

SCREENING QUESTIONNAIRE (SQ)

DATA SECTION	COMPLETION INSTRUCTIONS
GENERAL INFORMATION	<p>The Screening Questionnaire is to be completed by the patient at the Screen 2 visit. After the patient has completed the Screening Questionnaire, the coordinator will review the questionnaire with the patient to verify the patient's responses. The coordinator will confirm the educational level and provide the Nam-Powers occupational code.</p>
	<p>This questionnaire is to be completed by the patient. If the patient is not able to complete the form without help, the coordinator may read the questions and answers to the patient.</p>
PATIENT ID	<p>Record the Patient ID number. Patient ID should be recorded in the top right hand corner of each page.</p>
TODAY'S DATE	<p>Record the date (month/day/year) that the Screening Questionnaire is completed.</p>
DEMOGRAPHICS	<p>SPECIFIC INSTRUCTIONS:</p> <p><u>Zip code:</u> Record the zip code (5 digits + 4 digits) that corresponds to the patient's home address. For example, 54321-1234. If either the 5 digit or 4 digit codes is not known, record "Unk" for that portion of the zip code.</p> <p><u>Household number of adults:</u> Record the number of adults (≥ 18 years of age), including the patient, that are living in the patient's household.</p> <p><u>Household number of children:</u> Record the number of children, (under 18 years of age) that are living in the patient's household.</p> <p><u>Marital status:</u> Check the box that reflects the current marital status of the patient.</p> <p><u>Country of father's birth:</u> Check "Continental U.S., Alaska, or Hawaii" if the patient's birth father was born in the 48 continental states, Alaska, or Hawaii. If not, check "Other" and record the name of the country or territory. If the patient does not know, check "Unknown".</p> <p><u>Country of mother's birth:</u> Check "Continental U.S., Alaska, or Hawaii" if the patient's birth mother was born in the 48 continental states, Alaska, or Hawaii. If not, check "Other" and record the name of the country or territory. If the patient does not know, check "Unknown".</p>

DATA SECTION	COMPLETION INSTRUCTIONS
<p>EDUCATION AND WORK STATUS</p>	<p>GENERAL INSTRUCTIONS:</p> <p>This section asks questions regarding the patient's level of education and current work status.</p> <p>SPECIFIC INSTRUCTIONS:</p> <p><u>Highest level of school:</u> Check the highest level of school the patient has completed. Check only one answer. For example, if the patient has completed a Bachelor's degree and is currently in a Master's program, check "Bachelor's degree". If the level of education is not listed, check other and record the degree of the patient.</p> <p><u>Employment status:</u> (1) Check the box that indicates the patient's current work status.</p> <p>(2) If the patient has a full-time [1] or part-time [2], paying job, answer questions 2.1 and 2.2.</p> <p style="padding-left: 40px;"><u>Question 2.1:</u> Check "Yes" if the patient is employed outside of the home. If not, check "No".</p> <p style="padding-left: 40px;"><u>Question 2.2:</u> Check "Yes" if the patient has had to reduce the number of hours worked per week due to his/her chronic hepatitis C. If not, check "No".</p> <p>(3) If the patient is a homemaker [3], retired (not employed) [4], or not employed [5], answer question 2.3.</p> <p style="padding-left: 40px;"><u>Question 2.3:</u> Check "Yes" if the patient stopped working due to their chronic hepatitis C. If not, check "No".</p> <p>(4) If other [6] work status, complete the appropriate questions, questions 2.1 and 2.2 or question 2.3, pertaining to the patient's current work status.</p> <p><u>Occupation:</u> Write in the patient's current occupation and then refer to the Nam-Powers to categorize the occupation. Record the appropriate code number for entry in the research database.</p> <p><u>Insurance:</u> Check the box that indicates the patient's primary method of insurance. If the patient indicates more than one, check the method of insurance the patient uses a majority of the time.</p>

