

Hepatitis Support Services

A Feedback Survey

The Hepatitis Council of Queensland is investigating whether there is a need to develop a service to provide assistance to people who are receiving treatment for hepatitis C. This service may be to give practical help or emotional/social support in a variety of ways.

If you are, or have been, treated for hepatitis C, your opinions are being sought in order to establish what the need for such a service would be, and what tasks this service should seek to offer.

To assist us, please complete the following questionnaire. It will only take about 5 minutes.

All contact information that is received will be kept confidential within the Hepatitis Council of Queensland and will not be given to any third party and ongoing contact will only be made to those who have indicated their desire for further contact by choosing to send their details.

Thank you.

Section 1

About you - please complete this section to let us know a little bit about yourself.

Question 1

Where do you live? Please tick only one box.

Brisbane Area	
Gold Coast	
Sunshine Coast	
Other South East Queensland	
Wide Bay – Burnett	
Darling Downs	
South West	
Fitzroy	
Mackay	
Northern	
North West	
Far North	
Other, please specify	

Question 2

Are you receiving treatment for Hepatitis C at present? Please tick only one box.

Yes	
No – but I have received treatment	
No – but I'm currently considering treatment please go to Question 4	
No – please go to Section 5.	

Question 3

If you have completed treatment for hepatitis C was the treatment successful?

Please tick only one box.

Yes – please go to Section 2	
No – please go to Section 2	

Question 4.

If a service existed that would provide assistance with practical difficulties during treatment would this encourage you to begin treatment? Please tick only one box.

Yes – please go to Section 3	
No - please go to Section 3	

Section 2

Practical issues - please complete this section to inform us if you have experienced practical difficulties.

Question 5

During treatment do you, or did you, find doing routine everyday tasks more difficult than previously? Please tick only one box.

Yes	
No - please go to Section 3	

Question 6

If a service were available to help you with these tasks during treatment would you use it? Please tick only one box.

Yes	
No - please go to Section 3	

Question 7

Which tasks would you wish some assistance with? Please tick all boxes that apply.

House cleaning	
Laundry	
Shopping	
Exercising	
Socialising	
Child care	
Assistance getting to appointments	
Other, please specify	

Question 8

Which one of these tasks do you have the most difficulty with? Please tick only one box.

House cleaning	
Laundry	
Shopping	
Exercising	
Socialising	
Child care	
Assistance getting to appointments	
Other, please specify	

Section 3

Other support needs. Many people who are, or have been treated for Hepatitis C experience feelings of isolation, confusion, depression and may also have difficulty in accessing information about it. Please complete this section to tell us about your support needs in these areas.

Question 9

Apart from the practical support highlighted in section 2, what other type of help would you like? Please tick all that apply.

None – please go to Section 4	
Someone to talk to.	
Information on hepatitis	
Information on managing symptoms	
Advice about telling others	
Other, please specify	

Question 10

How would you prefer to access the support? Please tick all that apply.

Take part in a support group	
Arrange someone to meet with you regularly	
Through a telephone support line	
Through internet / email group	
Other, please specify	

Section 4

Support you already have.- please complete this section to tell us what support services are available to you at present and whether they meet your needs.

Question 11

Are you being offered support at the present? Please tick only one box.

Yes	
No - please go to Section 5	
Yes – but I do not wish any. Please give brief reasons and go to Question 13.	

Question 12

How well does the support you are currently offered meet your needs? Please tick only one box.

Not at all - Its not worth having	
Slightly - Very little is useful to me	
Mainly - Most of it is very good but just does not provide all I need	
Partially - Some of it is very good but I need a lot more.	
Fully - I'm totally happy with it.	

Question 13

What type of support are you being offered? Please tick all that apply.

Practical – such as help with shopping, cleaning etc.	
Informational – such as details on hepatitis or managing symptoms.	
Emotional – such as counselling or attending a support group	
Other, please specify	

Question 14

Who provides the support that you are offered? Please tick all that apply.

Liver Clinic		Queensland Injectors Health Network	
Hepatitis Nurses		GP's	
Specialist consultant		Drug and alcohol service	
Sexual Health Clinics		Hepatitis Council of Queensland	
Other Health Service		Partners and family	
Psychologist		Other private Individuals	
Mental health service		Religious Organisations. Which one/s?	
Other Non Government Organisations. Which one/s?		Other Community Organisations. Which one/s?	
Qld Association for Healthy Communities (formerly QuAC)		Other, please specify.	

Section 5

Final Information - please fill in this section to give any additional information or if you wish us to remain in contact with you.

Question 15

If you have not mentioned them earlier in this survey, please list any other needs resulting from treatment that you would wish assistance with?

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Question 16

If a service is created to aid those requesting assistance whilst in, or after treatment, would you be interested in volunteering to help. Please tick only one box.

Yes	
No	

Question 17

It may be useful for us to contact you in the future to follow up on this survey or to give you news about the development of this service. If you would like us to be able to do so, please email, phone or send your contact details to Phil Hogben at the Hepatitis Council of Queensland.

Will you be doing this?

Yes	
No	

Thank you for taking the time to complete this feedback form.

**Please return to
Hepatitis Council of Queensland
PO Box 13172
George ST
QLD 4003**

Any enquiries please ring (07) 3236 0610 or email phil@hepqld.asn.au

If you wish to know the results of the survey please contact the Hepatitis Council for Queensland who will arrange for you to receive the final analysis.