

<p>Visit date</p> <p>□□/□□/□□□□</p> <p>(dd/mm/yyyy)</p>	<p>Study number</p> <p>1208-□□□□□-□□□</p>	<p>Patient initials</p> <p>□□□□</p> <p>E.g. <u>Smith</u> John SMJO</p>
<p>CEASE SCREENING BEHAVIOURAL QUESTIONNAIRE</p>		



CEASE BEHAVIOURAL QUESTIONNAIRE

SCREENING VISIT

<p>Visit date: ____/____/____</p> <p>dd/ mm/ yyyy</p>	<p>Subject study number: 1208-□□□□□-□□□</p>
<p>Subject initials: □□□□</p> <p>e.g. Peter Marks M A P E</p>	<p>Interviewer's name: _____</p> <p>(Please print in block letters)</p>

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Section A: Personal Details

1. What is your date of birth?

____/____/____
dd/ mm / yyyy

2. What is your country of birth?

- ☐ Australia
- ☐ New Zealand
- ☐ Vietnam
- ☐ China or Taiwan
- ☐ Italy
- ☐ United Kingdom
- ☐ Egypt
- ☐ United States of America
- ☐ Canada
- ☐ Unknown
- ☐ Other (please specify) _____

3. If not Australian born, in what year did you first come to Australia?

4. Are you of Aboriginal or Torres Strait Islander origin?

- ☐ Yes
- ☐ No
- ☐ Unknown/No response

5. What is the main language you speak at home?

- ☐ English
- ☐ Other (please specify) _____

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6. What is your main source of income? (SELECT ONE ONLY)

- ☐ Full-time employment
- ☐ Part-time employment
- ☐ Temporary benefit (e.g. sickness, unemployment)
- ☐ Pension (e.g. disability)
- ☐ Student allowance
- ☐ Dependant on others
- ☐ Retirement fund
- ☐ No income
- ☐ Other (please specify) _____
- ☐ Unknown/no response

7. Which is the *highest* level of education you have received?

- ☐ Partially completed primary school (< 7 years of formal schooling)
- ☐ Completed primary school (7-10 years of formal schooling)
- ☐ Completed high school up to Year 10 (11-12 years of formal schooling)
- ☐ Completed high school up to Year 12 (13 years of formal schooling)
- ☐ Completed higher technical education/TAFE/College/University degree
- ☐ Unknown/no response

8. Who do you live with?

- ☐ Alone
- ☐ Spouse/partner
- ☐ Alone with child(ren)
- ☐ Spouse/partner and child(ren)
- ☐ Parent(s)
- ☐ Other relative(s)
- ☐ Friend(s)
- ☐ Friend(s)/parent(s)/relative(s) and children
- ☐ Other (please specify) _____
- ☐ Unknown/no response

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9. In what type of place have you spent the majority of your nights during the last 6 months?
(SELECT ONE ONLY)

- ☐ Rented house or flat (public or private)
- ☐ Privately owned house or flat
- ☐ Boarding house
- ☐ Hostel/supported accommodation services
- ☐ Psychiatric home/hospital
- ☐ Alcohol/other drug treatment residence
- ☐ Shelter/refuge
- ☐ Prison/detention centre
- ☐ Caravan on serviced site
- ☐ No usual residence/homeless
- ☐ Squat
- ☐ Other (please specify) _____
- ☐ Unknown/no response
- ☐ Prefer not to answer

10. What do you consider the MOST likely way in which you became exposed to hepatitis C?
(SELECT ONE ONLY)

- ☐ Injecting drug use
- ☐ Transfusion of blood products
- ☐ Occupational (needle stick or other exposure)
- ☐ Sexual exposure to a known HCV positive person of the same sex
- ☐ Sexual exposure to a known HCV positive person of the opposite sex
- ☐ Sexual exposure to persons of unknown HCV status of the same sex
- ☐ Sexual exposure to persons of unknown HCV status of the opposite
- ☐ Body piercing
- ☐ Tattoos
- ☐ Use of recreational drugs (snorting/inhaling)
- ☐ Other (please specify) _____
- ☐ Prefer not to answer

