SAMMSU-ID	:	(/plea	ase insert on all pages)
Questionnai	re – Cross sectio	nal study	wit	hin SAMMSU May 2018 and May 2019
	not precisely knov Inknown, enter "15		Y". I	If day and month are unknown, enter "15/07/YYYY".
	ference date, whate, $1 = positive$, $9 = positive$			tient's HCV-antibody- and HCV-RNA-status?
	HCV-antibody	HCV-R	NA	1
1.5.2017	The talling and	110111		1
1.5.2018				1
1.5.2019]
same date or	r tests may not hav	e been re	pea	than once (i.e. "first" and "last" may be on the ted between the reference dates, respectively). antibody-test before the respective date:
1.5.2018:		(DD/MM	YYY)	YY)
if applicable if applicable (To determin	first pos. HC' first neg. HC' e the duration of in	V-RNA-te V-RNA-te fectiousn	st a t st a t ess,	antibody-test:/ (DD/MM/YYYY) fter diagnosis:/ (DD/MM/YYYY) fter diagnosis:/ (DD/MM/YYYY) please also give the first neg. HCV-RNA-test after a us clearance or under successful treatment.)
c) if HCV-an	tibody-pos.(1)/HC	V-RNA-n	eg.(0), last neg. HCV-RNA before the respective date:
1.5.2017:	//	(DD/MM	/YYY	YY)
	//			
1.5.2019	//	(DD/MM	YYY)	(Y)
d) if HCV-an	tibody-pos.(1)/HC	V-RNA-p	os.(1), last pos. HCV-RNA before the respective date:
1.5.2017:	/ /	(DD/MM	/YYY	YY)
1.5.2018:	// //	(DD/MM	YYY	(Y)
1.5.2019:	/	(DD/MM	YYY)	YY)
	ference date, was ves, 9 = unknown)	the patie	ent e	ever treated for hepatitis C?
	Ever HCV-treati	ment		
1.5.2017				
1.5.2018				
1.5.2019				

