

## SURVEY - STOP HCV – EASY TEST

Code\*: \_\_\_\_\_

first and third letters of the surname/ first and third letters of the name/ date of birth/ gender

Date \_\_\_/\_\_\_/\_\_\_\_\_

Service: \_\_\_\_\_

Survey sequence number: \_\_\_\_\_

We ask you to fill out this short survey to help us understand how much information there is about HCV. No personal data will be recorded. The data will be analyzed overall (along with those of the other people who will respond) and used for presentations, elaboration of information campaigns, etc...

**GENDER:**

M     F     Trans M to F     Trans F to M     Other

**AGE:**

18-25     26-30     31-40     41-50     oltre 50

**EDUCATION:**

No education     Secondary Education     Tertiary Education     Graduate  
 Master's degree     Other

**WHERE DO YOU LIVE?:**

House     Accommodation facility     Street     Squatter house

**NATIONALITY:**

Italian     European     Extra european

**DO YOU HAVE A HEALTH CARD?**

No    if yes, what is it? \_\_\_\_\_

**DO YOU HAVE A TICKET EXEMPTION?**

No    if yes, what is it? \_\_\_\_\_

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Progetto:



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**PROFESSION**

- Student     Unemployed     Worker     Employees     Executive  
 Freelance     Other

**HOW DO YOU DEFINE YOURSELF?**

- Lesbian/gay     Straight     Bisexual     Other     Won't answer

**HAVE YOU EVER GET THE HCV TEST?**

- The person does not answer     No    If yes, when? \_\_\_/\_\_\_/\_\_\_     I don't remember

**HAVE YOU EVER GET THE HIV TEST?**

- The person does not answer     No    If yes, when? \_\_\_/\_\_\_/\_\_\_     I don't remember

**HAVE YOU EVER HAD INTERFERONIC THERAPY?**

- The person does not answer     No     Yes     If you stopped therapy, why? \_\_\_\_\_

**HAVE YOU EVER RUN ANY MORE TESTS?:**

- No     HBV     HPV     Syphilis

**HAVE YOU EVER HAD BLOOD TRANSFUSIONS OR BLOOD PRODUCTS?**

- The person does not answer     No    If yes, when? \_\_\_/\_\_\_/\_\_\_     I don't remember

**DO YOU USE DRUGS?**

- No    If yes, what is it? \_\_\_\_\_

**HOW DO YOU TAKE DRUGS?** \_\_\_\_\_

**WHERE DO YOU TAKE DRUGS?** \_\_\_\_\_

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## IN THE LAST 6 MONTHS

WHICH OF THESE BEHAVIORS HAVE YOU PRACTICED (MORE THAN ONE RESPONSE IS POSSIBLE))

- Sharing injection material (Syringes, needles, laces,)
- Sharing of inhalation material (pipettes, banknotes, etc...)
- Penetrative sex without the use of condoms
- Group sex
- Sharing dildos or other sex toys
- Fisting
- Tattoo or piercing in non-certified laboratories
- None of the above

### Have you contracted the COVID?

- Yes in an asymptomatic way
- Yes in a symptomatic way

What assistance did you get?  Hotel Covid.  Hospitalization  Nothing

### HAVE YOU EVER DONE A COVID SWAB?

Yes  No If yes, how many tampons have you done?? \_\_\_\_\_

### ARE YOU VACCINATED AGAINST COVID?

Yes  No If yes, do you know with what vaccine? \_\_\_\_\_ How many doses? \_\_\_\_\_

### DO YOU HAVE THE GREEN PASS?

Yes  No

### ARE YOU AGAINST THE VACCINE?

Yes  No  It hasn't been offered to me  I don't know what to do to get vaccinated

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We ask you now to read the privacy policy

**INFORMATION Pursuant to art. 13 of D. Lgs 196/03  
(Code on the protection of personal data)**

**Data controllers and related purposes**

La Coop. Social Open Group that has promoted the project that has been described as "Stop HCV", will process your personal data - in particular those on health, and only to the extent that they are indispensable in relation to the objective of the project, other data related to your origin, Your lifestyles and your sex life - exclusively in relation to the implementation of the project.

The processing of your personal data is essential for the development of the project, any refusal will not allow your participation.

**Nature of the data**

It will be identified with a code: the data that will be collected during the course of the Study, with the exception of your name, will be recorded, processed and stored together with this code.

**Methods of processing and communication to third parties**

The above data will be collected and stored, both in paper and electronic format, in the form indicated in the previous paragraph and also managed by the following project Partners as "Data Processors": Hospital Sant'Orsola Bologna, Asl Bologna, Asp City of Bologna. Your data will be disclosed only in a strictly anonymous form on the occasion of Scientific Conferences or through scientific publications or statistics.

**Exercise of rights**

You have the right to object in whole or in part, for legitimate reasons, to the processing of your personal data, even if it is relevant to the purpose of the collection.

**Consent**

**Read the above information and having included the entire content**

I consent to the processing of my personal data

I do not consent to the processing of my personal data

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