**Component 2: Core Viral Hepatitis Prevention Activities**

**Reporting Agency**

|  |  |
| --- | --- |
| **Reporting jurisdiction** |  |
| **Contact name** (*person completing form*) |  |
| **Contact phone number** (*xxx-xxx-xxxx*) |  |
| **Contact email address** |  |
| **Additional contact name(s)** (*if applicable*) |  |
| **Additional contact phone number(s)**  (*xxx-xxx-xxxx*) |  |
| **Additional contact email address(es)** |  |
| **Date of report submission** (*MM/DD/YYYY*) |  |
| **Reporting Period**  (*Complete this form with information from Reporting Period selected*) | *Select one*  □ Year 1  □ Year 2  □ Year 3  □ Year 4  □ Year 5 |

**2.1—Support viral hepatitis elimination planning and surveillance,**

**and maximize access to testing, treatment, and prevention**

**Measures 2.1.1.a – 2.1.1.b**

* Establishment and maintenance of a viral hepatitis elimination technical advisory committee (or coalition) with membership to support jurisdictional viral hepatitis elimination planning
* Conduct at least two meetings per year of the viral hepatitis elimination technical advisory committee (or coalition)

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| **Have you established a viral hepatitis elimination technical advisory committee (or coalition) to support viral hepatitis elimination planning?** | *Select one*  □ Completed  □ In progress | | □ Not started | |
| **Identify the stakeholder groups represented on this committee (or coalition).**  (*select all that apply*) | □ Public health  □ Corrections  □ Criminal justice, law enforcement  □ Medicaid  □ Injury prevention services  □ Substance use and mental health services  □ Healthcare providers  □ HIV care providers  □ Hospitals | | □ Laboratories  □ Community-based organizations  □ Local harm reduction coalition members  □ Non-profit/advocacy groups  □ People with viral hepatitis lived experience  □ Other, specify:  >  >  □ N/A (committee not established) | |
| **Does the committee (or coalition) plan to support elimination planning for hepatitis C and/or hepatitis B?**  (*select all that apply*) | | □ Hepatitis C  □ Hepatitis B | | □ N/A (committee not established) |
| **During this reporting period, when did the committee (or coalition) meet?** (*MM/DD/YYYY*) | >  > | | >  > | |
| □ N/A (committee not established) | | | |
| **If the committee (or coalition) met during this reporting period, please submit** **a copy of meeting agenda(s) with the APR.** | | *Select one*  □ Submitted □ Not submitted  □ N/A (committee not established) | | |

**Measure 2.1.1.c**

* Development and maintenance of a viral hepatitis elimination plan with support from the technical advisory committee (or coalition)

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| **Have you developed a viral hepatitis elimination plan as part of this cooperative agreement?** | *Select one*  □ Completed  □ In progress | □ Not started |
| **Does it contain plans for elimination of hepatitis C and/or hepatitis B?**  (*select all that apply*) | □ Hepatitis C  □ Hepatitis B | □ N/A (plan not started) |
| **If the viral hepatitis elimination plan is completed, please submit a copy with the APR.** | *Select one*  □ Submitted □ Not submitted  □ N/A (plan not started) | |

**Measures 2.1.2.c, 2.1.4.a**

* The jurisdictional viral hepatitis elimination plan addresses recommendations for increasing HCV RNA reflex testing
* The jurisdictional viral hepatitis elimination plan addresses provider training in prescribing hepatitis C and hepatitis B treatment

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| **Does your viral hepatitis elimination plan address recommendations for increasing HCV RNA reflex testing?** | *Select one*  □ Yes  □ No | □ N/A (plan not started) |
| **Does your viral hepatitis elimination plan address provider training in prescribing hepatitis C treatment?** | *Select one*  □ Yes  □ No | □ N/A (plan not started) |
| **Does your viral hepatitis elimination plan address provider training in prescribing hepatitis B treatment?** | *Select one*  □ Yes  □ No | □ N/A (plan not started) |

**Measures 2.1.2.a – 2.1.2.b**

* CLIA-certified laboratories that conduct testing for at least 80% of all anti-HCV results identified in the jurisdiction
* The proportion conducting HCV RNA reflex testing was assessed; feedback with recommendations conducted