SAM	IMSU-ID:		(plea:	se inser	t on all pag	ies)			
(1 = enou	reimburseme ugh, 4 = uncoi	ce date, main re nt restrictions, 2 = ntrolled substance ntrolled somatic o	= non-comp e use, 5 = l	oliance uncontro	with appoir olled alcoh	ntments, 3 ol use, 6 =	= patie uncon	nt not me	
aisoi	raer, 7 = unco	ntrollea somatic (uisease, 8	= unsta	oie ille situ	ation, 9 = 0	otrier)		
		Main reason for o HCV-treatmen			if ot	her(9), sp	ecify		
1.5.2									
1.5.2 1.5.2									
1.3.2	.019								
Com	ments:								
RBV DAA Sova (omb Dakl (velp (soft	b) All HCV-treatments in chronological order: from when until when, with what, (IFN (interferon): 0 = no, 1 = interferon-alpha, 2 = pegylated interferon; RBV (ribavirin): 0 = no, 1 = yes, 9 = unknown; DAA (direct-acting antivirals)/other: 0 = no, 1 = Incivo (telaprevir), 2 = Victrelis (boceprevir), 3 = Sovaldi (sofosbuvir), 4 = Harvoni (ledipasvir/sofosbuvir), 5 = Viekirax/Exviera (ombitasvir/paritaprevir/ritonavir/dasabuvir), 6 = Viekirax (ombitasvir/paritaprevir/ritonavir), 7 = Daklinza/Sovaldi (daclatasvir/sofosbuvir), 8 = Zepatier (grazoprevir/elbasvir), 9 = Epclusa (velpatasvir/sofosbuvir), 10 = Maviret (glecaprevir/pibrentasvir), 11 = Vosevi (sofosbuvir/velpatasvir/voxilaprevir), 12 = other (specify under comments), 99 = unknown) HCV-genotype (gt), (Num. (number): 1-7, 9 = unknown; Let. (letter): 1 = a, 2 = b, 3 = c, 4 = d, 5 = multiple subtypes, 9 = subtype not defined) and outcome (0 = ongoing treatment, 1 = SVR (sustained virological response), 2 = EOT (end of treatment response; if HCV-treatment is completed, but SVR not yet determined), 3 = relapse, 4 = viral breakthrough, 5 = non-response, 6 = PTS (pre-term stop)), 9 = unknown; Why PTS: 1 = toxicity/complication related to HCV-treatment, 2 = medical complication not related to hepatitis C treatment, 3 = patient's wish, 4 = loss to follow-up, 5 = death, 6 = other (specify								
= su and (0 = resp brea Why to he	btype not defi outcome ongoing treat onse; if HCV- kthrough, 5 = pres: 1 = tox epatitis C treat	ned) ment, 1 = SVR (<u>s</u> treatment is comp non-response, 6 icity/complication	sustained <u>v</u> oustained <u>voustained voustained vous selected vous selected to</u>	irologica SVR no e- <u>t</u> erm <u>s</u> HCV-tre	al <u>r</u> esponse ot yet deter otop)), 9 = i eatment, 2	e), 2 = EO7 mined), 3 = inknown; = medical	「 <u>(e</u> nd <u>c</u> = relaps compli	of <u>t</u> reatmose, 4 = vi	ent ral ot related
= su and (0 = resp brea Why to he	btype not defi outcome ongoing treat onse; if HCV- kthrough, 5 = v PTS: 1 = tox epatitis C treat er comments),	ned) ment, 1 = SVR (<u>s</u> treatment is comp non-response, 6 icity/complication tment, 3 = patient 9 = unknown):	sustained <u>v</u> oustained <u>voustained voustained vous selected vous selected to</u>	irologica SVR no e- <u>t</u> erm <u>s</u> HCV-tre = loss to	al <u>r</u> esponse ot yet deter stop)), 9 = u eatment, 2 o follow-up,	e), 2 = EOT mined), 3 = Inknown; = medical 5 = death	「 <u>(e</u> nd <u>(</u> = relaps compli , 6 = ot	of treatmose, 4 = vi cation no her (spec	ent ral ot related cify
= su and (0 = resp brea Why to he	btype not defi outcome ongoing treat onse; if HCV- kthrough, 5 = v PTS: 1 = tox epatitis C treat er comments),	ment, 1 = SVR (<u>s</u> treatment is comp non-response, 6 icity/complication ment, 3 = patient 9 = unknown):	sustained <u>v</u> pleted, but in a property of the	irologica SVR no e- <u>t</u> erm <u>s</u> HCV-tre = loss to Medi	al <u>r</u> esponse of yet deter gtop)), 9 = 0 eatment, 2 ofollow-up, cation	e), 2 = EOT mined), 3 = unknown; = medical 5 = death	compli , 6 = ot	of treatmose, 4 = vi cation no her (spec	ent ral ot related cify
= suland (0 = resp brea Why to he unde	btype not defi outcome ongoing treat onse; if HCV- kthrough, 5 = v PTS: 1 = tox epatitis C treat er comments),	ment, 1 = SVR (<u>s</u> treatment is comp non-response, 6 icity/complication ment, 3 = patient 9 = unknown):	sustained <u>v</u> pleted, but in a property of the	irologica SVR no e- <u>t</u> erm <u>s</u> HCV-tre = loss to	al <u>r</u> esponse ot yet deter stop)), 9 = u eatment, 2 o follow-up,	e), 2 = EOT mined), 3 = unknown; = medical 5 = death	「 <u>(e</u> nd <u>(</u> = relaps compli , 6 = ot	of treatmose, 4 = vi cation no her (spec	ent ral ot related cify
