

RISK FACTOR ASSESSMENT

Date of Evaluation ____/____/____
mm dd yy

1. Has the patient ever had a blood transfusion? Yes No Unk

If yes, date of first transfusion ____/____/____

If date unknown, was transfusion prior to 1991? Yes No Unk

2. Has the patient ever received a blood component or derivative? Yes No Unk

If yes, specify type(s): Clotting factor IV gamma globulin RhoGAM Other: _____

3. Has the patient ever had renal dialysis? Yes No Unk

4. Did the patient ever work in a hospital or other health care setting? Yes No Unk

If yes, did a needle stick occur? Yes No Unk

If needle stick occurred, is the hepatitis C status of the source patient known? Yes No

5. Has the patient ever used injection drugs except as prescribed by a physician? Yes No Unk

6. Has the patient ever used intra-nasal illicit drugs? Yes No Unk

7. Has the patient ever lived with someone who had hepatitis C when they were living together or shared household items (i.e. razors, toothbrushes, nail clippers) with someone who had hepatitis C? Yes No Unk

8. Has the patient ever had sexual contact with a person who had hepatitis C? Yes No Unk

9. Has the patient ever had a body piercing other than the ears? Yes No Unk

If yes, was the piercing done by a professional? Yes No Unk

10. Has the patient ever had a tattoo? Yes No Unk

If yes, was the tattoo done by a professional? Yes No Unk

11. Was the patient's birth mother ever diagnosed with hepatitis C? Yes No Unk

12. For those marked yes, indicate the item number for the one that occurred first (if item 11 is "Yes," then record "11" here) _____

13. In the opinion of the investigator, what is the most likely source of hepatitis C?

- 1 Blood or blood products 3 Injection drug use 5 Other: _____
- 2 Sexually transmitted 4 Occupational/medical -3 Unknown

14. In the opinion of the investigator, when was the hepatitis C infection acquired? Date ____/____/____ Unk
mm yy

COMPLETION LOG			
Data Collector ID _____			
Initials			
Data Collection	_____ - _____ - _____	Date Entered	_____ - _____ - _____
	MM DD YY		MM DD YY
		Date Verified	_____ - _____ - _____
			MM DD YY