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| **Have you worked with your surveillance and/or epidemiology teams to identify the total number of CLIA-certified laboratories in your jurisdiction that report hepatitis C antibody testing results?** | *Select one*  □ Yes  □ No | |
| **Of those, have you selected the subset that reports at least 80% of the hepatitis C antibody testing results in your jurisdiction?** | *Select one*  □ Yes  □ No | □ N/A (labs not identified) |
| **Of the subset, have you performed a needs assessment to identify key barriers and challenges to increasing HCV RNA reflex testing?** | *Select one*  □ Yes  □ No | □ N/A (labs not identified) |
| **What proportion of the subset is conducting HCV RNA reflex testing?** | *Select one*  %:  □ Unknown | □ N/A (labs not identified) |
| **Have you provided recommendations to increase HCV RNA reflex testing?** | *Select one*  □ Yes  □ No | □ N/A (labs not assessed) |

**Measures 2.1.3.a – 2.1.3.b**

* The top 5 highest volume health systems in the jurisdiction identified
* The proportion of health systems promoting routine HCV and HBV testing assessed; feedback with recommendations was conducted

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| **What are the top 5 highest volume health systems in your jurisdiction?** | 1.  2.  3.  4.  5.  □ Unknown | | |
| **Have you assessed how many of these health systems are promoting routine HCV testing?** | | *Select one*  □ Completed  □ In progress | □ Not started |
| **If so, what percent of health systems are promoting routine HCV testing?** | | %:  □ Unknown | □ N/A (health systems not assessed) |
| **Have you assessed how many of these health systems are promoting routine HBV testing?** | | *Select one*  □ Completed  □ In progress | □ Not started |
| **If so, what percent of health systems are promoting routine HBV testing?** | | %:  □ Unknown | □ N/A (health systems not assessed) |
| **Have you provided feedback to the top 5 highest volume health systems with recommendations on promoting routine HCV and/ or HBV testing?** | | *Select one*  □ Yes  □ No | □ N/A (health systems not assessed) |

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| **Use this space if needed**  **to provide additional information related to Section 2.1** |  |

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| **Was Section 2.2 funded?** | *Select one* | □ No *NOTE: Stop here if not funded* | □ Yes |

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**2.2—Increase access to hepatitis C and/or hepatitis B testing and referral to care**

**in high-impact settings**

**Measures 2.2.2.a – 2.2.2.b**

* Jurisdiction established relationship with partners in high-impact settings to identify high priority facilities for expansion of testing for HCV and/or HBV in high-impact settings, by setting type (syringe services programs, substance use disorder treatment programs, correctional facilities, emergency departments, hospital-based programs, sexually transmitted disease clinics, homeless services, health centers, other)
* Number of clients seen, by setting

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| **Setting** | **Relationship established to expand HCV testing** | **Relationship established to expand HBV testing** | **Number of clients seen during this reporting period** |
| **Setting 1**  **Type:** >  **If other, specify:**  >  **Name:** > | *Select one*  □ Yes  □ No | *Select one*  □ Yes  □ No | >  □ Unknown  □ N/A |
| **Setting 2**  **Type:** >  **If other, specify:**  >  **Name:** > | *Select one*  □ Yes  □ No | *Select one*  □ Yes  □ No | >  □ Unknown  □ N/A |
| **Setting 3**  **Type:** >  **If other, specify:**  >  **Name:** > | *Select one*  □ Yes  □ No | *Select one*  □ Yes  □ No | >  □ Unknown  □ N/A |
| **Setting 4**  **Type:** >  **If other, specify:**  >  **Name:** > | *Select one*  □ Yes  □ No | *Select one*  □ Yes  □ No | >  □ Unknown  □ N/A |
| **Setting 5**  **Type:** >  **If other, specify:**  >  **Name:** > | *Select one*  □ Yes  □ No | *Select one*  □ Yes  □ No | >  □ Unknown  □ N/A |
| **Setting 6**  **Type:** >  **If other, specify:**  >  **Name:** > | *Select one*  □ Yes  □ No | *Select one*  □ Yes  □ No | >  □ Unknown  □ N/A |
| **Setting 7**  **Type:** >  **If other, specify:**  >  **Name:** > | *Select one*  □ Yes  □ No | *Select one*  □ Yes  □ No | >  □ Unknown  □ N/A |
| **Setting 8**  **Type:** >  **If other, specify:**  >  **Name:** > | *Select one*  □ Yes  □ No | *Select one*  □ Yes  □ No | >  □ Unknown  □ N/A |
| **Total number of settings:**  > |  |  | **TOTAL:** > |

