## RDS Screening Form

**Coupon number**: I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I___
**SECTION 1 SOCIAL DEMOGRAPHIC CHARACTERISTICS**

“I would like to start this interview by asking you questions about your personal background.”

| No. | QUESTION | ANSWER |
|-----|----------|--------|
| 1.1 | What is your gender? | □ 1. Male  □ 2. Female  □ 3. Transgender |
| 1.2 | What year were you born? | I_2_1_5_1_1_1 |
| 1.3 | What is your ethnicity? | ________________ |
| 1.4 | Do you have the Thai citizenship? | □ 1. No  □ 2. Yes (specify color of ID card): __________________________ |
| 1.5 | What is your marital status? | □ 1. Single (never married)  □ 2. Married  □ 3. In a relationship  □ 4. Widowed  □ 5. Divorced or separated  □ 77 Other (Specify): __________________________ |
| 1.6 | Do you have children or relatives that you are supporting? | □ 1. No  □ 2. Yes (Specify): __________________________ |
| 1.7 | What is your highest education level? | □ 1. I didn’t go to school  □ 2. I didn’t finish primary school  □ 3. Primary school  □ 4. Secondary school  □ 5. Some vocational, teacher training  □ 6. College or university  □ 77 Other (Specify): __________________________ |
| 1.8 | Which language do you feel most comfortable using? | Language __________________________ |
### 1.9 What is your Thai language ability?
- a) Understand
- b) Speak
- c) Read
- d) Write

| Choice | Meaning          | Code |
|--------|------------------|------|
| ☐      | Understand       |      |
| ☐      | Speak            |      |
| ☐      | Read             |      |
| ☐      | Write            |      |

### 1.10 What are your current living circumstances (in the last month)?
- 1. In your own place
- 2. At your family’s place
- 3. At a friend’s place
- 4. In an institution
- 5. In daily rental place
- 6. On the street
- 7. Other (Specify): ____________________________________________________________________

### 1.11 In the place(s) you are currently staying, is there:
- a) Piped water?
- b) Electricity?
- c) Toilets?

| Choice | Meaning     | Code |
|--------|-------------|------|
| ☐      | No          |      |
| ☐      | Yes         |      |

### 1.12 Do you have access to internet?
- 1. No
- 2. Yes

### 1.13 Where do you connect to the internet usually? *(Show the card, several answers possible)*
- Own computer
- Own mobile phone
- Friend’s computer
- Friend’s mobile phone
- Internet café
- Other (Specify): ____________________________________________________________________

### 1.14 What is your current working status?
- 1. Permanent wage work
- 2. Government employee
- 3. Day labor
- 4. Student
- 5. Unemployed
- 6. Unable to work
- 7. Other (Specify): ____________________________________________________________________

### 1.15 Do you have a regular income?
- 1. No
- 2. Yes
| Q16 | What are your main sources of income? *(Several answers possible)* |
|-----|-------------------------------------------------------------------|
| 1   | Employment                                                       |
| 2   | Daily wages                                                      |
| 3   | Support from NGOs                                                |
| 4   | Support from government                                          |
| 5   | Support from family                                              |
| 6   | Selling things                                                   |
| 7   | Selling sex                                                      |
| 8   | None                                                             |
| 77  | Other (Specify):                                                 |

| Q17 | What is your income approximately? |
|-----|-----------------------------------|
| 1   | Per day                           |
| 2   | Per week                          |
| 3   | Per month                         |

References: [DNK] [Refusal]
### SECTION 2 DRUG USE

"The next questions are related to the practice of using drugs."

| 2.1 Which drugs have you used in the last 6 months? (Several answers possible) |
|---|
| **Drug** | **Heroin** | **Opium** | **Methadone** | **Ya-Ba** | **Ice** | **Midazolam/sleeping pill** | **Cannabis** | **Glue** | **Cocaine** | **Ecstasy** | **Alcohol** |
| □ No | □ 1 No | □ 1 No | □ 1 No | □ No | □ No | □ 1 No | □ 2 Yes | □ No | □ 1 No | □ No | □ No |
| □ Yes | □ 2 Yes | □ 2 Yes | □ 2 Yes | □ Yes | □ Yes | □ 2 Yes | □ Yes | □ Yes | □ Yes | □ Yes | □ Yes |

