

RISK FACTOR ASSESSMENT (RA)

DATA SECTION	COMPLETION INSTRUCTIONS
<p>GENERAL INFORMATION</p> <p>PATIENT ID</p> <p>DATE OF EVALUATION</p>	<p>The Risk Factor Assessment is to be completed by the Clinical Coordinator with the patient at the Screen 2 visit. This form obtains information on patient exposure to known risk factors associated with hepatitis C.</p> <p>Record the patient's ID number in the top right hand corner of the page.</p> <p>Record the date (month/day/year) that the patient was evaluated.</p> <p>GENERAL INSTRUCTIONS:</p> <p><u>Questions 1-11:</u> Check "Yes" or "No" to indicate whether the patient has the specified risk factor. If the patient does not know or refuses to answer the question, check "Unknown".</p> <p>SPECIFIC INSTRUCTIONS:</p> <p><u>Blood transfusion:</u> The patient has ever had a blood transfusion.</p> <ul style="list-style-type: none"> • If yes, record the month, day, and year of the first transfusion. If any part of the date is unknown, record "Unk" in that field and complete the remaining fields. • If the date is not known, check "Yes", "No", or "Unknown" to indicate if the transfusion was prior to 1991. <p><u>Blood component or derivative:</u> The patient has ever received any type of blood components or derivatives. If yes, check all types of blood component(s) or derivative(s). If "Other", record the type in the space provided.</p> <p><u>Renal dialysis:</u> The patient has ever had renal dialysis.</p> <p><u>Hospital or health care setting:</u> Other health care settings are health centers/clinics, nursing homes, hospice/home care, psychiatric centers and dental centers.</p> <ul style="list-style-type: none"> • If yes, check "Yes", "No", or "Unknown" to indicate whether the patient was ever stuck by a needle. • If patient was stuck with a needle, check "Yes" or "No" to indicate if the hepatitis C status of the source patient is known. <p><u>Injection drugs:</u> Commonly used intravenous/injection drugs include (but are not limited to) heroin, cocaine, PCP, barbiturates, morphine, amphetamines, and methamphetamine.</p> <p><u>Intra-nasal illicit drugs:</u> Inhalation of any illicit drug through the nose.</p> <p><u>Living together and household items:</u> The patient has ever lived with someone who had hepatitis C at the time they were living together. Or the patient has ever shared household items such as razors, toothbrushes, or nail clippers with someone who has hepatitis C.</p>

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	<p><u>Sexual contact</u>: The patient has ever had oral, vaginal, or anal sex with someone who had hepatitis C.</p> <p><u>Body piercing</u>: The patient has ever had body piercing other than the ear. If yes, check "Yes", "No", or "Unknown", to indicate if the patient had the piercing done by a professional.</p> <p><u>Tattoo</u>: The patient has ever had a tattoo. If yes, check "Yes", "No", or "Unknown", to indicate if the patient had the tattoo done by a professional.</p> <p><u>Birth mother</u>: The patient's birth mother was diagnosed with hepatitis C.</p> <p><u>First risk factor</u>: Record the item number of the risk factor that occurred first. For example, if number 11 (birth mother diagnosed) occurred, record "11". If the first risk factor cannot be determined, record "Unk".</p> <p><u>Source of hepatitis C</u>: In the opinion of the investigator, check the box that indicates the most likely source of hepatitis C. If other, specify the source in the space provided. If the source is unknown, check "Unknown".</p> <p><u>Year of acquired infection</u>: In the opinion of the investigator, record the month and year that the patient was infected. If the month is unknown, record "Unk" in that field and complete the year. If both the month and year are unknown, check "Unknown".</p>