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**11. What do you consider the other possible ways in which you became exposed to hepatitis C
(SELECT ALL THAT APPLY)?**

- ☐ Injecting drug use
- ☐ Transfusion of blood products
- ☐ Occupational (needle stick or other exposure)
- ☐ Sexual exposure to a known HCV positive person of the same sex
- ☐ Sexual exposure to a known HCV positive person of the opposite sex
- ☐ Sexual exposure to persons of unknown HCV status of the same sex
- ☐ Sexual exposure to persons of unknown HCV status of the opposite
- ☐ Body piercing
- ☐ Tattoos
- ☐ Use of recreational drugs (snorting/inhaling)
- ☐ Other (please specify) _____
- ☐ Prefer not to answer

12. Do you identify as?

- ☐ Heterosexual/straight (**go to Section C**)
- ☐ Bisexual (**go to Section C**)
- ☐ Gay/lesbian (**go to Section B**)
- ☐ Prefer not to answer

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Section B: Sexual Behaviour

The following questions relate to your sexual behaviour. It is important that you be as honest and open as possible. If you do not feel able to answer a question, please mark the 'Prefer not to answer' box.

These questions should be completed by gay/homosexual men only.

If this is not applicable, please skip to *Section C*.

13. Do you currently have a *regular* male partner?

- ☐ Yes
- ☐ No (go to question 21)

14. How would you describe your relationship with your current regular male partner (choose one)?

- ☐ We are monogamous – neither of us have casual sex
- ☐ Both my partner and I have casual sex with other men
- ☐ I have casual sex with other men but my partner does not
- ☐ My partner has casual sex with other men but I do not
- ☐ I have several regular male partners
- ☐ Prefer not to answer

15. If you are in a regular relationship with a man, for how long has it been?

- ☐ Less than 6 months
- ☐ 6-11 months
- ☐ 1-2 years
- ☐ More than 2 years
- ☐ Not in a regular relationship with a man
- ☐ Prefer not to answer

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16. With regard to your most regular partner, do you know his HIV status?

- ☐ Yes
- ☐ No (**go to question 18**)
- ☐ Prefer not to answer

17. If yes, what is his HIV status?

- ☐ Positive
- ☐ Negative
- ☐ Prefer not to answer

18. With regard to your most regular partner, do you know his hepatitis C status?

- ☐ Yes
- ☐ No (**go to question 20**)
- ☐ Prefer not to answer

19. If yes, what is his hepatitis C status?

- ☐ Positive
- ☐ Negative
- ☐ Prefer not to answer

20. Do you have a clear agreement with your regular partner about anal sex (fucking) within your relationship?

- ☐ No, there is no clear agreement
- ☐ We do not have anal sex
- ☐ All anal sex is with a condom
- ☐ Anal sex can be without a condom
- ☐ Prefer not to answer

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21. Other than a regular male partner, in the past six months, how many different men have you had sex with?

- ☐ None (**go to question 31**)
- ☐ One
- ☐ 2-5 men
- ☐ 6-10 men
- ☐ 11-50 men
- ☐ More than 50
- ☐ Prefer not to answer

22. In the past six months, how many of the men you had sex with were men whose HIV status you *did not know*?

- ☐ All
- ☐ More than half
- ☐ Less than half
- ☐ None

23. In the past six months, how many of the men you had sex with were men you know were HIV *positive*?

- ☐ All
- ☐ More than half
- ☐ Less than half
- ☐ None

24. In the past six months, how many of the men you had sex with were men you know were HIV *negative*?

- ☐ All
- ☐ More than half
- ☐ Less than half
- ☐ None

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25. In the past six months, how many of the men you had sex with were men whose hepatitis C status you *did not know*?

