SCREENING QUESTIONNAIRE (SQ)

| 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. |
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| 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. |
| Record the Patient ID number. Patient ID should be recorded in the top right hand corner of each page. |
| Record the date (month/day/year) that the Screening Questionnaire is completed. |
| SPECIFIC INSTRUCTIONS: |
| Zip code: 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. |
| Household number of adults: Record the number of adults (≥ 18 years of age), including the patient, that are living in the patient's household. |
| Household number of children: Record the number of children, (under 18 years of age) that are living in the patient's household. |
| Marital status: Check the box that reflects the current marital status of the patient. |
| Country of father's birth: 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". |
| Country of mother's birth: 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". |
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| DATA SECTION | COMPLETION INSTRUCTIONS |
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| EDUCATION AND WORK | GENERAL INSTRUCTIONS: |
| STATUS | This section asks questions regarding the patient's level of education and current work status. |
| | SPECIFIC INSTRUCTIONS: |
| | <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. |
| | Employment status: (1) Check the box that indicates the patient's current work status. |
| | (2) If the patient has a full-time [1] or part-time [2], paying job, answer questions 2.1 and 2.2. |
| | Question 2.1: Check "Yes" if the patient is employed outside of the home. If not, check "No". |
| | Question 2.2: 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". |
| | (3) If the patient is a homemaker [3], retired (not employed) [4], or not employed [5], answer question 2.3. |
| | Question 2.3: Check "Yes" if the patient stopped working due to their chronic hepatitis C. If not, check "No". |
| | (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. |
| | Occupation: 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. |
| | Insurance: 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. |
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| DATA SECTION | COMPLETION INSTRUCTIONS |
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| HEALTH BEHAVIOR | GENERAL INSTRUCTIONS: |
| | This section asks questions designed to capture current alcohol and cigarette use. If the patient does not answer the question, indicate whether the response is unknown or the patient refuses to answer the question. |
| ALCOHOL USE | SPECIFIC INSTRUCTIONS: |
| | 12 month average: (1) Check "Yes" if the patient has consumed an average of one alcoholic beverage per week during the past 12 months. If not, check "No" and continue to question 2. |
| | (2) If yes, answer questions 1.1, 1.2 and 1.3, indicating the average number of alcoholic beverages the patient has consumed per week during the past 12 months. |
| | Beer: Record the average number of 12 oz. bottles of beer the patient has consumed per week. |
| | Wine: Record the average number of 4 oz. glasses of wine the patient has consumed per week. <u>Liquor</u> : Record the average number of 1.5 oz. shots of hard liquor or mixed drinks the patient has consumed per week. |
| | 7 or more alcoholic beverages: (1) Check "Yes" if the patient has ever consumed 7 or more alcoholic beverages (mixed drinks, shots, beer and/or wine) in a 24 hour period during the past 12 months. If not, check "No" and continue to question 3. |
| | (2) If yes, check the box that best indicates how often during the past 12 months the patient has had more than 7 alcoholic drinks in a 24 hour period. |
| | Alcohol use prior to hepatitis C diagnosis: Check the box that best compares the patient's current alcohol consumption to the patient's alcohol consumption prior to his/her diagnosis of hepatitis C. |
| | Alcohol previous years: Check the box that best indicates the amount of alcohol the patient consumed in previous years compared to the amount of alcohol consumed during the past 12 months. |
| SMOKING HISTORY | SPECIFIC INSTRUCTIONS: |
| | Ever smoked: (1) Check "Yes" if the patient has smoked at least 100 cigarettes in his/her life. If not, check "No". |
| | (2) If yes, check "Yes" or "No" to indicate whether the patient currently smokes. |
| | (2a) If yes, check the box that best indicates how many packs the patient smokes per day. One pack is equal to 20 cigarettes. |