section E: Experience with hospitalisations and police

THIS PROJECT IS LOOKING TO BETTER ESTIMATE THE NUMBER OF PEOPLE WHO INJECT DRUGS IN AUSTRALIA. ONE WAY WE CAN DO THIS IS BY USING INFORMATION ON EXPERIENCES WITH HOSPITALISATIONS DUE TO OVERDOSE AND OTHER INFECTIONS AND PREVIOUS EXPERIENCE WITH THE POLICE.

68. Have you been admitted to hospital or a psychiatric unit because of the use of any of the following, in the last year?

Mark all that apply

- ☐ Opioids (Heroin, street methadone/buprenorphine, morphine, oxycodone, fentanyl)
- ☐ Methamphetamines (Meth, crystal, ice, speed, base)
- ☐ Cocaine

69. Have you injected into an artery (either accidental or on purpose) in the past year?

Select 1 only

- ☐ Yes, and I was hospitalised
- ☐ Yes, but I was not hospitalised
- ☐ No

70. Have you had any nerve damage after injecting (i.e., numbness, tingling, pins and needles, pain in the tips of your fingers/toes that lasted longer than an hour) in the past year?

Select 1 only


- ☐ Yes, and I was hospitalised
- ☐ Yes, but I was not hospitalised
- ☐ No

71. Have you had an abscess (i.e., pus-filled lump on your skin) in the past year?

Select 1 only

- ☐ Yes, and I was hospitalised
- ☐ Yes, but I was not hospitalised
- ☐ No

72. Have you had cellulitis (i.e., red, hot, swollen and tender/painful skin, area bigger than 50-cent piece) in the past year?

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- Select 1 only**
- ☐ Yes, and I was not hospitalised
 - ☐ Yes, but I was not hospitalised
 - ☐ No

73. Have you had a blood clot in the deep veins (i.e., deep vein thrombosis; DVT) in the past year?

- Select 1 only**
- ☐ Yes, and I was hospitalised
 - ☐ Yes, but I was not hospitalised
 - ☐ No

74. Have you had endocarditis (i.e., an infection of the heart, where you needed to stay in hospital and have up to 6 weeks of regular intravenous antibiotics) in the past year?

- Select 1 only**
- ☐ Yes
 - ☐ No

75. Have you been hospitalised for a joint infection (septic arthritis) or bone infection (osteomyelitis) in the past year?


- Select 1 only**
- ☐ Yes, joint infection (septic arthritis)
 - ☐ Yes, bone infection (osteomyelitis)
 - ☐ Yes, both joint infection (septic arthritis) and bone infection (osteomyelitis)
 - ☐ No, neither joint infection (septic arthritis) or bone infection (osteomyelitis)

76. Have you been hospitalised for blood poisoning (sepsis/septicaemia) in the past year?

- Select 1 only**
- ☐ Yes
 - ☐ No

77. How many times were you hospitalised for reasons related to your drug use in the past year?


_____ times in the past year

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78. Have you been arrested for using or possessing any of the following, in the last year?

**Mark all that
apply**

- ☐ Opioids (Heroin, street methadone/buprenorphine, morphine, oxycodone, fentanyl)
- ☐ Methamphetamines (Meth, crystal, ice, speed, base)
- ☐ Cocaine

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Section F: Hepatitis C Testing Acceptability

THIS SECTION ASKS ABOUT TESTING FOR HEPATITIS C.

79. What is the main reason you decided to get tested today?

Select 1 only

- ☐ To know my hepatitis C status
- ☐ To start hepatitis C treatment (if necessary)
- ☐ To help with research
- ☐ My friend/acquaintance/partner decided to do it
- ☐ To receive a voucher
- ☐ Other - please specify _____
- ☐ I did not get tested today

80. (Intervention arm only)

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample which was collected in a pipette.

OR

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample to fill five circles on a card.

How comfortable did you feel to have the test?

Select 1 only

- ☐ Very comfortable
- ☐ Comfortable
- ☐ No opinion
- ☐ Uncomfortable
- ☐ Very uncomfortable


81. (Intervention arm only)

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample which was collected in a pipette.

OR

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample to fill five circles on a card.

How much effort did it take to have the test?

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Select 1 only

- ☐ Huge effort
- ☐ A lot of effort
- ☐ No opinion
- ☐ A little effort
- ☐ No effort at all

82. (Intervention arm only)

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample which was collected in a pipette.

OR

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample to fill five circles on a card.

How fair is this test for people who inject drugs?

Select 1 only

- ☐ Very fair
- ☐ Fair
- ☐ No opinion
- ☐ Unfair
- ☐ Very unfair

83. (Intervention arm only)

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample which was collected in a pipette.

OR


This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample to fill five circles on a card.

The test has improved my access to hepatitis C testing.

