


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 <b>1904-6</b> <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"/>	Patient initials <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> E.g. <u>Smith</u> John → SMJO	
<b>FOLLOW-UP ECONOMIC QUESTIONNAIRE – HEP C MANAGEMENT AND TREATMENT</b>			

<b>Visit (please select the applicable visit):</b>	<b>Follow-up 1</b> <input type="checkbox"/> Week 12	<b>Follow-up 2</b> <input type="checkbox"/> Week 24	<b>Follow-up 3</b> <input type="checkbox"/> 12 months
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This questionnaire aims to find out what the personal costs for patients are to have hepatitis C care and treatment at this needle syringe program (NSP)/clean needle program (CNP) and at other health services, including loss of income involved with attending medical appointments.

## Section A: Health services for hepatitis C management and treatment


### 1. Since your last visit, have you started treatment for hepatitis C?

- ☐ Yes → Go to Q1
- ☐ No → Go to Section C: Loss in income related to hepatitis C

### 2. In the past 3 months, did you seek advice or attend visits with any of the following health services for your hepatitis C management and treatment?

**Mark all that apply**

- ☐ Doctor/Nurse at the NSP/CNP (Go to Q3)
- ☐ GP (family doctor) (Go to Q4)
- ☐ Primary Health Care Nurse (Go to Q5)
- ☐ Specialist (e.g. gastroenterologist, hepatologist or infectious disease physician) (Go to Q6)
- ☐ Allied Health Professional (e.g. physiotherapist, occupational therapist etc.) (Go to Q7)
- ☐ Hospital – inpatient stay (overnight stay) (Go to Q8)
- ☐ Hospital – outpatient clinic (Go to Q9)
- ☐ Hospital – accident and emergency department (Go to Q10)
- ☐ Drug and Alcohol Worker (Go to Q11)
- ☐ Social Services (Go to Q12)
- ☐ Other, specify \_\_\_\_\_ (Go to Q13)

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**3. What were the time and costs involved with the Doctor/Nurse at the NSP/CNP?**

Total number of visits	_____ times
How far did you travel today to get to the NSP/CNP for one visit?	_____ kilometres
How long did it take for one visit? (include return travel time and time at the clinic)	_____ mins
How much did it cost you to travel to and from the service for one visit?	\$ _____

**4. What were the time and costs involved at the GP (family doctor)?**


Total number of visits	_____ times
How far did you travel today to get to the GP for one visit?	_____ kilometres
How long did it take for one visit? (include return travel time and time at the clinic)	_____ mins
How much did it cost you to travel to and from the service for one visit?	\$ _____

**5. What were the time and costs involved with the Primary Health Care Nurse?**

Total number of visits	_____ times
How far did you travel today to get to the clinic for one visit?	_____ kilometres
How long did it take for one visit? (include return travel time and time at the clinic)	_____ mins
How much did it cost you to travel to and from the service for one visit?	\$ _____

**6. What were the time and costs involved at the Specialist (e.g. gastroenterologist, hepatologist or infectious disease physician)?**

Total number of visits	_____ times
How far did you travel today to get to the clinic for one visit?	_____ kilometres

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How long did it take for one visit? (include return travel time and time at the clinic)	_____ mins
How much did it cost you to travel to and from the service for one visit?	\$ _____

**7. What were the time and costs involved at the Allied Health Professional (e.g. physiotherapist, occupational therapist etc.)?**


Total number of visits	_____ times
How far did you travel today to get to the clinic for one visit?	_____ kilometres
How long did it take for one visit? (include return travel time and time at the clinic)	_____ mins
How much did it cost you to travel to and from the service for one visit?	\$ _____

**8. What were the time and costs involved at the Hospital – inpatient stay (overnight stay)?**

Total number of visits	_____ times
How far did you travel today to get to the hospital – inpatient stay (overnight stay) for one visit?	_____ kilometres
How long did it take for one visit? (include return travel time and time at the clinic)	_____ mins
How much did it cost you to travel to and from the service for one visit?	\$ _____