- ☐ All
- ☐ More than half
- ☐ Less than half
- ☐ None

26. In the past six months, how many of the men you had sex with were men you know were hepatitis C *positive*?

- ☐ All
- ☐ More than half
- ☐ Less than half
- ☐ None

27. In the past six months, how many of the men you had sex with were men you know were hepatitis C *negative*?

- ☐ All
- ☐ More than half
- ☐ Less than half
- ☐ None

28. In the past six months, have you been involved in group sex (sex involving more than two individuals)?

- ☐ Yes
- ☐ No (**go to question 30**)
- ☐ Prefer not to answer

29. Is yes, how many times?

- ☐ <10
- ☐ 10-49
- ☐ 50-100
- ☐ >100

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30. In the last six months, how often have you had sex with men you met at or through:

PLEASE SELECT A RESPONSE FOR EACH VENUE

	Never	Occasionally	Often	Prefer not to answer
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile app eg. Grindr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sex venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private sex parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In other Australian cities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elsewhere in Australia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overseas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. How many of your casual partners do you tell your hepatitis C status before sex?

- ☐ None
☐ Some
☐ All

32. How many of your casual partners do you tell your HIV status before sex?

- ☐ None
☐ Some
☐ All

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33. With your casual partners, do you have sex *without* a condom?

- ☐ All of the time
- ☐ Only if they are HIV positive
- ☐ Only if they are hepatitis C positive
- ☐ Only if they are HIV and hepatitis C positive
- ☐ It depends on the situation
- ☐ Never

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Section C: Drug and Alcohol Usage

The following questions relate to your drug and alcohol use. It is important that you be as honest and open as possible. All your answers will be confidential and will not affect your future treatment or care.

34. Have you ever used the following drugs?

PLEASE ANSWER FOR ALL DRUGS

	Never	Yes, but not in last 6 months	Yes, in last 6 months but not in last 30 days	Yes, in last 30 days
Heroin - injecting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin - smoked or sniffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine - injecting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine - smoked (free base /crack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine - sniffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines - injecting (speed, base, ice, meth, crystal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines – smoked/sniffed/pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates - injecting (street methadone/buprenorphine, morphine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates - smoked/sniffed/pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines - injecting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines - pills/sniffed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana, hashish, pot, weed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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35. How old were you when you first injected any drug?

- ☐ I have never injected drugs (**go to question 44**)
- ☐ Prefer not to answer

36. How often did you inject in the last month?

- ☐ I have not injected drugs in the last month (**go to question 44**)
- ☐ More than three times most days
- ☐ 2 to 3 times most days
- ☐ Once a day
- ☐ More than weekly, not daily (between 1-6 days per week)
- ☐ Less than weekly
- ☐ Prefer not to answer

37. What drug did you inject MOST OFTEN in the last month?

- ☐ Heroin
- ☐ Cocaine
- ☐ Amphetamines (eg speed, base, ice, meth, crystal)
- ☐ Other opiates (eg street methadone/buprenorphine, morphine)
- ☐ Benzodiazepines
- ☐ Other (please specify) _____
- ☐ Prefer not to answer

38. How often did you use a NEW sterile needle and syringe in the last month?

- ☐ All injections
- ☐ Most of the time
- ☐ Half of the time
- ☐ Some of the time
- ☐ Not last month
- ☐ Prefer not to answer

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39. How many times in the last month have you used a needle and/ or syringe after someone else had already used it?

- ☐ None
- ☐ One time
- ☐ Two times
- ☐ 3-5 times
- ☐ More than 5 times
- ☐ Prefer not to answer

40. Who were these people? (you can mark more than one)

- ☐ No-one
- ☐ Regular sex partner
- ☐ Casual sex partner
- ☐ Close friends
- ☐ Acquaintance
- ☐ Other (please specify) _____
- ☐ Prefer not to answer

41. How many times in the last month has someone used a needle and/or syringe after you have used it?

- ☐ None
- ☐ One time
- ☐ Two times
- ☐ 3-5 times
- ☐ More than 5 times
- ☐ Prefer not to answer

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42. Who were these people? (you can mark more than one)