= suland (0 = resp brea Why to he unde	btype not defi outcome ongoing treat onse; if HCV- kthrough, 5 = v PTS: 1 = tox epatitis C treat er comments),	ment, 1 = SVR (<u>s</u> treatment is comp non-response, 6 icity/complication ment, 3 = patient 9 = unknown):	sustained <u>v</u> pleted, but in a property of the	irologica SVR no e- <u>t</u> erm <u>s</u> HCV-tre = loss to Medi	al <u>r</u> esponse of yet deter gtop)), 9 = 0 eatment, 2 ofollow-up, cation	e), 2 = EOT mined), 3 = unknown; = medical 5 = death	compli , 6 = ot	of treatmose, 4 = vi cation no her (spec	ent ral ot related cify
= suland (0 = resp brea Why to he unde	btype not defi outcome ongoing treat onse; if HCV- kthrough, 5 = v PTS: 1 = tox epatitis C treat er comments),	ment, 1 = SVR (<u>s</u> treatment is comp non-response, 6 icity/complication ment, 3 = patient 9 = unknown):	sustained <u>v</u> pleted, but in a property of the	irologica SVR no e- <u>t</u> erm <u>s</u> HCV-tre = loss to Medi	al <u>r</u> esponse of yet deter gtop)), 9 = 0 eatment, 2 ofollow-up, cation	e), 2 = EOT mined), 3 = unknown; = medical 5 = death	compli , 6 = ot	of treatmose, 4 = vi cation no her (spec	ent ral ot related cify
= suland (0 = resp brea Why to he unde	btype not defi outcome ongoing treat onse; if HCV- kthrough, 5 = v PTS: 1 = tox epatitis C treat er comments),	ment, 1 = SVR (<u>s</u> treatment is comp non-response, 6 icity/complication ment, 3 = patient 9 = unknown):	sustained <u>v</u> pleted, but in a property of the	irologica SVR no e- <u>t</u> erm <u>s</u> HCV-tre = loss to Medi	al <u>r</u> esponse of yet deter gtop)), 9 = 0 eatment, 2 ofollow-up, cation	e), 2 = EOT mined), 3 = unknown; = medical 5 = death	compli , 6 = ot	of treatmose, 4 = vi cation no her (spec	ent ral ot related cify
and (0 = resp brea Why to he unde 1st 2nd 3rd 4th 5th Com c) W DO7	btype not defi outcome ongoing treat onse; if HCV- kthrough, 5 = v PTS: 1 = tox epatitis C treat er comments), Start (DD/MM/YY) mments: hat about ad = <u>D</u> irectly ob	ment, 1 = SVR (<u>s</u> treatment is comp non-response, 6 icity/complication ment, 3 = patient 9 = unknown):	gustained vipleted, but is = PTS (pre in related to trivial) is wish, 4 = YYY) IFN HCV-treat	irologica SVR no e-term s HCV-tre = loss to Media RBV	al response at yet deter atop)), 9 = 0 eatment, 2 ofollow-up, cation DAA/oth	e), 2 = EOT mined), 3 = unknown; = medical 5 = death HCV er Num.	complient, 6 = ot	of treatmose, 4 = vi	ent fral ot related cify Why PTS
and (0 = resp brea Why to he under 1st 2nd 4th 5th Com	btype not defi outcome ongoing treat onse; if HCV- kthrough, 5 = v PTS: 1 = tox epatitis C treat er comments), Start (DD/MM/YY) mments: hat about ad = <u>D</u> irectly ob	ment, 1 = SVR (streatment is component, 3 = patient 9 = unknown): End	Sustained vipleted, but is = PTS (predicted to the predicted to the predic	ments (al response at yet deter atop)), 9 = 0 eatment, 2 ofollow-up, cation DAA/oth	e), 2 = EOT mined), 3 = unknown; = medical 5 = death HCV er Num.	complient, 6 = ot	of treatmose, 4 = vi	ent fral ot related cify Why PTS
and (0 = resp brea Why to he unde 1st 2nd 3rd 4th 5th Com c) W DO7 *(0 =	btype not defi outcome ongoing treat onse; if HCV- kthrough, 5 = v PTS: 1 = tox epatitis C treat er comments), Start (DD/MM/YY) That about ad a = Directly ob a no, 1 = yes, s DOT	ment, 1 = SVR (streatment is component, 3 = patient 9 = unknown): End	Sustained vipleted, but is = PTS (predicted to the predicted to the predic	ments (cation DAA/oth (in chrono	e), 2 = EOT mined), 3 = unknown; = medical 5 = death HCV er Num.	complient, 6 = ot	of treatmose, 4 = vi	ent fral ot related cify Why PTS
and (0 = resp brea Why to he under 1st 2nd 4th 5th Com	btype not defi outcome ongoing treat onse; if HCV- kthrough, 5 = v PTS: 1 = tox epatitis C treat er comments), Start (DD/MM/YY) That about ad a = Directly ob a no, 1 = yes, s DOT	ment, 1 = SVR (streatment is component, 3 = patient 9 = unknown): End	Sustained vipleted, but is = PTS (predicted to the predicted to the predic	ments (cation DAA/oth (in chrono	e), 2 = EOT mined), 3 = unknown; = medical 5 = death HCV er Num.	complient, 6 = ot	of treatmose, 4 = vi	ent fral ot related cify Why PTS

