

A QUESTIONNAIRE for displaced persons from Ukraine
regarding infections with HIV, hepatitis B virus, hepatitis C virus

1. Are you infected with HIV? NO YES Not sure

 If **YES**: Are you receiving medications? NO YES → refer to INFECTOLOGIST

2. Do you have hepatitis B? NO YES Not sure

 If **YES**: Are you receiving medications? NO YES → refer to INFECTOLOGIST

3. Do you have hepatitis C? NO YES Not sure

 If **YES**: Are you receiving medications? NO YES → refer to INFECTOLOGIST

4. Have you ever had a sexually transmitted infection?

NO YES I don't know I prefer not to answer

 If **YES**, please mark which one: gonorrhoea

syphilis

chlamydia

other _____

5. Have you or any of your family members had tuberculosis (now or in the past)?

NO YES I don't know

6. Have you ever injected drugs? NO YES I prefer not to answer

 If **YES**: Are you still injecting drugs? NO YES I prefer not to answer

Are you receiving opioid substitution therapy (i. e. methadone)?

NO YES I prefer not to answer

7. Are you/have you been sexually active? NO YES I prefer not to answer

 If **YES**: Have you had unprotected sex with multiple partners?

NO YES I prefer not to answer

If male: have you had unprotected sex with men?

NO YES I prefer not to answer

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|--|----|-----|------------------------|
| Are you a sex worker? | NO | YES | I prefer not to answer |
| 8. Have you been sexually abused? | NO | YES | I prefer not to answer |
| 9. Have you ever been incarcerated? | NO | YES | I prefer not to answer |
| 10. Do you have a sexual partner, close family member, joint household member who has HIV infection or/and hepatitis B or/and hepatitis C? | | | |
| | NO | YES | I don't know |

If **YES**, please mark which one: HIV

hepatitis B

hepatitis C

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|--|----|-----|------------------------|
| 11. Have you ever received a blood transfusion? | | | |
| | NO | YES | I don't know |
| 12. Have you ever been treated with haemodialysis? | | | |
| | NO | YES | I don't know |
| 13. Are you taking medications that weaken your immune system? | | | |
| | NO | YES | I don't know |
| 16. Do you have abnormal liver test results? | NO | YES | I don't know |
| 17. Are you pregnant? | NO | YES | I don't know |
| | | | I prefer not to answer |
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