

STUDY ID:
IRB18-XXXXXX
Version Date: 07/15/2018

SURVEYOR INITIALS: _____

DATE: _____

Survey Start: All answers are patient self-report

Patient Sticker Here Name DOB Medical Record number

1. Have you ever been diagnosed with hepatitis C? Do you have hepatitis C?

- Yes
- No
- Don't know
- Prefer not to answer

1b. If yes, have you received treatment for your hepatitis C?

- Yes
- No
- Don't know
- Prefer not to answer

1c. If yes to treatment.

- Treatment in progress
- Cured
- Not cured
- Don't know
- Prefer not to answer

2. Have you ever been diagnosed with HIV? Do you have HIV?

- Yes
- No
- Don't know

2b. If yes, are you in currently receiving care for your HIV?

- Yes
- No
- Don't know
- Prefer not to answer

3. Have you ever used any drug by injection (non-medical use only)? *An example of a medical use for injecting a drug would be injecting insulin to manage your diabetes. We're talking about injecting drugs like heroin, cocaine, meth.*

- Yes
- No
- Don't know
- Prefer not to answer

3b. If yes, When was the last time you injected?

- In the past 90 days
- In the past year
- Over a year ago
- Don't know
- Prefer not to answer