Appendix 1: Survey of principal investigators to investigate possible reasons for differences in the uptake of treatment for hepatitis C virus between centres

					Exit this survey		Yes	No
							res	
cv					Exit this survey		c	c
						Hepatologist /Gl.	c	c
I. Demographic attrib	outes							
Name of Hospital/Clinic						Nephrologist	c	C
Number of years you						Psychiatrist/psychologist	c	с
have been in practice						Social worker	с	c
Primary care Physician 🗌 or Specialist(if						Clinical Pharmacist	с	c
specialist, which						Dedicated HCV nurse	с	с
specialty)						Industry Sponsored	с	с
2. Please specify the	description t	hat best fits the	nonulation sen	ed by your clinic	nal	Nurse/S.worker	L.	<i></i>
practice/hospital.	accomption		population out			Dedicated HCV Social worker	с	С
Tertiary care hospital						Out Reach Team for	c	c
Primary care hospital						patients with Hepatitis C	c	2
Primary care public clin	inic					Addiction services	с	c
Primary care private cl	linic					Methadone/suboxone	с	с
3. Number of Physicia	ans					6. HCV management		
How many physicians work at the clinic						Do you personally treat	Yes	No
Number of physicians						patients with Hepatitis	с	с
treating HCV						C?		
						Do you refer patients with Hepatitis C to		
1. Approximately wha						colleagues for further	C	c
HCV Mono-Infected	<5%	6-10%	11-25% 25-5	50% 51-75% C	76-100% C	opinion or management?		
						management:		
HIV-HCV coinfected	0	C	0 0		C	7. In what circumstances do	you refer to colleagues	
_							Yes	No
5. Do you have access	s to the follow	Ves Yes	alists?	No		For treatment		F
Qualitative HCV PCR		c		C		For follow up		П
HCV Viral load						For complex clinical		
measurement		C		с		issues relating to		E
		с		с		Hepatitis C For joint management		
HCV genotyping								
HCV genotyping Transient Elastography		~				e.g. with psychiatry		
		c		c	_	For transplantation	Yes	Г Ne
Transient Elastography (FibroScan) Liver Biopsy		с 	_	c		For transplantation		
Transient Elastography (FbroScan) Liver Biopsy Other (please specify)						For transplantation	Yes	No
Translent Elastography (FbroScan) Liver Blopsy Other (please specify) 3. How important are I	the following					For transplantation	Yes	No
Transient Elastography (FbroScan) Liver Biopsy Other (please specify) 3. How important are i			rmining the elig Important C		ent? Very Important C	For transplantation	Yes T	No F
Transient Elastography (FbroScan) Liver Biopsy Other (please specify) 3. How important are I Age	t he following Less Important C	u criteria in dete	Important C	ibility for treatme	Very Important C	For transplantation	Yes L	No L
Translent Elastography (FbroScan) Liver Blopsy Other (please specify) 8. How important are I Age Gender	t he following Less Important C	c criteria in dete	Important C	ibility for treatme	Very Important	For transplantation	Yes T	No F
Translert Elastography (FboScun) Ulver Biquey Other (please specify) 8. How important are Age Gender HCV Genotype	the following Less Important C	criteria in dete	Important C C	ibility for treatme	Very Important C C	For transplantation	Yes C	No F F
Translent Elastography (FbroScan) Ulvre Biqaey Other (please specify) 3. How important are in Age Gender HCV Genotype Seventy of Fibrosis	t he following Less Important C	c criteria in dete	Important C	ibility for treatme	Very Important	For transplantation	Yes C	No F F
Translert Elistography (FboScur) Utver Bigasy Other (please specify) 3. How important are I Age Gender HCV Gentype Seventy of Fibrols	the following Less Important C	criteria in dete	Important C C	ibility for treatme	Very Important C C	For transplantation	Yes C	No F F
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Translert Elastography (Floc3cur) Other (please specify) Other (please specify) 3. How important are i Age Gender HCV Gentype Severh of Florais Severh of Florais Carent Psychiatric Co- mot Mallies	the following Less Important C C C C C	c eriteria in dete c c c c c	Important C C C C C C	ibility for treatme	Very Important C C C C C	For transplantation	Yes	No F F
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Translent Elaslography (PboScur) (PboScur) Other (please specify) Cher (please specify) Cher (please specify) Age Gender HCV Genotype Swerky d Fibrois Past Byschairc Co- motódies Curren Esychiarc Co- motódies Curren Esychiarc Co- motódies Curren Esychiarc Co- motódies Curren Esychiarc Co- motódies Past Byschairc Co- motódies Past Byschairc Co- motódies Past Byschairc Co- motódies Past Du	the following c c c c c c c c c c c c c c c c c c c	contentia in detec c c c c c c c c c c c c c c c c c c	Important C C C C C C C C C	ibility for treatme	Very Important C C C C C C C C	For transplantation	Yes	No
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Appendix to: Young J, Potter M, Cox J, et al. Variation between Canadian centres in the uptake of treatment for hepatitis C by patients coinfected with HIV: a prospective cohort study. CMAJ Open 2013. DOI:10.9778/cmajo.20130009. Copyright © 2013 Canadian Medical Association or its licensors.