

**APPENDIX****Appendix 1: Survey instrument**ID #: \_\_\_\_\_  Trauma  General Surgery

You are being asked to participate in a brief survey for research purposes. The purpose of this research study is to understand what types of testing patients think they receive in the Emergency Department. The survey should take no more than 5 min and involves answering 13 questions. The survey is anonymous – we will not record your name, your medical record number, or look at your medical record in connection with the survey. You are free to skip any questions that you prefer not to answer. Your participation in this survey is voluntary, and your decision whether to participate will not affect your medical care. This study is being conducted by Dr. Alicia Privette, from the Division of General Surgery, and Dr. Lauren Richey, from the Division of Infectious Disease, at the Medical University of South Carolina. If you have any questions, please contact Alicia Privette, MD, at 843-792-8395.

1. When you were admitted to this hospital, what conditions do you believe we tested for when we drew blood for laboratory tests? (select all that apply)
  - a. Alcohol
  - b. Illegal drugs/drugs of abuse (marijuana, cocaine, IV drugs, etc.)
  - c. Other addictive drugs (narcotics such as oxycodone and methadone or benzodiazepines such as xanax and valium)
  - d. HIV
  - e. Hepatitis B
  - f. Hepatitis C
  - g. Other sexually transmitted infections
  - h. None of the above
2. Before this current visit, have you been seen in an Emergency Department or admitted to a hospital in the last 10 years?
  - a. Yes
  - b. No (skip to question 8)
3. Before this current visit, have you been seen in an Emergency Department or admitted to a hospital in the last 5 years?
  - a. Yes
  - b. No
4. If yes to either question 2 or 3, do you believe you were screened for HIV at that time?
  - a. Yes
  - b. No (skip to question 6)
  - c. Not applicable (skip to question 6)
5. If yes to question 4, do you believe that you were screened for HIV during a past visit and that since you did not specifically receive any results regarding HIV, that you must therefore be HIV negative?
  - a. Yes
  - b. No
  - c. Not applicable
6. If yes to either question 2 or 3, do you believe you were screened for hepatitis C at that time?
  - a. Yes
  - b. No (skip to question 8)
  - c. Not applicable (skip to question 8)
7. If yes to question 6, do you believe that you were screened for hepatitis C during a past visit and that since you did not specifically receive any results regarding hepatitis C, that you must therefore be hepatitis C negative?
  - a. Yes
  - b. No
  - c. Not applicable

8. Have you ever been offered a screening test for HIV by your regular physician/doctor's office?
  - a. Yes
  - b. No
  - c. Not applicable
  
9. Have you ever been offered a screening test for hepatitis C by your regular physician/doctor's office?
  - a. Yes
  - b. No
  - c. Not applicable
  
10. Do you have a known diagnosis of hepatitis C or HIV prior to this hospital admission?
  - a. Yes
  - b. No
  - c. I would prefer not to answer
  
11. Are you:
  - a. Male
  - b. Female
  
12. How old are you?
  - a. 18–30
  - b. 31–50
  - c. 51–71
  - d. 72 or older
  
13. Do you identify as a racial or ethnic minority?
  - a. Yes
  - b. No

Please place your completed survey in the envelope provided and return to the study team member.