

# Appendix 1: Survey of principal investigators to investigate possible reasons for differences in the uptake of treatment for hepatitis C virus between centres

HCV
Exit this survey

**1. Demographic attributes**

Name of Hospital/Clinic

Number of years you have been in practice

Primary care Physician or Specialist (if specialist, which specialty)

**2. Please specify the description that best fits the population served by your clinical practice/hospital.**

Tertiary care hospital

Primary care hospital

Primary care public clinic

Primary care private clinic

**3. Number of Physicians**

How many physicians work at the clinic

Number of physicians treating HCV

**4. Approximately what proportion of patients seen at your clinic have HCV?**

	<5%	6-10%	11-25%	25-50%	51-75%	76-100%
HCV Mono-Infected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV-HCV coinfectd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. Do you have access to the following tests/specialists?**

	Yes	No
Qualitative HCV PCR	<input type="radio"/>	<input type="radio"/>
HCV Viral load measurement	<input type="radio"/>	<input type="radio"/>
HCV genotyping	<input type="radio"/>	<input type="radio"/>
Transient Elastography (FibroScan)	<input type="radio"/>	<input type="radio"/>
Liver Biopsy	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**8. How important are the following criteria in determining the eligibility for treatment?**

	Less Important	Important	Very Important
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HCV Genotype	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severity of Fibrosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past Psychiatric Co-morbidities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current Psychiatric Co-morbidities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current Incarceration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past Incarceration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past Alcohol intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current Alcohol Intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past HCV treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of re-infection HCV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential to become re-infected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. In your experience, what percentage of patients offered treatment refuse to initiate HCV treatment?**

	0-20%	21-40%	41-60%	61-80%	81-100%
Refuse HCV treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. What reasons do eligible patients who refuse treatment give? Please tick all that apply.**

	Yes	No
Refusal to modify chaotic lifestyle	<input type="checkbox"/>	<input type="checkbox"/>
Lack of belief in treatment effectiveness	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Hepatologist /GI	<input type="radio"/>	<input type="radio"/>
Nephrologist	<input type="radio"/>	<input type="radio"/>
Psychiatrist/psychologist	<input type="radio"/>	<input type="radio"/>
Social worker	<input type="radio"/>	<input type="radio"/>
Clinical Pharmacist	<input type="radio"/>	<input type="radio"/>
Dedicated HCV nurse	<input type="radio"/>	<input type="radio"/>
Industry Sponsored Nurse/S worker	<input type="radio"/>	<input type="radio"/>
Dedicated HCV Social worker	<input type="radio"/>	<input type="radio"/>
Out Reach Team for patients with Hepatitis C	<input type="radio"/>	<input type="radio"/>
Addiction services	<input type="radio"/>	<input type="radio"/>
Methadone/suboxone	<input type="radio"/>	<input type="radio"/>

**6. HCV management**

	Yes	No
Do you personally treat patients with Hepatitis C?	<input type="radio"/>	<input type="radio"/>
Do you refer patients with Hepatitis C to colleagues for further opinion or management?	<input type="radio"/>	<input type="radio"/>

**7. In what circumstances do you refer to colleagues**

	Yes	No
For treatment	<input type="checkbox"/>	<input type="checkbox"/>
For follow up	<input type="checkbox"/>	<input type="checkbox"/>
For complex clinical issues relating to Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
For joint management e.g. with psychiatry	<input type="checkbox"/>	<input type="checkbox"/>
For transplantation	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Concern over adverse drug reactions	<input type="checkbox"/>	<input type="checkbox"/>
Inconvenient to start treatment due to work pressures	<input type="checkbox"/>	<input type="checkbox"/>
Lack of concern over future	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for new treatment options	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

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