- ☐ No-one
- ☐ Regular sex partner
- ☐ Casual sex partner
- ☐ Close friends
- ☐ Acquaintance
- ☐ Other (please specify) _____
- ☐ Prefer not to answer

43. What injecting equipment have you used after anyone else in the last month? (you can mark more than one)

- ☐ Spoons or mixing containers
- ☐ Drug solution/mix
- ☐ Water
- ☐ Filter
- ☐ Did not share any of the above last month
- ☐ Prefer not to answer

44. How often have you used crystal/ice/meth in the last month?

- ☐ Never a regular user
- ☐ Daily or more
- ☐ Less than daily, but more than weekly
- ☐ Less than weekly, but at least in the last month
- ☐ Unknown
- ☐ Prefer not to answer

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45. How often have you used marijuana/cannabis in the last month?

- ☐ Never a regular user
- ☐ Daily or more
- ☐ Less than daily, but more than weekly
- ☐ Less than weekly, but at least in the last month
- ☐ Unknown
- ☐ Prefer not to answer

46. How often do you have a drink containing alcohol?

- ☐ Never (**go to question 49**)
- ☐ Monthly or less
- ☐ 2 – 4 times a month
- ☐ 2 – 3 times a week
- ☐ 4 or more times a week
- ☐ Unknown
- ☐ Prefer not to answer

47. How many standard drinks do you have on a typical day when you are drinking? (Standard drink guide examples: 1 Bottle/Can (375ml) beer = 1 standard drink; Average Serving of Wine = 1.5 standard drinks; 1 Shot (30ml) of spirits = 1 standard drink)

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9
- ☐ 10 or more
- ☐ Unknown
- ☐ Prefer not to answer

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48. How often do you have six or more standard drinks on one occasion?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily
- ☐ Unknown
- ☐ Prefer not to answer

49. How many standard drinks do you have containing caffeine on a typical day?

(e.g. 1 cup of coffee or 1 can of red bull = 1 standard drink containing caffeine or 80mg of caffeine)

- ☐ None
- ☐ 1
- ☐ 2 - 3
- ☐ More than 3
- ☐ Prefer not to answer

50. How often do you smoke tobacco?

- ☐ Current daily smoker
- ☐ Current less than daily smoker
- ☐ Previous daily smoker
- ☐ Previous less than daily smoker
- ☐ Never a smoker
- ☐ Prefer not to answer

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CEASE SCREENING BEHAVIOURAL QUESTIONNAIRE		

Section D: Hepatitis C specific questions

51. In what year were you diagnosed with Hepatitis C?

eg. 2006
☐ Unknown

52. Have you ever been told you have had 'acute' hepatitis C?

- ☐ Yes
☐ No (go to question 54)
☐ Don't know (go to question 54)

53. What was the date of your acute hepatitis C?

/ eg. June 2013 = 06/13

54. Did you have an illness with jaundice (yellow eyes) when you became infected with hepatitis C?

- ☐ Yes
☐ No (go to question 56)
☐ Don't know (go to question 56)

55. What was the date of this illness with jaundice?

/ eg. June 2013 = 06/13

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<p>CEASE SCREENING BEHAVIOURAL QUESTIONNAIRE</p>		

56. Have you ever previously received treatment for HCV?

- ☐ Yes
- ☐ No (go to question 60)

57. What was the MAIN reason that you received treatment (most recent course only)?

- ☐ My doctor advised it
- ☐ I was worried about transmitting the virus to someone else
- ☐ I had symptoms from HCV
- ☐ I just wanted to be rid of it
- ☐ I was worried it may make my general health (including my HIV) worse
- ☐ I have a friend who was unwell or died from hepatitis C-related illness
- ☐ I know someone that had a positive treatment-related experience
- ☐ I don't know
- ☐ Other (specify) _____

58. How many times have you had a treatment course?

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CEASE SCREENING BEHAVIOURAL QUESTIONNAIRE		

60. If you have not had treatment, have you been assessed by a specialist for treatment?

- ☐ Yes
- ☐ No (go to question 62)

61. If yes, what is the MAJOR reason you did not have treatment (more than one may apply, select one)?

- ☐ My specialist said I didn't need it
- ☐ I was concerned about side effect
- ☐ Other medical problems are more important
- ☐ Financial concerns: I can't afford the time off work or the treatment itself
- ☐ I don't have symptoms/I feel fine
- ☐ I am waiting for new treatments
- ☐ Other (specify) _____

Now please go to question 63.

