

Hepatitis B Service User Survey

1. Did you complete an informed consent form for this participant?
 1. Yes
 2. No
2. Please complete an informed consent form for this participant and restart the survey
3. Consented
1. What gender would you identify yourself as?
 1. Male
 2. Female
 3. Transgender
2. How old are you?
 1. Less than 18 years old
 2. 18 to 24 years old
 3. 25 to 30 years old
 4. 31 to 49 years old
 5. 50 years old and above
3. Would you identify yourself as any key population? (check all that applies)
 1. People living with HIV
 2. Men who have sex with men
 3. People who use drugs
 4. Transgender
 5. Sex worker
 6. None of the above
4. What time does this facility open and close?
 1. 8 AM to 2 PM
 2. 8 AM to 4 PM
 3. 10 AM to 4 PM
 4. Don't know
5. Does this facility open and close on time?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer
6. Do you think this facility is open for enough hours to meet service user's needs?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer
7. Do you think extended (more open) hours at the facility would make it easier for service users to access services?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer

8. [About what time does the earliest person starts queuing at the facility in the morning? \(It is ok to estimate\)](#)
9. [Do you arrive before the facility is open?](#)
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer
10. [What time did you arrive at the facility today?](#)
11. [What time do you expect to leave the facility today?](#)
12. [Do you think the waiting time at this facility is too long?](#)
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer
13. [Why do you think the waiting time at this facility is too long? \(Please select all that apply\)](#)
 1. It takes too long to find files, the filing system is messy, files are lost
 2. There is not enough staff
 3. Staff take long breaks (for tea, lunch etc.)
 4. The clinic opens late
 5. Staff are not working or working slowly
 6. Number of service users coming too high
 7. Don't know
 8. Prefer not to answer
 9. Other
14. [Please specify why you think the waiting time at this facility is too long?](#)
15. [Is there an appointment system at the facility?](#)
 1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
16. [Is the appointment system functional?](#)
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer
17. [When you come to the facility are there enough staff to meet the needs of service users?](#)
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer

18. Are the facility staff friendly and professional?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer

19. On a scale of 1-5 how clean is this facility? If 1 is VERY UNCLEAN and 5 is VERY CLEAN:
 1. 1 (very unclean)
 2. 2
 3. 3
 4. 4
 5. 5 (very clean)
 6. Don't know
 7. Prefer not to answer

20. Have you faced any act you consider stigmatizing or discriminating in the past 3 months at the facility?
 1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer

21. Have you faced the following challenge in accessing healthcare in the last 3 months?
 1. Been refused access to services in the facility for not having an identity document
 2. Been denied access to services for not being able to pay for services
 3. Been refused access to services without a transfer letter from another clinic
 4. Been refused access to services because of being a sex worker
 5. Been refused access to services because of being part of the LGBTQIA+ community (lesbian, gay, bisexual, transgender, queer, intersex, asexual +)
 6. Been refused access to services because of using drugs
 7. No
 8. Don't know
 9. Prefer not to answer
 10. Other

22. Please specify what other challenges you have had accessing healthcare in the last three months

23. Have your family members who are not HBV surface antigen positive (HBsAg+) vaccinated for HBV for 3 doses?
 1. Yes, completed 3 doses
 2. Completed 2 doses
 3. Completed 1 dose
 4. No
 5. Don't know
 6. Prefer not to answer

24. Have you ever been tested for Hepatitis B (HBV)?
 1. Yes
 2. No
 3. Don't know

25. [What are the reasons why you did not get a test for HBV?](#)
1. Non availability of test reagents
 2. Machine breakdown
 3. Non availability of staff
 4. Processes in the facility took long time and sample collection time got over
 5. I don't need a test
 6. I have been vaccinate for HBV
 7. Don't know
 8. Prefer not to answer
26. [How or who assisted you in HBV testing?](#)
1. I tested on my own
 2. Peer groups
 3. NGO
 4. Doctor
 5. Family members
 6. Routine medical check up
 7. Medical check-up for employment
 8. Prefer not to answer
27. [Did a healthcare provider explain what the results of this test means to you?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
28. [Have you heard about HBV testing for family members?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
29. [Did the facility or someone inform you about the need to HBV testing for your spouse, children and other close family members?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
30. [Have you been advised to do an HBV DNA test? \(this shows the amount of HBV in your blood\)](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
31. [Have you conducted a HBV DNA test?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer

32. [How long did it take to get your HBV DNA result?](#)
1. Same day
 2. Less than 7 days
 3. More than 7 days
 4. More than 15 days
 5. Don't know
 6. Prefer not to answer
33. [Did the healthcare provider inform you if you are eligible for HBV treatment?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
34. [Are you eligible for HBV treatment?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
35. [If you are not currently eligible for the treatment, knowing the benefit of HIV treatment, would you also like to start treatment immediately irrespective of HBV DNA level?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
36. [Are you accessing monitoring \(ALT, CBC, HBV DNA\) of the disease at the facility?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
37. [Did you do these monitoring tests in a private laboratory?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
38. [How much did you pay for these monitoring tests at the private laboratory approximately?](#)
1. Did not pay
 2. Less than 500 Rupees
 3. 500 to 1000 Rupees
 4. 1000 to 2000 Rupees
 5. More than 2000 Rupees
 6. Don't know
 7. Prefer not to answer
39. [Have you ever been pregnant?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer

