

**User Post-intervention Survey**

(After disclosure of the screening test result and referral to the CHUM or other organizations, if applicable)  
The masculine generic is used in this text only in order to lighten the form and facilitate reading.

User number to be identified by the pharmacist (to be completed only if the user completes the questionnaire in the pharmacy)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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This survey is being conducted to describe your experience with HCV testing in a community pharmacy. This survey will take approximately 3 minutes to complete. It includes 7 questions addressing the following themes: satisfaction, comfort, accessibility, confidence in the pharmacist.

All of the data will be de-identified (i.e. your first and last name will be kept in separate files from the data that will be analyzed) and this survey is done on a voluntary basis. All users who have been tested for hepatitis C in pharmacies are invited to complete this survey after obtaining the result of the screening test (and the referral to the CHUM or an aid organization, if applicable).

By completing this survey, you consent that your answers to the questions below will be collected, presented and published in an unidentified manner.

Thank you for your participation.

On a scale of 1 to 5, answer the following statements.  
(1: totally disagree and 5: totally agree)

1 Totally disagree	2 Disagree	3 Neutral	4 Agree	5 Totally agree
Q1. I am satisfied with my hepatitis C screening experience in a community pharmacy.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q2. I feel comfortable getting tested by my pharmacist.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q3. I feel comfortable talking about hepatitis C with my pharmacist.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q4. I find that getting tested at a pharmacy is easily accessible.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q5. I trust my pharmacist to screen me for hepatitis C.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q6. I recommend screening for hepatitis C in pharmacies to those around me or to other people at risk of having this infection.				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other comments :				
<input type="text"/>				

The survey is now complete. The entire research team thanks you for taking the time to complete this survey. These data contribute to improving the screening program for hepatitis C in community pharmacies in Quebec.

Thank you very much for taking the time to complete this survey!

For any questions or comments, please contact [pharmac.vhc.chum@ssss.gouv.qc.ca](mailto:pharmac.vhc.chum@ssss.gouv.qc.ca).