(For each drug used in the last 6 months, ask the questions below in a vertical order)

| 2.2 How often did you use it? (Several answers possible) |
| 1) One or several times per day |
| □ 1 |
| 2) One or several times per week but not every day |
| □ 2 |
| 3) Several times per month but not every week |
| □ 3 |
| 4) Less than that |
| □ 4 |

| 2.3 How do you currently use it? (Several answers possible) |
| 1) Oral |
| □ 1 |
| 2) Sniffed |
| □ 2 |
| 3) Smoked |
| □ 3 |
| 4) Inhaled |
| □ 4 |
| 5) Injected |
| □ 5 |

| 2.4 What was your age approximatively when you first used it? |

| 2.5 How much did you spend in the last week to purchase this drug? |
| Baht | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free |
| □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free | □ Free |
### SECTION 3 INJECTION DRUG USE

“The next questions are related to your injecting practices.”

| 3.1 | How old were you when you injected any drug for the first time? | I__I__I years old |
|-----|-------------------------------------------------|------------------|
| 3.2 | When was the last time you injected any drugs? | ☐ 1. Today/yesterday |
|     |                                                 | ☐ 2. In last week |
|     |                                                 | ☐ 3. In last month (but more than a week ago) |
|     |                                                 | ☐ 4. 2-6 months ago → 3.4 |
| 3.3 | How often did you inject any drugs during the past month? | ☐ 1. Every day |
|     |                                                 | ☐ 2. Every second day |
|     |                                                 | ☐ 3. Every third day |
|     |                                                 | ☐ 4. Once in a week |
|     |                                                 | ☐ 5. Once in a month |
| 3.4 | In the last year where or from whom did you get needles/syringes for injection of drugs? *(Several answers possible)* | ☐ 1. Purchased at a pharmacy |
|     |                                                 | ☐ 2. In NGO which has a needles and syringes exchange programme (Specify): ____________________________ |
|     |                                                 | ☐ 3. From friends who inject drugs |
|     |                                                 | ☐ 4. From friends who do not inject drugs |
|     |                                                 | ☐ 5. From family |
|     |                                                 | ☐ 77. Other (Specify): ____________________________ |
| 3.5 | Have you ever shared your syringe with other persons? | ☐ 1. No → 3.9 |
|     |                                                 | ☐ 2. Yes |
| 3.6 | In the last 6 months, how often have you shared your syringe? | ☐ 1. All the time |
|     |                                                 | ☐ 2. Almost all the time |
|     |                                                 | ☐ 3. Sometimes |
|     |                                                 | ☐ 4. Almost never |
|     |                                                 | ☐ 5. Never → 3.9 |
| 3.7 | Do you usually clean your syringes before sharing them? | ☐ 1. No → 3.9 |
|     |                                                 | ☐ 2. Yes |
| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 3.8 Which products do you use to clean your syringes when you share them? | ☐️ 1. Water  ☐️ 2. Bleach  ☐️ 3. Boiling  ☐️ 4. Disinfectants  ☐️ 5. Burning  ☐️ Other (Specify): __________________________ |
| 3.9 Have you ever shared your injecting material (containers, water, filter...) with other persons? | ☐️ 1. No ➔ 3.11  ☐️ 2. Yes ➔ 3.11 |
| 3.10 In the last 6 months, how often have you shared your injecting material (containers, water, filter...)? | ☐️ 1. All the time  ☐️ 2. Almost all the time  ☐️ 3. Sometimes  ☐️ 4. Almost never  ☐️ 5. Never ➔ 3.15 |
| 3.11 Have you ever reused your own syringe? | ☐️ 1. No ➔ 3.15  ☐️ 2. Yes ➔ 3.15 |
| 3.12 In the last 6 months, how often did you reuse your own syringe? | ☐️ 1. All the time  ☐️ 2. Almost all the time  ☐️ 3. Sometimes  ☐️ 4. Almost never  ☐️ 5. Never ➔ 3.15 |
| 3.13 Do you usually clean your syringes before reusing them? | ☐️ 1. No ➔ 3.15  ☐️ 2. Yes ➔ 3.15 |
| 3.14 Which products do you use to clean your syringes when you reuse them? | ☐️ 1. Water  ☐️ 2. Bleach  ☐️ 3. Boiling  ☐️ 4. Disinfectants  ☐️ 5. Burning  ☐️ Other (Specify): __________________________ |