40. Were you informed about the prevention of HBV transmission of mother to child?
1. Yes
 2. No
 3. Was not pregnant while living with HBV
 4. Don't know
 5. Prefer not to answer
41. Have you ever had a child while living with HBV?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
42. Were you provided with prophylaxis during pregnancy?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
43. Was your child provided with HBV vaccine at birth and HBIG?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
44. Did the facility provide the HBIG (vaccine) free of cost?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
45. How much did you pay for the HBIG (vaccine)?
1. 1000 to 2000 Rupees
 2. More than 2000 Rupees
 3. Don't know
 4. Prefer not to answer
46. In the last 6 months, with relation to your HBV infection care, have you ever paid for medicines, vaccines, or tests paying out of your own pocket?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
47. What sort of medicines or test you have paid for? (check all that applies)
1. Antiviral medicines
 2. Kidney function test
 3. Complete blood count
 4. Liver function test
 5. PT/INR
 6. Hepatitis C and HIV
 7. HBV DNA test
 8. Other
 9. Don't know
 10. Prefer not to answer

48. What is the approximate amount you paid for services or tests?
1. Less than 500 Rupees
 2. 500 to 1000 Rupees
 3. 1000 to 2000 Rupees
 4. More than 2000 Rupees
 5. Don't know
 6. Prefer not to answer
49. Do you know your viral load (this is how much HBV virus is in your blood)?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
50. Have you had a viral load test in the past year?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
51. Did a healthcare provider explain what the results of this test means to you?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
52. Do you think that this facility keeps people's HBV status confidential and private?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
53. Please specify why you think this facility does not keep people's HBV status private
1. Staff are disclosing the status of people living with HBV in waiting area
 2. More than one person is being consulted or counselled in the same room
 3. People living with HBV are separated from other chronic service users
 4. Security guards check service user's medicines when they are leaving the facility
 5. Other
 6. Don't know
 7. Prefer not to answer
54. Are you on HBV treatment?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
55. What are the reasons that you have not initiated treatment (check all that applies):
1. No time to visit the treatment center
 2. Unsure of the next treatment steps
 3. No money to pay for transportation
 4. Fearful of medicine stock-shortage or stock outs
 5. I'm already on HIV treatment using TDF
 6. Scared of stigma and discrimination

7. Continuing using drugs
8. Was underdoing drug treatment
9. Medicines were out of stock
10. Other
11. Don't know
12. Prefer not to answer

56. On HBV treatment

1. How many days did it take for you from diagnosis till treatment initiation (HBsAg to treatment initiation)?

1. Immediately (same day)
2. 2 days
3. 2 to 7 days
4. 7 to 15 days
5. 15 to 30 days
6. More than 30 days
7. Don't know
8. Prefer not to answer

2. Which medication are you on?

1. Tenofovir 300mg
2. Entecavir 0.5mg
3. Entecavir 1mg
4. Tenofovir alafenamide 25mg
5. Don't know
6. Prefer not to answer

3. In the last three months have you left the facility without the antiviral medicines, or tests you needed because of a stockout or short supply?

1. Yes
2. No
3. Don't know
4. Prefer not to answer

4. What were the reasons you left without the antivirals that you needed?

1. Stock-out of antiviral medicines
2. Stock-shortage of antiviral medicines
3. Non availability of staff
4. Don't know
5. Prefer not to answer

5. If you know any stock shortage in the facility, please specify the commodities that experienced a shortage:

1. Tenofovir 300mg
2. Entecavir 0.5mg
3. Entecavir 1mg
4. Tenofovir alafenamide 25mg
5. HBIG
6. HBV Vaccine
7. Don't know
8. Prefer not to answer

6. In the last three months, were you provided with less than a month of antiviral medicine?
 1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer

7. How many days of antiviral medicines were provided?
 1. For less than 7 days
 2. For 7-15 days
 3. For 15-30 days
 4. Don't know
 5. Prefer not to answer

8. Were you ever provided with multi month of antiviral medicines on a visit?
 1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer

9. For how many months were you given medication for?
 1. For 3 months
 2. For 6 months
 3. Don't know
 4. Prefer not to answer

10. Have you ever stopped taking antiviral medicines since you started?
 1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer

11. What were the reasons you stopped taking antivirals? Check all that apply
 1. Distance to the antiviral center
 2. Not having money to commute
 3. Busy with daily work
 4. Attitude of service provider
 5. Influence by religious leader
 6. Too frequent visits
 7. Relapsed using drugs
 8. Treatment burn out
 9. Doctor said I could stop
 10. Other
 11. Don't know
 12. Prefer not to answer

12. Please specify the other reasons why you stopped antiviral treatment

57. Do you know whom to contact if you have a suggestion or an issue at the facility?
 1. Yes
 2. No

3. Don't know
4. Prefer not to answer

58. Is there a suggestion box at this facility?

1. Yes
2. No
3. Don't know
4. Prefer not to answer

59. Do you think having a suggestion box at this facility would help improve services?

1. Yes
2. No
3. Don't know
4. Prefer not to answer

60. Have you ever put a suggestion in the box?

1. Yes
2. No
3. Don't know
4. Prefer not to answer

61. Thank the participant for their time and ask if they have any questions for you