**9. What were the time and costs involved at the Hospital – outpatient clinic)?**

Total number of visits	_____ times
How far did you travel today to get to the hospital – outpatient clinic for one visit?	_____ kilometres
How long did it take for one visit? (include return travel time and time at the clinic)	_____ mins
How much did it cost you to travel to and from the service for one visit?	\$ _____

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**10. What were the time and costs involved at the Hospital – accident and emergency department?**

Total number of visits	_____ times
How far did you travel today to get to the hospital – accident and emergency department for one visit?	_____ kilometres
How long did it take for one visit? (include return travel time and time at the clinic)	_____ mins
How much did it cost you to travel to and from the service for one visit?	\$ _____

**11. What were the time and costs involved at the Drug and Alcohol Worker?**


Total number of visits	_____ times
How far did you travel today to get to the clinic for one visit?	_____ kilometres
How long did it take for one visit? (include return travel time and time at the clinic)	_____ mins
How much did it cost you to travel to and from the service for one visit?	\$ _____

**12. What were the time and costs involved at the Social Services?**

Total number of visits	_____ times
How far did you travel today to get to the clinic for one visit?	_____ kilometres
How long did it take for one visit? (include return travel time and time at the clinic)	_____ mins
How much did it cost you to travel to and from the service for one visit?	\$ _____

**13. What were the time and costs involved at the Other source?**

Total number of visits	_____ times
How far did you travel today to get to this site for one visit?	_____ kilometres
How long did it take for one visit? (include return travel time and time at the clinic)	_____ mins

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How much did it cost you to travel to and from the service for one visit?
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\$ _____
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**14. Aside from transport, were there any other costs associated with your use of these health services (e.g. accommodation, fees, etc)?**

☐ Yes → Answer below and go to Section B: Treatment costs

If Yes, on average, how much were these other costs for one visit?

\$ \_\_\_\_\_ If it did not cost you anything, please write 0.

☐ No → go to Section B: Treatment costs

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## Section B: Treatment costs

### 15. Do you have a concession card?

- ☐ Yes  
☐ No

### 16. How were you taking the medication?

- ☐ Self-administered (monthly pick up from pharmacy and taking it at home) → go to Q18  
☐ Daily pick-up from a clinic/service, → go to Q17  
☐ Weekly pick-up from a clinic/service, → go to Q17

### 17. Where were you picking up your daily/weekly hepatitis C medication from?


- ☐ NSP/CNP  
☐ Pharmacy  
☐ Drug and alcohol service  
☐ Other, specify \_\_\_\_\_

### 18. On average, how long did it take to travel from the place you live to pick up your HCV medication?

\_\_\_\_\_ minutes (e.g. 20 mins, 60 mins (1 hour), 90 mins (1.5 hours)...etc)

### 19. On average, how much did it cost you to travel from the place you live to pick up your HCV medication (e.g. public transport fare, parking etc.)?

\$ \_\_\_\_\_ If it did not cost you anything, please write 0.

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## Section C: Loss in income related to hepatitis C

**20. What is your weekly income from all sources including employment, Centrelink payments, after tax (i.e. 'take home pay', 'in the hand')?**

\$ \_\_\_\_\_ If you did not have any income, please write 0.

**21. What is the source/s of your income at the moment?**

**Mark all that apply**

- ☐ Paid employment
- ☐ Centrelink payment/government financial assistance
- ☐ Superannuation/investments
- ☐ Other, specify: \_\_\_\_\_

**22. Did you need to take time off from paid work for your hepatitis C testing and/or treatment?**

- ☐ Yes → Go to Q23
- ☐ No → This is the end of the questionnaire. Thank you for your time.

**23. Approximately how much time did you take off work for hepatitis C testing and/or treatment?**

\_\_\_\_\_ Hours (e.g. 1 hour, 1.5 hours...etc)

**THIS IS THE END OF THE QUESTIONNAIRE, THANK YOU FOR YOUR TIME**