



# Hep C Patient Quiz

## Hepatitis Risk Assessment Questionnaire

Use the following questions to determine if your patient is at risk for hepatitis C infection.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

*The Centers for Disease Control and Prevention recommendation is that patients who answer “yes” to any questions #1-#6 should be tested for the hepatitis C virus.<sup>1</sup>*

1. Have you been notified that you received a blood transfusion from a donor who was later found to have hepatitis C?

Yes  No

2. Have you ever injected drugs, even if you experimented just a few times years ago?

Yes  No

3. Did you have a blood transfusion or solid organ transplant before July 1992?

Yes  No

4. Did you ever receive a blood product for clotting problems that was produced before 1987?

Yes  No

5. Have you ever been on kidney dialysis?

Yes  No

6. Have you had an elevated liver enzyme test (ALT or AST) or other evidence of liver disease?

Yes  No

*The National Institutes of Health Consensus Development Conference recommendation is that patients who answer “yes” to questions #7, #8 or #9 should be tested for hepatitis C.<sup>1</sup>*

7. Have you changed sex partners frequently?

Yes  No

8. Do you have a history of sexually transmitted disease?

Yes  No

9. Are you a long-term sex partner of a person who is infected with hepatitis C?

Yes  No



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*Patients who answer “yes” to any questions #10-#21 are at increased risk for acquiring hepatitis C virus.<sup>2</sup>*

10. Have you received transplanted tissue (such as cornea, skin, heart, or kidney)?<sup>1</sup>  
 Yes     No
11. Have you inhaled cocaine or other noninjecting illegal drugs?<sup>1</sup>  
 Yes     No
12. Have you had tattoos and/or body piercings?<sup>1</sup>  
 Yes     No
13. Have you had a Cesarean section or other obstetric or gynecological surgery, oral surgery, or other surgery?<sup>2</sup>  
 Yes     No
14. Have you experienced chronic fatigue or tiredness that your doctor has been unable to explain?<sup>2</sup>  
 Yes     No
15. Have you been diagnosed as HIV-positive?<sup>2</sup>  
 Yes     No
16. Has anyone in your immediate family been diagnosed with hepatitis B or hepatitis C?<sup>2</sup>  
 Yes     No
17. If you answered “Yes” to #16: Have you ever shared personal items such as razors, combs, toothbrushes, etc. with any family member who has been diagnosed with hepatitis C?  
 Yes     No
18. Have you served in the military?<sup>2</sup>     Yes     No
19. Have you been in prison?<sup>2</sup>     Yes     No
20. Have you had a problem with alcoholism?<sup>2</sup>  
 Yes     No
21. Have you had unprotected sex with anyone who might fit any of the above descriptions?<sup>2</sup>  
 Yes     No
22. In your work, are you ever in contact with blood, blood products, or needles?<sup>2</sup>  
 Yes     No

## References

1. MedicineNet.com. Hepatitis C. [http://www.medicinenet.com/hepatitis\\_c/page6.htm](http://www.medicinenet.com/hepatitis_c/page6.htm)
2. Schering / Ready to Learn All About Hepatitis. Visiting Your Doctor. [http://www.allabouthepatitisc.com/readytolearn/about/risk\\_question.jsp](http://www.allabouthepatitisc.com/readytolearn/about/risk_question.jsp)

