

STUDY QUESTIONNAIRE

ELIGIBILITY AND DEMOGRAPHICS	
1.1. Visit date	_ _ _ _ - _ _ - _ _ (yyyy-mm-dd)
1.2. Informed consent date	_ _ _ _ - _ _ - _ _ (yyyy-mm-dd)
2. Eligibility – inclusion criteria	
2.1. Age 18 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2. Patient with HCV infection with an appointment at the STDC during the evaluation period	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3. Patient provide Informed Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Eligibility – inclusion criteria	
3.1. Patients without confirmed diagnosis of HCV infection, registered in the STDC	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Demographic Data	
4.1. Date of Birth (year and month)	_ _ _ _ - _ _ (yyyy-mm)
4.2. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
4.3. Educational level	<input type="checkbox"/> No educational level <input type="checkbox"/> 1 st year <input type="checkbox"/> 10 th year <input type="checkbox"/> 2 nd year <input type="checkbox"/> 11 th year <input type="checkbox"/> 3 rd year <input type="checkbox"/> 12 th year <input type="checkbox"/> 4 th year <input type="checkbox"/> BSc <input type="checkbox"/> 5 th year <input type="checkbox"/> Degree <input type="checkbox"/> 6 th year <input type="checkbox"/> Master <input type="checkbox"/> 7 th year <input type="checkbox"/> Phd <input type="checkbox"/> 8 th year <input type="checkbox"/> 9 th year
4.4. Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
4.5. Professional status	<input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed, profession: _____ <input type="checkbox"/> Retired, profession: _____ <input type="checkbox"/> Other, specify: _____
CLINICAL CHARACTERISTICS	
1. Current status of substance abuse	<input type="checkbox"/> Intravenous drug use <input type="checkbox"/> Non-intravenous drug use <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Opioid substitution treatment <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown

2. Date of diagnosis of HCV infection (year and month)	_ _ _ _ - _ _ _ (yyyy-mm) [] Doesn't know
3. HCV genotype	[] 1 [] 2 [] 1a [] 3 [] 1b [] 4 [] Unknown
4. HCV viral load (x10 ⁶ IU/ml)	_____ [] Unknown
5. HCV Transmission Mode	[] Intravenous drug use [] Post-transfusion [] Peri-natal [] Sexual [] Other, specify: _____ [] Doesn't know
6. Comorbidities	
6.1. HIV	[] Yes [] No [] Doesn't know
6.2. HBV	[] Yes [] No [] Doesn't know
6.3. Mental disorders	[] Yes [] No [] Doesn't know
6.3.1. (if yes) Specify (considering ICD-10)	_____
6.4. Other comorbidities	[] Yes [] No [] Doesn't know
6.4.1. (if yes) Specify	_____
HEPATITIS C TREATMENT	
1. Patient was previous referred to treatment?	[] Yes [] No [] Doesn't know
2. Patient received previous treatment?	[] Yes [] No [] Doesn't know
3. Patient is currently referred to a hospital clinic?	[] Yes [] No [] Doesn't know
3.1. (if yes) Which hospital?	_____
3.1.1. This current referral has resulted in a medical appointment with a liver specialist at that hospital?	[] Yes [] No [] Doesn't know
3.2. (if no) Patient was referred to a hospital clinic during this evaluation?	[] Yes [] No [] Doesn't know
3.2.1 (if yes) Which hospital?	_____
4. Did the liver specialist (at the hospital) prescribed the patient with HCV treatment?	[] Yes [] No [] Doesn't know
4.1. (if yes) What is the current treatment status?	[] Patient has not initiated treatment [] Initiated and is still under treatment [] Initiated and stopped treatment due to unknown reason [] Initiated and stopped treatment due to lack of effectiveness [] Initiated and stopped treatment due to adverse events [] Initiated and stopped treatment due to lack of persistence [] Initiated and completed treatment as prescribed [] Doesn't know
5. How many medical appointments at the hospital did the patient attended, in the last 6 months?	_____
6. Number of visits at the STDC in the last 6 months?	_____

PATIENT KNOWLEDGE ABOUT HEPATITIS C	
1. How does the Hepatitis C infection evolves? 1.1. Patient shows symptoms immediately after infection with HCV? 1.2. If left untreated, the majority of cases progress to cirrhosis? 1.3. Co-infection with HIV may increase disease progression? 1.4. Alcohol consumption may increase disease progression?	 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know
2. What is Hepatitis C disease?	<input type="checkbox"/> Is a liver viral disease <input type="checkbox"/> Is a disease that affects whole body organs <input type="checkbox"/> Doesn't know
3. How is Hepatitis C transmitted?	<input type="checkbox"/> Sexual transmission only <input type="checkbox"/> Sexual and blood transmission <input type="checkbox"/> Physical contact <input type="checkbox"/> Sharing of materials related with drug use <input type="checkbox"/> Doesn't know <input type="checkbox"/> Other, specify: _____
4. What are the symptoms of Hepatitis C?	<input type="checkbox"/> Generalized weakness <input type="checkbox"/> Weight loss <input type="checkbox"/> Vomits and diarrhea <input type="checkbox"/> All the previous <input type="checkbox"/> There are no symptoms <input type="checkbox"/> Doesn't know
5. Hepatitis C is curable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know
6. Which diseases are most associated with Hepatitis C?	<input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Tuberculosis <input type="checkbox"/> All the previous <input type="checkbox"/> Doesn't know
7. What are the treatment options for Hepatitis C?	<input type="checkbox"/> Treatment that should be used over the lifetime <input type="checkbox"/> Treatment that should be used during a limited period <input type="checkbox"/> There is no treatment <input type="checkbox"/> Doesn't know
8. What are the possible treatment outcomes?	<input type="checkbox"/> Most patients develop liver cirrhosis <input type="checkbox"/> Most patients become cured <input type="checkbox"/> Doesn't know
9. What are main adverse reactions to Hepatitis C treatment?	<input type="checkbox"/> Flu-like symptoms <input type="checkbox"/> Fatigue <input type="checkbox"/> Depression <input type="checkbox"/> Appetite loss <input type="checkbox"/> Nausea, vomits and diarrhea <input type="checkbox"/> Skin reactions <input type="checkbox"/> Weight loss <input type="checkbox"/> Alopecia <input type="checkbox"/> Doesn't know <input type="checkbox"/> Other, specify: _____
10. Do adverse reactions disappear after treatment discontinuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know