

S1 Table. Structured questionnaire survey on HCC surveillance status

ID number : _____ **Birth** _____ **Year** _____ **Month** _____ **Day** _____ **Sex** Male/Female
Residence : _____ **Providence** _____ **City** _____ **Survey Date :** _____ **Year** _____ **Month** _____
_____ **Day**

1. This is the question about history of chronic liver disease

1) Do you have family members with chronic liver disease? Yes No

- Chronic hepatitis B
- Chronic hepatitis C
- Alcoholic hepatitis
- Liver cirrhosis
- Liver cancer
- Others (_____)

2) Do you get diagnosed with chronic liver disease earlier? Yes (Diagnosis Year : _____) No

- Chronic hepatitis B
 - Check the medicine you took
 - Zeffix (duration : _____)
 - Hepsera (duration : _____)
 - Baraclude (duration : _____)
 - Viread (duration : _____)
 - Peg-Interferon (duration : _____)
- Chronic hepatitis C
 - Check the medicine you took
 - Interferon 3 times/week (duration : _____)
 - Peg-Interferon 1 time/week (duration : _____)
 - Interferon 3 times/week & Ribavirin (duration : _____)
 - Peg-Interferon 1 time/week & Ribavirin (duration : _____)
 - Fatty liver disease (alcoholic or non-alcoholic)
 - Others (_____)

3) Do you get diagnosed with liver cirrhosis earlier ? Yes (Year : _____) No

- Check the symptom you experienced
 - Hematemesis, hematochezia or Melena
 - Hepatic encephalopathy
 - Ascites
-

2. This is the question about regular surveillance test for liver cancer

- 1) Do you know that the patient with these disease has increased risk of liver cancer?
- 1) Chronic hepatitis B Yes, I Know No, I don't know
 - 2) Chronic hepatitis C Yes, I Know No, I don't know
 - 3) Fatty liver Yes, I Know No, I don't know
 - 4) Liver cirrhosis Yes, I Know No, I don't know

- 2) Do you know that the patient with high risk for liver cancer should receive regular surveillance test?
- Yes (->Go to question 2-1, 2-2)
 - No (->Go to question 3)

- 2-1) Which route did you find out
- Primary physician
 - Family, friends, colleague
 - TV/radio/newspaper
 - Others ()

- 2-2) Do you know which test he/she Should receive? (multiple choice)
- Serum liver enzyme (AST, ALT)
 - Serum tumor marker (AFP)
 - Liver ultrasonography
 - Liver CT or MRI
 - Others ()

- 3) Do you know the fact that you must receive regular surveillance test for liver cancer?
- Yes No
 - If you know, which route did you know?
 - Primary physician
 - Family, friends, colleague
 - TV/radio/newspaper
 - Others ()

-) Have you ever received surveillance test for liver cancer, at least one time?
- Yes (->Go to question 5)
 - No (->Go to question 6)

5. Please answer only those who have received surveillance test for liver cancer

- 5-1) When did you start to receive the surveillance test?
- From _____ Year _____
Month ago

- 5-2) Which intervals did you receive the surveillance test?
- Every 3 months
 - Every 6 months
 - Every 1 year
 - Every 2 years
 - Irregularly
 - Others ()

- 5-3) Which kind of tests did
- Serum liver enzyme (AST/ALT)
 - Serum tumor marker (AFP)
-

<p>you receive? (multiple choice)</p>	<p><input type="checkbox"/> Liver ultrasonography</p> <p><input type="checkbox"/> Others ()</p>	<p><input type="checkbox"/> Liver CT or MRI</p>
<p>5-4) When did you receive the surveillance test for the past 2 years, and which kind of test did you receive?</p>	<p>For the past 2 years, total _____ times</p> <p>1)_____ year _____ month ago</p> <p><input type="checkbox"/> Serum liver enzyme (AST/ALT)</p> <p><input type="checkbox"/> Liver ultrasonography</p> <p><input type="checkbox"/> Others ()</p> <p>2)_____ year _____ month ago</p> <p><input type="checkbox"/> Serum liver enzyme (AST/ALT)</p> <p><input type="checkbox"/> Liver ultrasonography</p> <p><input type="checkbox"/> Others ()</p> <p>3)_____ year _____ month ago</p> <p><input type="checkbox"/> Serum liver enzyme (AST/ALT)</p> <p><input type="checkbox"/> Liver ultrasonography</p> <p><input type="checkbox"/> Others ()</p> <p>4)_____ year _____ month ago</p> <p><input type="checkbox"/> Serum liver enzyme (AST/ALT)</p> <p><input type="checkbox"/> Liver ultrasonography</p> <p><input type="checkbox"/> Others ()</p> <p>5)_____ year _____ month ago</p> <p><input type="checkbox"/> Serum liver enzyme (AST/ALT)</p> <p><input type="checkbox"/> Liver ultrasonography</p> <p><input type="checkbox"/> Others ()</p> <p>6)_____ year _____ month ago</p> <p><input type="checkbox"/> Serum liver enzyme (AST/ALT)</p> <p><input type="checkbox"/> Liver ultrasonography</p> <p><input type="checkbox"/> Others ()</p>	<p><input type="checkbox"/> Serum tumor marker (AFP)</p> <p><input type="checkbox"/> Liver CT or MRI</p> <p><input type="checkbox"/> Serum tumor marker (AFP)</p> <p><input type="checkbox"/> Liver CT or MRI</p> <p><input type="checkbox"/> Serum tumor marker (AFP)</p> <p><input type="checkbox"/> Liver CT or MRI</p> <p><input type="checkbox"/> Serum tumor marker (AFP)</p> <p><input type="checkbox"/> Liver CT or MRI</p> <p><input type="checkbox"/> Serum tumor marker (AFP)</p> <p><input type="checkbox"/> Liver CT or MRI</p> <p><input type="checkbox"/> Serum tumor marker (AFP)</p> <p><input type="checkbox"/> Liver CT or MRI</p>
<p>6) Why didn't you receive regular surveillance test for liver cancer?</p>	<p><input type="checkbox"/> I don't know the fact that I should receive regular surveillance test for liver cancer</p> <p><input type="checkbox"/> It is too busy to visit the hospital</p> <p><input type="checkbox"/> It is too far to visit the hospital</p> <p><input type="checkbox"/> It is too expensive to receive the surveillance test for liver cancer</p> <p><input type="checkbox"/> Others ()</p>	

HCC, hepatocellular carcinoma; ID, identification; Peg-Interferon, pegylated-interferon; AST, aspartate aminotransferase; ALT, alanine aminotransferase; AFP, α -fetoprotein; CT, computed tomography; MRI, magnetic resonance imaging.