

SCREENING QUESTIONNAIRE

Instructions: This questionnaire asks about you and your behaviors. Please read each question and instruction carefully. Record your answers in the space provided or check the box that corresponds to your response.

Please record today's date ____ / ____ / ____
month day year

SECTION I: DEMOGRAPHICS

Instructions: This section asks questions about you and your residence. Please record your answers in the space provided or check the box that corresponds to your response.

1. What is your home zip code? _____ - _____
2. How many adults (at least 18 years of age) are living in your household (including yourself)? _____
3. How many children (under 18 years of age) are living in your household? _____
4. What is your current marital status?
 - 1 Never married
 - 2 Married or Living in a marriage-like relationship
 - 3 Widowed
 - 4 Divorced or Separated
5. In what country was your birth FATHER born?
 - 1 Continental U.S., Alaska, or Hawaii
 - 2 Other: _____
 - Unknown
6. In what country was your birth MOTHER born?
 - 1 Continental U.S., Alaska, or Hawaii
 - 2 Other: _____
 - Unknown

SECTION II: EDUCATION AND WORK STATUS

Instructions: This section asks about your level of education and current work status. Please check only one response per question.

1. What is the highest level of school you have completed? (check only one)

- 1 None or some grade school
- 2 Grade school
- 3 Some high school
- 4 High school diploma
- 5 Some college, no degree
- 6 Vocational or Technical School
- 7 Associate (2 year) degree
- 8 Bachelor's degree
- 9 Master's degree
- 10 Doctoral degree
- 11 Other degree: _____

2. What is your employment status now? (check only one)

- 1 Employed at a job for pay, full-time
- 2 Employed at a job for pay, part-time
- 3 Homemaker, not currently working for pay
- 4 Not currently employed, retired
- 5 Not currently employed, not retired
- 6 Other: _____

IF 1 or 2, GO TO QUESTION 2.1

IF 3, 4, or 5, GO TO QUESTION 2.3

2.1 Are you employed outside of the home? Yes No

2.2 Have you had to reduce the number of hours that you work in an average week because of your chronic hepatitis C? Yes No

2.3 Did you stop working because of your chronic hepatitis C? Yes No

3. What is your occupation? _____

4. What is your primary method of insurance? (check only one)

- 1 Medicare
- 2 Other public (example: Medicaid, VA)
- 3 Private (example: Blue Cross, HMO)
- 4 None / self pay

SECTION III: HEALTH BEHAVIOR

Instructions: This section asks about your alcohol and smoking behaviors. Check the box that corresponds to your response or record your answer in the space provided.

1. During the past 12 months have you consumed an average of at least one alcoholic beverage per week?

No IF NO, GO TO QUESTION 2

Yes IF YES



1.1 During the past 12 months, on average, how many 12 oz. bottles of beer **per week** did you consume? _____ bottles

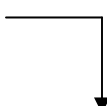
1.2 During the past 12 months, on average, how many 4 oz. glasses of wine **per week** did you consume? _____ glasses

1.3 During the past 12 months, on average, how many 1.5 oz. shots of hard liquor or mixed drinks **per week** did you consume? _____ shots

2. During the past 12 months have you ever consumed 7 or more alcoholic beverages (including mixed drinks, shots, beer, or wine) within a 24-hour period?

No IF NO, GO TO QUESTION 3

Yes IF YES



2.1 During the past 12 months, how often have you consumed 7 or more alcoholic beverages within a 24-hour period?

1 Once a week or more

2 One to three times per month

3 Less than once a month

3. Prior to your diagnosis of hepatitis C, how much alcohol did you consume compared to now?

- 1 Less alcohol
- 2 Same amount of alcohol
- 3 More alcohol

4. Compared to the past 12 months, how much alcohol did you consume in previous years?

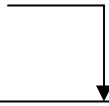
- 1 Less alcohol
- 2 Same amount of alcohol
- 3 More alcohol

5. Have you smoked at least 100 cigarettes in your entire life?

No

Yes

IF YES



5.1 Do you currently smoke cigarettes? Yes No

IF YES

5.1.1 How many packs do you smoke per day?
(1 pack = 20 cigarettes)

1 Less than 1 pack per day

2 1 pack or more per day