

## Hepatitis C 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 you ever been tested for Hepatitis C (HCV)?
  1. Yes
  2. No
  3. Don't know
24. Have you ever done an HCV Ab (Hepatitis C antibody) test?
  1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
25. Where did you do the HCV Ab (Hepatitis C antibody) test?
  1. At the facility
  2. At NGO service point
  3. At private laboratory
  4. At harm reduction sites
  5. Peer group screening camps
  6. Other
  7. Don't know
  8. Prefer not to answer

26. [Please specify where you did your HCV Ab testing](#)
27. [How or who assisted you in HCV testing?](#)
1. I tested on my own
  2. Peer groups
  3. NGO
  4. Doctor
  5. Family members
  6. Routine medical check up
  7. Prefer not to answer
28. [How long did it take to get the antibody test result?](#)
1. Same day
  2. Less than 3 days
  3. Less than 7 days
  4. More than 7 days
  5. Don't know
  6. Prefer not to answer
29. [Did a healthcare provider explain what the results of this antibody test means to you?](#)
1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
30. [Depending on the results of an antibody test a provider might recommend different treatments. The next few questions depend on the results of your antibody test. Please select the results of your test or prefer not to answer to skip to the next section](#)
1. Positive for antibodies
  2. Negative for antibodies
  3. Don't know
  4. Prefer not to answer
31. [After your test were you advised for any prevention methods or to retest after 6 months?](#)
1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
32. [After your test, were you advised to go for an HCV RNA test?](#)
1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
33. [Did you take an HCV RNA test?](#)
1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
34. [Took RNA test](#)

1. Where did you take the viral load (HCV RNA) test?
  1. At this facility
  2. At private laboratory
  3. Peer group screening camps
  4. Other
  5. Don't know
  6. Prefer not to answer
2. Please specify where you took your HCV RNA test
3. How long did it take to get the HCV RNA test 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
4. After HCV diagnosis, were you provided with the baseline test required (LFT, CBC, KFT, PT/INR, abdominal USG for cirrhotic service users) at this facility?
  1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
5. Did you do these baseline tests in a private laboratory instead?
  1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
6. How much did you pay for these baseline 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
7. After diagnosis, did you initiate treatment for HCV?
  1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
8. 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. Scared of stigma and discrimination
  6. Continuing using drugs
  7. Was underdoing drug treatment
  8. Medicines were out of stock
  9. HCV RNA test not done as reagents and testing not available with facility
  10. Other
  11. Don't know
  12. Prefer not to answer

9. [Please specify the other reasons why you did not initiate treatment](#)
10. [How many days did it take for you from HCV diagnosis till treatment initiation \(RNA to treatment initiation\)?](#)
  1. Immediately (same day)
  2. Within 2 days
  3. Within 7 days
  4. 7 to 15 days
  5. 15 days to 30 days
  6. More than 30 days
  7. Don't know
  8. Prefer not to answer
11. [What treatment regimen was prescribed to you?](#)
  1. Sofosbuvir/ Daclatasvir for 12 weeks
  2. Sofosbuvir/ Velpatasvir for 12 weeks
  3. Sofosbuvir/ Velpatasvir/ Ribavirin for 12 weeks
  4. Sofosbuvir/ Daclatasvir for 24 weeks
  5. Sofosbuvir/ Velpatasvir for 24 weeks
  6. Sofosbuvir/ Velpatasvir/ Ribavirin for 24 weeks
  7. Don't know
  8. Prefer not to answer
12. [Have you completed the treatment?](#)
  1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
13. [Have you been advised for a SVR12 test for knowing the cure status?](#)
  1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
14. [Have you done a SVR12 test?](#)
  1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
15. [What reasons best describe why you did not do a SVR12 test?](#)
  1. Stock out of RNA test reagents
  2. No time to do SVR test
  3. Never really bothered
  4. No money for transportation
  5. Relapsed to drug use
  6. Out of station so could not do the test
  7. Other
  8. Don't know
  9. Prefer not to answer
16. [What other reasons describe what you did not do a SVR12 test?](#)

17. Have you ever left the facility without the medicines for Hepatitis C (Direct Acting Antiviral/DAA) or tests you needed because of a stockout or short supply?
1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
18. Were you provided with a month of medicine or full 3 months at initial visit?
1. 1 month at first visit
  2. 1 month at first visit and remaining 2 months at second visit
  3. 1 month at every visit
  4. 3 months at first visit
  5. Other
  6. Don't know
  7. Prefer not to answer
19. With relation to your HCV infection care and treatment monitoring, have you ever paid out of your own pocket?
1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
20. If yes, for what sort of medicines or test you have paid for? (check all that applies)
1. Sofosbuvir
  2. Daclatasvir
  3. Sofosbuvir/ Velpatasvir
  4. Ribavirin
  5. Liver function test
  6. Kidney function test
  7. Complete blood count
  8. PT/INR
  9. Ultrasound
  10. Other
  11. Don't know
  12. Prefer not to answer
21. 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
22. During time when you were HCV positive, were you referred for HIV and HBV services?
1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
35. If you know any stock shortage of HCV medications in the facility, please specify the items:
1. Anti HCV
  2. HCV RNA test

3. Reagents and cartridges for molecular machines
  4. Cartridges for CBNAAT/ TrueNAT
  5. Sofosbuvir
  6. Daclatasvir
  7. Sofosbuvir/ Velpatasvir
  8. Ribavirin
  9. Don't know of any
  10. Prefer not to answer
36. [Do you think that this facility keeps people's HCV status confidential and private?](#)
1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
37. [Please select any privacy violations that occur](#)
1. Staff are disclosing the status of people living with HCV in waiting area
  2. More than one person is being consulted or counselled in the same room
  3. People living with HCV 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
38. [Please specify any other privacy violations that occur](#)
39. [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
40. [Is there a suggestion box at this facility?](#)
1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
41. [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
42. [Have you ever put a suggestion in the box?](#)
1. Yes
  2. No
  3. Don't know
  4. Prefer not to answer
43. [Thank the participant for their time and ask if they have any questions for you](#)