**Measures 2.2.2.c – 2.2.2.f, 2.2.3.a**

* Number of clients screened for hepatitis C (anti-HCV), by setting
* Number of clients positive for anti-HCV, by setting
* Number of clients tested for HCV RNA, by setting
* Number of clients positive for HCV RNA, by setting
* Number of clients positive for HCV RNA linked to treatment, by setting

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|  | **During this reporting period, number of:** | | | | |
| **Setting** | **Clients screened for hepatitis C (anti-HCV)** | **Clients positive for anti-HCV** | **Clients tested for HCV RNA** | **Clients positive for HCV RNA** | **Clients positive for HCV RNA linked to hepatitis C treatment** |
| **Setting 1**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 2**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 3**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 4**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 5**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 6**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 7**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 8**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Total number of settings:**  > | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > |

**Measures 2.2.2.g – 2.2.2.h, 2.2.3.b**

* Number of clients screened for hepatitis B, by setting
* Number of clients positive for HBsAg, by setting
* Number of clients positive for HBsAg linked to care, by setting

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|  | **During this reporting period, number of:** | | |
| **Setting** | **Clients screened for hepatitis B** | **Clients positive for HBsAg** | **Clients positive for HBsAg linked to hepatitis B care** |
| **Setting 1**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 2**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 3**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 4**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 5**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 6**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 7**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 8**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Total number of settings:**  > | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > |

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| **Use this space if needed**  **to provide additional information related to Section 2.2** |  |

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| **Was Section 2.3 funded?** | *Select one* | □ No *NOTE: Stop here if not funded* | □ Yes |

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**2.3—Improve access to services preventing viral hepatitis**

**and other bloodborne infections among people who inject drugs (PWID)**

**Measures 2.3.3.a – 2.3.3.d**

* Number of hepatitis A vaccination doses administered to clients in the high-impact settings, by setting
* Number of clients in the high-impact settings who completed hepatitis A vaccination series, by setting
* Number of hepatitis B vaccination doses administered to clients in the high-impact settings, by setting
* Number of clients in the high-impact settings who completed hepatitis B vaccination series, by setting

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|  | **During this reporting period, number of:** | | | |
| **Setting** | **Hepatitis A vaccination doses administered** | **Clients who completed hepatitis A vaccination series** | **Hepatitis B vaccination doses administered** | **Clients who completed hepatitis B vaccination series** |
| **Setting 1**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 2**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 3**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 4**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 5**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 6**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 7**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Setting 8**  **Type:** >  **If other, specify:**  >  **Name:** > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A |
| **Total number of settings:**  > | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > |

**Measures 2.3.1.a – 2.3.1.d, 2.3.2.a**

* Number of syringe services programs (SSPs) in the jurisdiction
* Number of visits in the jurisdiction, by SSP
* Number of unduplicated SSP clients in the jurisdiction, by SSP
* Mean (median) syringe coverage rates, by SSP
* Number of clients linked to substance use disorder treatment by SSPs in the jurisdiction, by SSP

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|  | **During this reporting period, number of:** | | |  |
| **Syringe services programs (SSPs) in jurisdiction** | **Client visits** | **Unduplicated SSP clients** | **Clients linked to substance use disorder treatment** | **Mean (median) syringe coverage rates during this reporting period** |
| **SSP 1**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 2**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 3**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 4**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 5**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 6**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 7**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 8**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 9**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 10**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 11**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 12**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 13**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 14**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 15**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 16**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 17**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 18**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 19**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 20**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 21**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 22**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 23**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 24**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 25**  **Name:**  > | >  □ Unknown  □ N/A | □ Unknown  □ N/A | □ Unknown  □ N/A | > |
| **SSP 26**  **Name:**  > | >  □ Unknown  □ N/A | □ Unknown  □ N/A | □ Unknown  □ N/A | > |
| **SSP 27**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 28**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 29**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 30**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 31**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 32**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 33**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 34**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 35**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 36**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 37**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 38**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 39**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 40**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 41**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 42**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 43**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 44**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 45**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 46**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 47**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 48**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 49**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **SSP 50**  **Name:**  > | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | >  □ Unknown  □ N/A | > |
| **Total number of SSPs:**  > | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > | **Overall mean (median):** > |

|  |  |
| --- | --- |
| **Use this space if needed**  **to provide additional information related to Section 2.3** |  |