62. If no, what was the MAJOR reason you were not assessed by a specialist (more than one may apply, select one)?

- ☐ My GP said I didn't need it
- ☐ I was concerned about side effect
- ☐ Other medical problems are more important
- ☐ Financial concerns: I can't afford the time off work or the treatment itself
- ☐ I don't have symptoms/I feel fine
- ☐ I am waiting for new treatments
- ☐ Other (specify) _____

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<p>CEASE SCREENING BEHAVIOURAL QUESTIONNAIRE</p>		

63. Currently, how willing would you be in receiving *interferon based* treatment?

- ☐ Definitely unwilling
- ☐ Somewhat unwilling
- ☐ Neither unwilling or willing
- ☐ Somewhat willing
- ☐ Definitely willing

64. Currently, how willing would you be in receiving *interferon-free based* treatment?

- ☐ Definitely unwilling
- ☐ Somewhat unwilling
- ☐ Neither unwilling or willing
- ☐ Somewhat willing
- ☐ Definitely willing

65. Would you be keen to go onto interferon-free treatment for hepatitis C in the future?

- ☐ Yes, in the next 12 months (**go to question 67**)
- ☐ Yes, in the next 1-2 years
- ☐ Yes, in the next 2-5 years
- ☐ Yes, but not for at least 5 years
- ☐ No, never

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CEASE SCREENING BEHAVIOURAL QUESTIONNAIRE		

66. If you are not keen to take interferon free treatments in the next 12 months, what is the MAJOR reason (more than one may apply, select one)?

- ☐ I don't have symptoms/I feel fine
- ☐ I am too busy
- ☐ I don't trust the new drugs yet
- ☐ Other medical issues are more important right now
- ☐ I am not interested in treatment
- ☐ I am still using/injecting drugs
- ☐ Financial concerns: I can't afford the time off work or the treatment itself
- ☐ Other (specify) _____

67. Which of the following behaviours do you think are associated with possible risk of hepatitis C infection (select all that apply)?

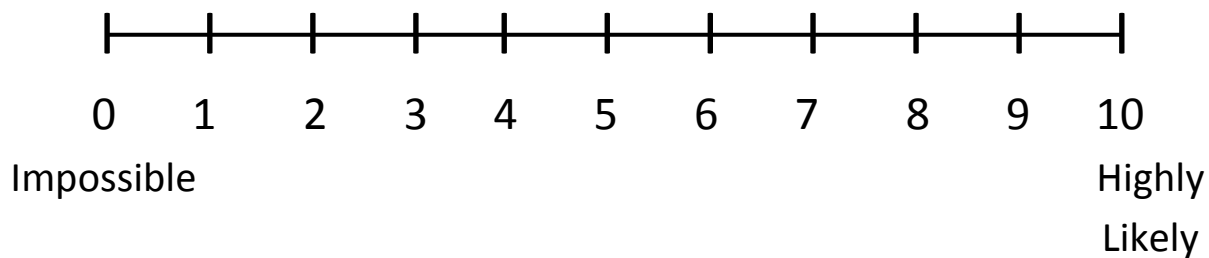
- | | |
|---|---|
| <input type="radio"/> Sharing needles | <input type="radio"/> Fisting |
| <input type="radio"/> Sharing other injecting equipment | <input type="radio"/> Bleeding during sex |
| <input type="radio"/> Sharing drug snorting equipment | <input type="radio"/> Protected anal sex (bottom) |
| <input type="radio"/> Having a sexually transmitted infection | <input type="radio"/> Protected anal sex (top) |
| <input type="radio"/> Body piercing and tattoos | <input type="radio"/> Oral sex |
| <input type="radio"/> Needle-stick injuries | <input type="radio"/> Kissing |
| <input type="radio"/> Sharing personal-care items such as razors and toothbrushes | <input type="radio"/> Sex toys |
| <input type="radio"/> Unprotected anal sex (bottom) | <input type="radio"/> Sex with multiple partners |
| <input type="radio"/> Unprotected anal sex (top) | <input type="radio"/> Group sex |