Select 1 only

- ☐ Strongly agree
- ☐ Agree
- ☐ No opinion
- ☐ Disagree
- ☐ Strongly disagree

84. (Intervention arm only)

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This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample which was collected in a pipette.

OR

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample to fill five circles on a card.

It is clear to me how having the test has improved my access to hepatitis C testing.

Select 1 only

- ☐ Strongly agree
- ☐ Agree
- ☐ No opinion
- ☐ Disagree
- ☐ Strongly disagree

85. (Intervention arm only)

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample which was collected in a pipette.

OR

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample to fill five circles on a card.

How confident did you feel you could do what was required to have the test?

Select 1 only


- ☐ Very confident
- ☐ Confident
- ☐ No opinion
- ☐ Unconfident
- ☐ Very unconfident

86. (Intervention arm only)

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample which was collected in a pipette.

OR

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample to fill five circles on a card.

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Having the test interfered with my other priorities.

Select 1 only

- ☐ Strongly agree
- ☐ Agree
- ☐ No opinion
- ☐ Disagree
- ☐ Strongly disagree

87. (Intervention arm only)

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample which was collected in a pipette.


OR

This question asks about the hepatitis C RNA test you had today - after pricking your finger you gave a blood sample to fill five circles on a card.

How acceptable was the test to you?

Select 1 only

- ☐ Completely acceptably
- ☐ Acceptable
- ☐ No opinion
- ☐ Unacceptable
- ☐ Completely unacceptable

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88. Who would you prefer to take a blood sample for your hepatitis C test?

Select 1 only

- ☐ Nurse
- ☐ Doctor
- ☐ Peer NSP worker
- ☐ Other NSP worker
- ☐ Peer support worker (not from NSP)
- ☐ I have no preference
- ☐ Other (please specify): _____

89. Where would you prefer to have a hepatitis C test?

Select 1 only

- ☐ Regular doctor (general practitioner/GP) or medical centre
- ☐ Hospital or outpatient clinic
- ☐ Opioid treatment/Methadone clinic
- ☐ Needle Syringe Program
- ☐ Aboriginal Community Controlled Health Service
- ☐ I have no preference
- ☐ Other (please specify): _____

90. Would you prefer to get your hepatitis C test results on the same day as the test?


Select 1 only

- ☐ Yes
- ☐ No
- ☐ Does not matter

91. If you had a choice of how you could be tested for active hepatitis C infection, which of the following methods would you prefer?

Select 1 only

- ☐ Usual test (blood sample from vein, results in 1-2 weeks)
- ☐ Dried blood spot testing (blood sample from finger, results in 1-2 weeks)
- ☐ Point of care test (blood sample from finger, results within an hour)
- ☐ I have no preference

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Section G: NSP utilisation

92. 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

93. How willing are you to receive treatment for Hepatitis C at an NSP?

Select 1 only

- ☐ Definitely willing
- ☐ Somewhat willing
- ☐ Neither willing nor unwilling
- ☐ Somewhat unwilling
- ☐ Not at all willing

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Section H: STIGMA AND DISCRIMINATION

THIS SECTION ASKS ABOUT YOUR EXPERIENCES OF STIGMA AND DISCRIMINATION

94. In the last 12 months, have you experienced any stigma or discrimination in relation to your use of drugs for injecting?

Select 1 only

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you have previously been told you have hepatitis C (i.e. Q40 = Yes), please answer Q95, otherwise please skip to Q96.

95. In the last 12 months, have you experienced any stigma or discrimination in relation to your hepatitis C status?


Select 1 only

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

96. In the last 12 months, to what extent do you agree that health workers treated you negatively or different to other people?

Select 1 only

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

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SECTION I: EQ-5D-5L

THIS SECTION ASKS ABOUT YOUR HEALTH

97. 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

98. 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

99. 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

100. 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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101. 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

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</u> John → SMJO	
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102. We would like to know how good or bad your health is TODAY.

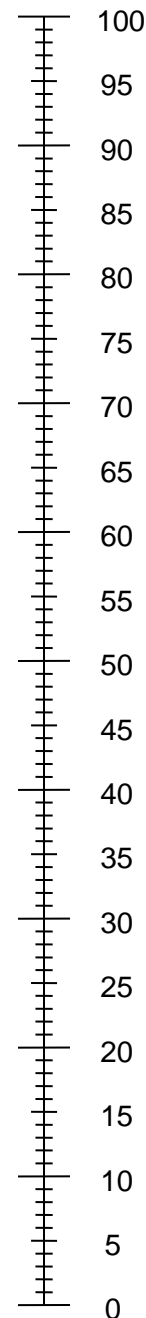
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
- 0 means the worst health you can imagine.
- Please tap on the scale to indicate how your health is today. *[ODK only]*
- Mark an X on the scale to indicate how your health is TODAY. *[Paper copy only]*

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