(yearly time period)
SECTION 4 SEXUAL RISK BEHAVIORS AND OTHER RISK FACTORS

"Now I am going to ask you some questions about your sexual behavior and tattoo experience. I remind you again that all your responses are completely confidential, and that you can ask to skip a question if you prefer not to answer."

| Question                                                                 | Options                                                                 | Code | Refusal |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------|------|---------|
| 3.15 The last time you injected drugs, did you use a new needle and syringe? | □ 1 No □ 2 Yes □ 3 I don’t remember                                      |     |         |
| 3.16 Have you ever experienced an overdose (exceeding the limit of the usual drug amount)? | □ 1 No □ 2 Yes                                                         |     |         |

**SECTION 4 SEXUAL RISK BEHAVIORS AND OTHER RISK FACTORS**

"Now I am going to ask you some questions about your sexual behavior and tattoo experience. I remind you again that all your responses are completely confidential, and that you can ask to skip a question if you prefer not to answer."

| Question                                                                 | Options                                                                 | Code | Refusal |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------|------|---------|
| 4.1 Have you ever had sex?                                               | □ 1 No □ 2 Yes                                                         | 4.6  |         |
| 4.2 Have you ever received money in exchange of sex?                     | □ 1 No □ 2 Yes                                                         | 4.4  |         |
| 4.3 Is sex work your main source of income?                              | □ 1 No □ 2 Yes                                                         |      |         |
| 4.4 Have you ever received drug in exchange of sex?                      | □ 1 No □ 2 Yes                                                         |      |         |
| 4.5 Have you ever had sex with a same-sex partner?                       | □ 1 No □ 2 Yes                                                         |      |         |
| 4.6 Do you have any tattoo or piercing?                                  | □ 1 No □ 2 Yes                                                         | Section 5 |         |
| 4.7 Where did you do it? (Several answers possible)                      | □ 1 Professional tattoo parlor □ 2 Temple □ 3 Prison □ 4 With friends □ 77 Other (Specify): ____________________________ |     |         |
**SECTION 5 HCV KNOWLEDGE AND TESTING**

“Now, I am going to ask you some questions about hepatitis C infection. If you want to know more about hepatitis C, you can ask questions at the end of the interview and we’ll give you a brochure with information on the disease. If you want to be tested for hepatitis C virus infection, we can refer you to a free testing facility at the end of the interview.”

| 5.1 | Have you ever heard of the hepatitis C virus before this interview? | □1 No ➔ Section 6  
□2 Yes  
□DNK  
□Refusal |
| 5.2 | Can you tell the symptoms of the hepatitis C virus infection? *(Write all the answers in the order they were mentioned)* | |
| 5.3 | In your opinion, can people be infected with Hepatitis C without having any symptoms? | □1 No  
□2 Yes  
□DNK  
□Refusal |
| 5.4 | Can you tell what you think is the main route of transmission of the hepatitis C virus? *(Write all the answers in the order they were mentioned)* | |
| 5.5 | Have you ever had an HCV test? | □1 No ➔ Section 6  
□2 Yes, in the last 12 months  
□3 Yes, more than 12 months ago  
□DNK  
□Refusal |
| 5.6 | Where have you been tested for HCV? | □1 Napnieung project at AMS / CMU  
□77 Other (Specify):  |
| 5.7 | What was the result of your last test? | □1 Positive  
□2 Negative ➔ Section 6  
□3 Do not remember ➔ Section 6  
□4 Result not communicated ➔ Section 6  
□DNK  
□Refusal |
### SECTION 6 ACCESS TO HEALTH CARE

“I will now ask you some questions about your access to health care services.”

