

Are You at Risk for Hepatitis C?

The following questions will help us determine your risk for hepatitis C virus infection. Please check the boxes as they apply to you. If you prefer not to answer personal questions in writing, let your health care provider know if one or more of the following risk factors applies to you. Your health care provider will advise you on hepatitis C testing and/or treatment.



- | | Yes | No | Not sure |
|---|--------------------------|--------------------------|--------------------------|
| 1. Did you receive a blood transfusion or solid organ transplant (heart, lung, liver, pancreas, kidney) before July 1992? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you receive clotting factor concentrates produced before 1987? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were you ever on long-term hemodialysis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had blood tests that showed a liver problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had a needlestick injury working in a health care setting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did your mother have hepatitis C when you were born? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you shared a toothbrush, razor, or any other item that might have blood on it (visible or not) with a person who has hepatitis C? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you had a sex partner who has hepatitis C? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you or your sex partner had a sexually transmitted disease? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you or your sex partner injected illegal drugs, even if it was only one time many years ago? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |