

Baseline Questionnaire

◆ Last Name _____ First name(s) _____ UID number _____

◆ Sex M F Polyclinic _____ Are you currently employed? Y N

◆ Access to a desktop computer, tablet or mobile phone that is internet enabled? Y N

◆ Do you have at least 4 months of care remaining? Y N

◆ Problem drug use Y N

◆ Alcohol misuse Y N

◆ Currently homeless Y N

◆ Currently in prison Y N

◆ Injectable drug regime Y N

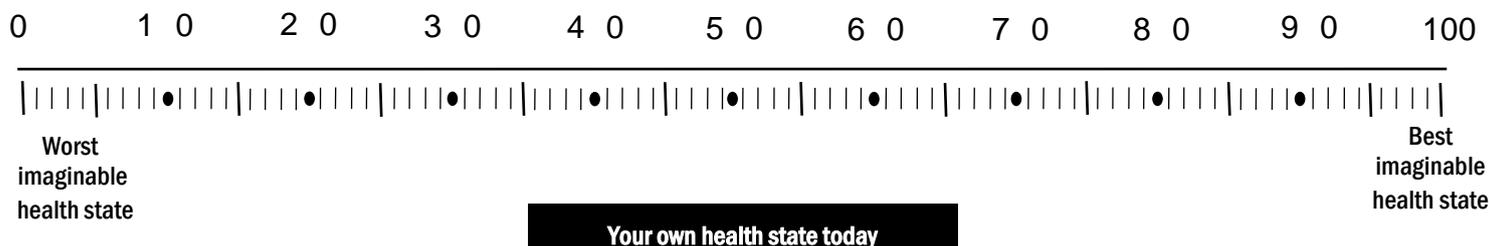
◆ Please go through the following statements and circle the box that best describes your thoughts and feelings over the last two weeks:

1. I've been feeling optimistic about the future*	None of the time	Rarely	Some of the time	Often	All of the time
2. I've been feeling interested in other people*	None of the time	Rarely	Some of the time	Often	All of the time
3. I've been dealing with problems well*	None of the time	Rarely	Some of the time	Often	All of the time
4. I've been feeling good about myself*	None of the time	Rarely	Some of the time	Often	All of the time
5. I've been feeling close to other people*	None of the time	Rarely	Some of the time	Often	All of the time

◆ To what extent would you agree with the following statement?

I am satisfied with the treatment that I am currently receiving	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
---	-------------------	-------------------	----------------------------	----------------	----------------

◆ 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 health state you can imagine is marked 100 and the worst state you can imagine is marked 0. Please indicate on this scale how good or bad your own health is today, in your opinion, by marking with an X on the scale (anywhere from 0 to 100):



◆ Which of the following side effects did you experience during the continuation phase of your treatment? (please tick all that apply)

Unusual Tiredness/ Loss of appetite

Pain/ Swelling in the face or joints

Fever/ Chills/ Headache/ Dizziness

Eye Problems / blurring

Skin Rash, Severe Itching

Stomach Pain, Nausea/Vomiting

Numbness, Tingling in hands or feet

Yellow Skin or Dark Urine