68. Is reinfection after being cured for hepatitis C possible?

- ☐ Yes
- ☐ No
- ☐ I hadn't thought about it

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CEASE SCREENING BEHAVIOURAL QUESTIONNAIRE		

69. If you get clear (or are clear) of hepatitis C, how would you rate your likelihood of being reinfected?



Thank you for your time!

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CEASE-D EQ-5D QUESTIONNAIRE		

By placing an ☒ in one box in each group below, please indicate which statements best describe your own health state today.

Mobility		
I have no problems walking around	<input type="checkbox"/>	
I have some problems in walking around	<input type="checkbox"/>	<u>PLEASE</u> <u>CROSS</u> <u>ONE BOX</u>
I am confined to bed	<input type="checkbox"/>	
Personal care		
I have no problems with personal care	<input type="checkbox"/>	
I have some problems with personal care	<input type="checkbox"/>	<u>PLEASE</u> <u>CROSS</u> <u>ONE BOX</u>
I am unable to wash or dress myself	<input type="checkbox"/>	
Usual activities <i>(eg. work, study, housework, family or leisure activities)</i>		
I have no problems with performing my usual activities	<input type="checkbox"/>	
I have some problems with performing my usual activities	<input type="checkbox"/>	<u>PLEASE</u> <u>CROSS</u> <u>ONE BOX</u>
I am unable to perform my usual activities	<input type="checkbox"/>	
Pain/discomfort		
I have no pain or discomfort	<input type="checkbox"/>	
I have moderate pain or discomfort	<input type="checkbox"/>	<u>PLEASE</u> <u>CROSS</u> <u>ONE BOX</u>
I have extreme pain or discomfort	<input type="checkbox"/>	
Anxiety/depression		
I am not anxious or depressed	<input type="checkbox"/>	
I am moderately anxious or depressed	<input type="checkbox"/>	<u>PLEASE</u> <u>CROSS</u> <u>ONE BOX</u>
I am extremely anxious or depressed	<input type="checkbox"/>	

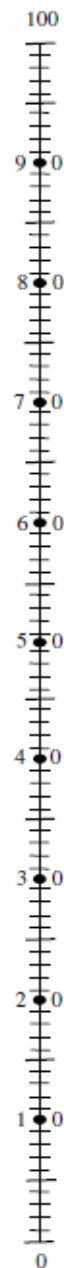
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<p>CEASE-D EQ-5D QUESTIONNAIRE</p>		

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Your own
health state
today**

Best
imaginable
health state



Worst
imaginable
health state

Thank you for your time!

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CEASE-D KESSLER (K10) QUESTIONNAIRE		

For each of the following questions, please mark an ☐ in the one box that best describes your answer.

During the <i>last 30 days</i> , about how often did you:	None of the time ▼	A little of the time ▼	Some of the time ▼	Most of the time ▼	All of the time ▼	Prefer not to answer
Feel tired for no good reason?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5	<input type="checkbox"/>
Feel nervous?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5	<input type="checkbox"/>
Feel so nervous that nothing could calm you down?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5	<input type="checkbox"/>
Feel hopeless?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5	<input type="checkbox"/>
Feel restless or fidgety?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5	<input type="checkbox"/>
Feel so restless you couldn't sit still?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5	<input type="checkbox"/>
Feel depressed?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5	<input type="checkbox"/>
Feel that everything was an effort?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5	<input type="checkbox"/>
Feel so sad that nothing could cheer you up?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5	<input type="checkbox"/>
Feel worthless?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5	<input type="checkbox"/>

Thank you for your time.