Comments: ____

SAMMSU-ID:	(please insert on all pages)
	ast available result: 1.5.2017 (I), 1.5.2018 (II) and 1.5.2019 (III)); esults before (B) and after (A) 1 st , 2 nd , 3 rd , treatment
ii nov-treatment, additionally re	suits before (b) and after (A) 1 , 2 , 3 , treatment
(The same examination might app	pear more than once.)

	Fibroscan					Liver biopsy	
	Date (DD/MM/YYYY)	Median stiffness (kPa)	IQR (kPa)	Valid measure- ments	Success Rate (%)	Date (DD/MM/YYYY)	Fibrosis- Score (F0-4)
(I)							
(II)							
(III)							
B 1 st							
A 1 st							
B 2 nd							
A 2 nd							
B 3 rd							
A 3 rd							
B 4 th							
A 4 th							
B 5 th							
A 5 th							

3) On the reference date, has the patient ever experienced HCV-reinfect

CAMMOU ID.

^{\$(}**Outcome:** 1 = spontaneous clearance, 2 = chronic infection, 9 = unknown)

	Ever HCV- Reinfection*
1.5.2017	
1.5.2018	
1.5.2019	

	Diagnosis of HCV-reinfection (DD/MM/YYYY)	After#	Most likely reason for HCV-reinfection§	Outcome ^{\$}
1 st				
2 nd				
3 rd				

Comments:	

4) Drug use on the reference date

^{*(}Ever: 0 = no, 1 = yes, 9 = unknown)

*(Cont. (continued): 0 = no (last use >12 months ago), 1 = yes (last use ≤ 12 months ago), 9 = nounknown)

	intravenous		intra	anasal
	Ever*	Cont.#	Ever*	Cont.#
1.5.2017				
1.5.2018				
1.5.2019				

a)) first ve	ear of	intravenous	drug use: ((YYYY)
----	------------	--------	-------------	-------------	--------

b) first year of intranasal drug use: _____ (YYYY)

^{(0 =} no, 1 = yes)#(After: 1 = spontaneous clearance, 2 = successful treatment)

^{§ (1 =} unsafe intravenous drug use, 2 = unsafe intranasal drug use, 3 = unsafe anal intercourse, $4 = \frac{1}{2}$ other (specify under comments), 9 = unknown)

SAMMSU-ID:	(please	insert	on all	pages)

5) Please enter <u>all</u> available HCV-RNA-values into the SAMMSU-database!

Thank you very much!

	Cross sectional study 01.05.2018	Cross sectional study 01.05.2019
Last contact with the patient (DD/MM/YYYY)		
Completed by:		
Date:		

Please note:

For patients recruited after the 01/05/2018, please complete the whole questionnaire, i.e. both cross sectional studies (01/05/2018 and 01/05/2019) in 2019.