

## Questionnaire

DATE \_\_\_\_\_ Prison \_\_\_\_\_ Completed by \_\_\_\_\_

CASENR \_\_\_\_\_

INITIALS \_\_\_\_\_ Born in DK \_\_\_ Yes \_\_\_ No If no: country of birth \_\_\_\_\_

Age (years) \_\_\_\_\_

Weight (kg) \_\_\_\_\_ Height (cm) \_\_\_\_\_ Waist (cm) \_\_\_\_\_

Date of current imprisonment \_\_\_/\_\_\_/\_\_\_ Scheduled release from prison \_\_\_/\_\_\_/\_\_\_  
(Date/Month/Year) (Date/Month/Year)

Total number of years in prison \_\_\_\_\_

### 1. Infection

Have you ever been tested for hepatitis \_\_\_ Yes \_\_\_ No \_\_\_ Don't know If yes: year of last test \_\_\_\_\_

Are you infected with hepatitis C \_\_\_ Yes \_\_\_ No \_\_\_ Don't know If yes: year of diagnosis \_\_\_\_\_

Are you infected with hepatitis B \_\_\_ Yes \_\_\_ No \_\_\_ Don't know If yes: year of diagnosis \_\_\_\_\_

Have you ever been tested for HIV \_\_\_ Yes \_\_\_ No \_\_\_ Don't know If yes: year of last test \_\_\_\_\_

Are you infected with HIV \_\_\_ Yes \_\_\_ No \_\_\_ Don't know If yes: year of diagnosis \_\_\_\_\_

If infected, are you retained in care \_\_\_ Yes \_\_\_ No \_\_\_ Don't know If yes, for \_\_\_ Hepatitis C / \_\_\_ hepatitis B / \_\_\_ HIV

Have you been vaccinated against hepatitis \_\_\_ Yes \_\_\_ No \_\_\_ Don't know

If yes, have you been vaccinated against \_\_\_ Hepatitis A \_\_\_ Hepatitis B \_\_\_\_\_ Year of last vaccination?

### 2. Drug use

Have you ever used anabolic steroids or other performance enhancing drugs? \_\_\_ Yes \_\_\_ No If yes, have you ever injected anabolic steroid or other performance enhancing drugs? \_\_\_ Yes \_\_\_ No If yes, have you injected steroids or other performance enhancing drugs in prison? \_\_\_ Yes \_\_\_ No

Have you ever smoked hashish on a daily basis? \_\_\_ Yes \_\_\_ No If yes, how many grams per week \_\_\_ For how many years \_\_\_

Have you ever used illicit drugs (other than hashish)? \_\_\_ Yes \_\_\_ No (if no go to 3.)

What drugs have you used? \_\_\_ Heroin \_\_\_ Cocaine \_\_\_ Amphetamine \_\_\_ other: \_\_\_\_\_

Have you ever injected drugs? \_\_\_ Yes \_\_\_ No

Have you ever shared needles? \_\_\_ Yes \_\_\_ No If yes, in prison? \_\_\_ Yes \_\_\_ No

Have you ever shared spoons? \_\_\_ Yes \_\_\_ No If yes, in prison? \_\_\_ Yes \_\_\_ No

Have you ever shared cottons? \_\_\_ Yes \_\_\_ No If yes, in prison? \_\_\_ Yes \_\_\_ No

Have you ever shared water? \_\_\_ Yes \_\_\_ No If yes, in prison? \_\_\_ Yes \_\_\_ No

Have you taken an overdose within the last year? \_\_\_ Yes \_\_\_ No

Have you ever had an infection after injecting drugs? \_\_\_ Yes \_\_\_ No

Have you ever been on opioid substitution therapy? \_\_\_ Yes \_\_\_ No

If yes: Methadone years \_\_\_ ml \_\_\_ Subutex/suboxone years \_\_\_ mg \_\_\_

Have you been on OST before the current incarceration? \_\_\_ Yes \_\_\_ No Are you currently on OST \_\_\_ Yes \_\_\_ No

### 3. Other

Have you ever had a tattoo? \_\_\_ Yes \_\_\_ No If yes, how many? \_\_\_ Done by an amateur? \_\_\_ Yes \_\_\_ No While in prison \_\_\_ Yes \_\_\_ No

Have you ever consumed more than 5 units of alcohol daily? \_\_\_ Yes \_\_\_ No If yes, for how many years? \_\_\_ What year did you stop drinking? \_\_\_\_\_

What is your sexual orientation? \_\_\_ Heterosexual \_\_\_ Bisexual \_\_\_ Homosexual

Have you ever been with a prostitute? \_\_\_ Yes \_\_\_ No \_\_\_ Don't know

Have you ever worked as a prostitute (women)? \_\_\_ Yes \_\_\_ No \_\_\_ Don't know

Have you ever had a sexually transmitted disease? \_\_\_ Yes \_\_\_ No \_\_\_ Don't know

If yes: Gonorrhoea \_\_\_ Yes \_\_\_ No Syphilis \_\_\_ Yes \_\_\_ No Genital herpes \_\_\_ Yes \_\_\_ No Chlamydia \_\_\_ Yes \_\_\_ No Condyloma \_\_\_ Yes \_\_\_ No

Do you suffer from: Diabetes \_\_\_ Yes \_\_\_ No Hypertension \_\_\_ Yes \_\_\_ No Cardiac disease \_\_\_ Yes \_\_\_ No

Do you suffer from any other diseases? \_\_\_\_\_

Do you receive any medication? \_\_\_\_\_

DATE AND SIGNATURE: \_\_\_\_\_

