

Hepatitis C Interview Questionnaire

In order to gain a better understanding of how the Kent County Health Department can assist physicians in educating their patients diagnosed with hepatitis C, we are contacting all patients on whom we have received report of a hepatitis C diagnosis. The reporting of these cases to the health department by physicians and laboratories is required under the communicable disease rules in the Michigan Compiled Laws. I would like to ask you a few questions about risk factors for hepatitis C and the education that you received from your physician on your most visit to [Clinic Name] on [Visit Date]. These questions should take no longer than 10 minutes to complete.

Patient Demographics

1. Name: First: _____ Last: _____

2. Race: _____ 3. Hispanic? Y N

4. Place of birth (Country): _____

Disease Information

5. Symptomatic: Y N 6. Jaundice: Y N

7. Pregnant: Y N 7a. Due Date: ____/____/_____

8. Hospitalized? Y N 8a. Hospital Name: _____

8b. Date of Hospitalization: ____/____/_____

9. Is this the first time you have been diagnosed with hepatitis? Y N

If no: Date, Location and Physician of first diagnosis:

9a. Date: ____/____/_____

9b. Clinic/Hospital: _____

9c. Physician: _____

Patient Education and Counseling

10. At your visit to [Clinic Name] on [Visit Date], were you offered education or counseling regarding your hepatitis C infection?

Y N

11. If yes, who provided you with this education/counseling?

Physician

Other (If other, specify here _____)

12. In what form did you receive the education/counseling?

Verbal

Written

Other (specify _____)

13. Approximately how much time did the individual spend with you on education/counseling?

Less than 5 minutes

5-9 minutes

10-15 minutes

More than 15 minutes

14. If you asked questions, were your questions answered to your satisfaction?

Didn't ask any

Yes

No

15. Do you find it difficult to get information about your hepatitis C infection?

Y

N

16. What type of information do you need to best manage your infection?

Risk factors for Hepatitis C

Preventing transmission to others

Sex and HCV

Alcohol and other drugs

Liver biopsy

Over the counter medications

Monitoring liver disease

Hepatitis A and B vaccination

Interpretation of test results

HIV/HCV co-infection issues

Social support/support groups

Hepatitis C genotypes

Treatment options

Making treatment decisions

Referral to GI specialist

Other (please list):

17. Will you be continuing with [Clinic Name] for follow-up care for your infection or were you referred to someone else?

Yes
Referred to Someone Else (Who/Where _____)

Risk Factors:

18. Transfusion before 1992? **Y N** 19. Organ transplant before 1992? **Y N**
20. Clotting factor concentrates before 1987? **Y N** 21. Long-Term Hemodialysis? **Y N**
22. Injected drugs? **Y N** 23. Incarcerated? **Y N**
24. Sex Partners (Approx): _____ 25. Treated for STD? **Y N**
26. Contact with person with hepatitis? **Y N U** 26.a **Sexual Household Other**
27. Employed in medical or dental field involving direct contact with human blood? **Y N**

Recommend:

- Follow up with private care physician for testing and liver health
- Immunizations for Hep A, Hep B series, and annual influenza and pneumonia.
 These are available at HD, we can follow up with reminders if interested.
- Avoid alcohol and raw shellfish and oysters

Interviewed by: _____ Date: _____
