

SAMMSU-Centre: \_\_\_\_\_ (please insert on all pages)

<b>Centre-Questionnaire – Cross sectional study within SAMMSU May 2018 and <b>May 2019</b></b>
<b>Main form</b>

**1) On the reference date, how was your centre organised?**

*\* (1 = specialised opioid substitution centre with integrated somatic care, 2 = specialised opioid substitution centre without integrated somatic care, 3 = private practice, 4 = decentralised setting, 5 = other (specify under comments)*

	Centre characteristic *	Number of institutions	Number of sites
1.5.2017			
1.5.2018			
<b>1.5.2019</b>			

Comments: \_\_\_\_\_

**2) Please list the names of the institutions/sites, you are going to further characterise one by one:**

- A) \_\_\_\_\_
- B) \_\_\_\_\_
- C) \_\_\_\_\_
- D) \_\_\_\_\_
- E) \_\_\_\_\_

Comments: \_\_\_\_\_

**3) Please fill in and attach a separate form (page 2-4) for each of the institutions/sites!**

Thank you very much!

	Cross sectional study 01.05.2018	Cross sectional study 01.05.2019
Completed by:		
Date:		

**Please note:**

**For centres/institutions/sites 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.**

SAMMSU-Centre: \_\_\_\_\_ (please insert on all pages)

<b>Centre-Questionnaire – Cross sectional study within SAMMSU May 2018 and <span style="color: red;">May 2019</span></b>
Institution/Site: _____

1) Does this institution/site provide substitution treatment?  
(0 = no, 1 = yes)

1.5.2017	1.5.2018	<span style="color: red;">1.5.2019</span>

a) if yes, number of patients receiving their substitution directly in the institution/site: \_\_\_\_\_  
number of patients receiving their substitution in a pharmacy: \_\_\_\_\_

b) if yes, which substitution treatments are provided?  
(0= no, 1 = yes, 9 = unknown)

	Heroin	Methadone (incl. levo- methadone)	Buprenorphine	Sevre-Long	Diazepam	Other*
1.5.2017						
1.5.2018						
<span style="color: red;">1.5.2019</span>						

\*if other, specify: \_\_\_\_\_

c) if yes, give further details:

	Opening days/week (1-7)	Max. frequency of appearance/day (1-3)	Number of patients at the end of the past year (e.g. 1.5.2017 → end of 2016)	Number of newly admitted patients during the past year (readmissions included)	Number of patients leaving during the past year
1.5.2017					
1.5.2018					
<span style="color: red;">1.5.2019</span>					

2) Please provide the HCV treatment cascade of this institution/site:

	1.5.2017	1.5.2018	<span style="color: red;">1.5.2019</span>
<b>Total number of substitution patients</b>			
- HCV-antibody-tested			
HCV-antibody-positives			
- HCV-RNA-tested			
Ever chronically HCV-infected			
- HCV-genotype known			
- liver biopsy performed			
- fibroscan performed			
- ever treated for HCV			
- cured (SVR, <i>Sustained virological response</i> )			
<b>Number of patients enrolled into SAMMSU</b>			

SAMMSU-Centre: \_\_\_\_\_ (please insert on all pages)

Institution/Site: \_\_\_\_\_

Comments: \_\_\_\_\_

**3) How is the institution/site regularly equipped?**

(0 = no, 1 = yes)

	1.5.2017	1.5.2018	1.5.2019
Capillary blood examination (hematology/chemistry)			
Venous blood draw on site			
Centrifuge			
HCV rapid tests			
HIV rapid tests			
Capillary HCV-RNA (Dried blood spot)			
Capillary HCV-RNA (GeneXpert)			
Sonography			
Fibroscan			
Liver biopsy			
Prescription of HCV therapy on site			
Somatic physician on site			

Comments: \_\_\_\_\_

**4) How is the institution/site regularly staffed?**

(n = number of individuals, FTE = full-time equivalents [1 FTE = 100% position])

	1.5.2017		1.5.2018		1.5.2019	
	n	FTE	n	FTE	n	FTE
Social workers						
Addiction specialists						
Psychiatrists						
Somatic physicians						
Infectious disease specialists						
Hepatologists						
Study nurses						
Technical and clinical assistants (e.g. MPA, clinical nurse)						
Physicians						

Comments: \_\_\_\_\_

**5) To whom does the institution/site regularly refer patients for the following:**

(multiple answers allowed, please start with highest priority and separate by comma)

(0 = no referral, done within the institution/site, 1 = infectious disease specialist in hospital, 2 = hepatologist in hospital, 3 = infectious disease specialist in private practice, 4 = hepatologist in private practice, 5 = general practitioner, 6 = other (specify under comments))

	1.5.2017	1.5.2018	1.5.2019
Sonography			
Fibroscan			
Liver biopsy			
HCV treatment			
Somatic problems			

Comments: \_\_\_\_\_

SAMMSU-Centre: \_\_\_\_\_ (please insert on all pages)

Institution/Site: \_\_\_\_\_

**6) Does this institution/site perform hepatitis C action days?**

(0 = no, 1 = yes)

1.5.2017	1.5.2018	1.5.2019

**a) if yes, how many hepatitis C action days did the institution/site perform in the past year?**

(e.g. 1.5.17 → 2016)

1.5.2017	1.5.2018	1.5.2019

Comments: \_\_\_\_\_

**b) if yes, what was offered?**

(0 = no, 1 = yes)

	1.5.2017	1.5.2018	1.5.2019
HCV rapid test (capillary blood)			
HCV rapid test (saliva)			
HIV rapid test			
Capillary HCV-RNA (Dried blood spot)			
Capillary HCV-RNA (GeneXpert)			
Venous blood draw			
Hepatitis B serology			
Hepatitis A serology			
Hepatitis B vaccination			
Hepatitis A vaccination			
Sonography			
Fibroscan			
Prescription of HCV therapy (Test and treat)			
Referral to HCV therapy prescriber			
Other (1), specify:			
Other (2), specify:			
Other (3), specify:			
Other (4), specify:			
Other (5), specify:			

Comments: \_\_\_\_\_

**c) if yes, how were the events staffed?**

(n= number of individuals) (DAAs = Direct-acting antivirals)

	1.5.2017	1.5.2018	1.5.2019
	n	n	n
Nurses			
Physicians			
Addiction specialists authorised to prescribe HCV therapy (DAAs)			
Infectious disease specialists			
Hepatologists			