#### 6.1 Do you have a health insurance?

|   | No  |  Yes | 6.3 |
|---|-----|------|-----|
| 1 | No   |      |     |
| 2 | Yes  |      |     |

#### 6.2 What is your health coverage scheme?

|   | Universal health care | Social Security Scheme | CSMBS | Private insurance | Other (Specify): |
|---|------------------------|------------------------|-------|------------------|-----------------|
| 1 |                        |                        |       |                  |                 |
| 2 |                        |                        |       |                  |                 |
| 3 |                        |                        |       |                  |                 |
| 4 |                        |                        |       |                  |                 |
| 5 |                        |                        |       |                  |                 |

#### 6.3 Where do you usually go when you have a health issue?

|   | Do not look for care (Specify why): |                           | 6.3 |
|---|-----------------------------------|---------------------------|-----|
| 1 |                                   |                           |     |
| 2 | Local health station               |                           |     |
| 3 | Public hospital                    |                           |     |
| 4 | Private hospital or clinic         |                           |     |
| 5 | Traditional healer                |                           |     |
| 6 | None                               |                           |     |
| 7 | Other (Specify):                   |                           |     |

#### 6.4 What kind of barriers to access health care have you ever experienced? *(Show the card with the answers, several answers possible)*

|   | Fear of police | Fear of stigma | Too expensive | Too far | Fear of diagnosis | None | Other (Specify): |
|---|----------------|----------------|---------------|---------|-------------------|------|-----------------|
| 1 |                |                |               |         |                   |      |                 |
| 2 |                |                |               |         |                   |      |                 |
| 3 |                |                |               |         |                   |      |                 |
| 4 |                |                |               |         |                   |      |                 |
| 5 |                |                |               |         |                   |      |                 |
| 6 |                |                |               |         |                   |      |                 |
| 7 |                |                |               |         |                   |      |                 |
| Section | Question | Option 1 | Option 2 |
|---------|----------|----------|----------|
| 6.5     | Have you ever been refused medical care? | No | Yes |
| 6.6     | Have you ever experienced discriminatory attitudes in health care settings in relation to your drug use? | No | Yes (Specify): __________________ |
| 6.7     | Have you ever received care for drug addiction problems? | No | Yes |
| 6.8     | Are you or have you been on MMT? | No | Yes (Still receiving MMT: 1 No 2 Yes) |
| 6.9     | Have you ever been on voluntary drug rehabilitation? | No | Yes (Specify where for each time): 1st time: __________________ 2nd time: __________________ 3rd time: __________________ 4th time: __________________ |
| 6.10    | Are you a member of a support group for drug users? | No | Yes (Specify): __________________ |
| 6.11    | Have you ever participated in a health survey targeting drug users? | No | Yes |

**SECTION 7 CONTACT WITH THE POLICE/PRISON/CORRECTION AND SIMILAR FACILITIES**

"Now I am going to ask you about your contacts with the police and/or other representatives of law."

| Section | Question | Option 1 | Option 2 |
|---------|----------|----------|----------|
| 7.1     | Have you ever been arrested by the police in relation to your drug use? | No | Yes |
| 7.2     | Have you ever been in prison? | No | Yes |

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### 7.3 Have you ever used drugs while in prison?

- □ 1 No ➔ 7.6
- □ 2 Yes

### 7.4 Have you ever injected drugs while in prison?

- □ 1 No ➔ 7.6
- □ 2 Yes

### 7.5 Have you shared syringes with other persons while in prison?

- □ 1 No
- □ 2 Yes

### 7.6 Have you ever been in compulsory drug treatment?

- □ 1 No ➔ Section 8
- □ 2 Yes (Specify how many times): __________

### 7.7 What was the compulsory drug treatment? *(Several answers possible)*

- □ 1 Inpatient
- □ 2 Outpatient
- □ 3 Military boot camp
- □ 77 Other (Specify): ____________________________

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### SECTION 8 EXPECTATIONS OF HEALTH CARE SYSTEM

#### 8.1 If you need information about health issues, where do you look for them? *(Show the card with the answers, several answers possible)*

- □ 1 Ask health care professionals
- □ 2 Ask friends
- □ 3 Search on the internet
- □ 77 Other (Specify): ____________________________

#### 8.2 *(Skip this question in case the person already knows that she/he is infected with HCV)*
Would you be interested in knowing your HCV status?

