

**HEPATITIS C RISK FACTOR ASSESSMENT (SAMPLE)**

1. Why did you come to be tested for hepatitis C?  
\_\_\_\_\_
  
2. Have you ever been tested for hepatitis C in the past?  
Yes\_\_\_\_ No\_\_\_\_ Don't know\_\_\_\_ Declines to answer\_\_\_\_  
  
If yes, when? \_\_\_\_\_
  
3. Have you ever received a blood transfusion or blood products before 1992?  
Yes\_\_\_\_ No\_\_\_\_ Don't know\_\_\_\_ Declines to answer\_\_\_\_
  
4. Have you ever injected drugs?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
  
5. If yes, do you currently inject drugs?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
  
6. Have you ever snorted cocaine?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
  
7. Do you use latex condoms and/or other barrier methods every time you engage in sexual activity?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
  
8. Have you ever been tested for HIV (human immunodeficiency virus)?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
  
9. How many sexual partners have you had (lifetime)? \_\_\_\_\_
  
10. Have you ever had any sexually transmitted diseases?  
Yes\_\_\_\_ No\_\_\_\_  
List type and how many times \_\_\_\_\_
  
11. Have you ever worked in a health care setting?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
  
12. If yes, were you ever stuck or cut with a sharp object after it had contact with someone else's blood?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_

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- 13. Have you ever been tattooed?  
Yes \_\_\_ No \_\_\_ Declines to answer \_\_\_
- 14. Have you ever had a body piercing? (ears, genitalia, tongue, nipples, etc.)  
Yes \_\_\_ No \_\_\_ Declines to answer \_\_\_
- 15. Have you ever been in a drug treatment program for alcohol or other drugs?  
Yes \_\_\_ No \_\_\_ Declines to answer \_\_\_
- 16. Have you ever you felt that you should *cut* down on your drinking?  
Yes \_\_\_ No \_\_\_ Declines to answer \_\_\_
- 17. Have people *annoyed* you by criticizing your drinking?  
Yes \_\_\_ No \_\_\_ Declines to answer \_\_\_
- 18. Have you ever felt bad or *guilty* about your drinking?  
Yes \_\_\_ No \_\_\_ Declines to answer \_\_\_
- 19. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (*eye-opener*)?  
Yes \_\_\_ No \_\_\_ Declines to answer \_\_\_
- 20. Have you ever been in combat?  
Yes \_\_\_ No \_\_\_ Declines to answer \_\_\_  
  
If yes, which era? \_\_\_\_\_
- 21. If yes, did someone else's blood ever get on your skin?  
Yes \_\_\_ No \_\_\_ Declines to answer \_\_\_

22. Additional Comments:  
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