- □ 1 No (Specify why): ____________________________
- □ 2 Yes

#### 8.3 If there was a new HCV treatment available in Thailand, would you like to be informed?

- □ 1 No ➔ 8.5

  (Specify why): ____________________________

- □ 2 Yes
| 8.4 | What would be the best way to inform you? |
|-----|------------------------------------------|
| 1   | Poster/leaflet in a NGO                  |
| 2   | Website                                  |
| 3   | Text messages                            |
| 4   | Telephone call                           |
| 77  | Other (Specify): ________________________ |

| 8.5 | What suggestions do you have to improve the governmental policies toward people who inject drugs? |
|-----|------------------------------------------------------------------------------------------------|
|     | (Write down all answers)                                                                      |

Refusal
DNK
## SECTION 9 INTERVIEWEE’S FEEDBACK

### 9.1 What is your opinion about this interview?

**Usefulness:**
- [ ] □ 1 Very useful
- [ ] □ 2 Useful
- [ ] □ 3 Ok
- [ ] □ 4 Not useful
- [ ] □ 5 Waste of time

**Embarrassing:**
- [ ] □ 1 Not at all embarrassing
- [ ] □ 2 Not embarrassing
- [ ] □ 3 Ok
- [ ] □ 4 Embarrassing
- [ ] □ 5 Very embarrassing

**Duration:**
- [ ] □ 1 Very short
- [ ] □ 2 Short
- [ ] □ 3 Ok
- [ ] □ 4 Long
- [ ] □ 5 Very Long

### 9.2 Do you have any comments about the questionnaire?

| Comments |
|----------|
| --------------------------------------------------|
| --------------------------------------------------|
| --------------------------------------------------|
| --------------------------------------------------|
| --------------------------------------------------|
| --------------------------------------------------|
| --------------------------------------------------|
| --------------------------------------------------|
| --------------------------------------------------|
| --------------------------------------------------|

“THANK YOU A LOT FOR TAKING PART IN THIS STUDY”
| Section | Question                                                                 | Options                                                                 | Description |
|---------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------|
| 10.1    | Time interview end                                                      | __ __ __ H __ __ __ M                                                   |             |
| 10.2    | The interview was performed:                                            | 1: Without any interruption                                             |             |
|         |                                                                          | 2: The person showed signs that he/she wanted to stop the interview     |             |
|         |                                                                          | 3: Was interrupted several times                                         |             |
| 10.3    | Describe the person interviewed:                                        | 1: Has a visible physical problem or handicap                           |             |
|         | (Can be more than one answer)                                            | 2: Was relaxed                                                          |             |
|         |                                                                          | 3: Was OK                                                               |             |
|         |                                                                          | 4: Was very emotional                                                    |             |
|         |                                                                          | 5: Was watching at the time                                              |             |
|         |                                                                          | 6: Had difficulty understanding                                           |             |
|         |                                                                          | 7: Had difficulty expressing her/himself                                 |             |
|         |                                                                          | 8: Had difficulty remembering events                                    |             |
|         |                                                                          | 9: Was physically tired                                                  |             |
| 10.4    | The answers seemed:                                                     | 1: Very reliable                                                        |             |
|         |                                                                          | 2: Reliable                                                             |             |
|         |                                                                          | 3: Not reliable                                                         |             |
|         |                                                                          | 4: Not at all reliable                                                   |             |
|         |                                                                          | 88: Don’t know                                                          |             |
| 10.5    | Comments:                                                                |                                                                         |             |