

Are You at Risk for Hepatitis B?

The following questions will help us determine your risk for hepatitis B 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 B testing, vaccination, and/or treatment.



	Yes	No	Not sure
1. Have you ever been told you have hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you traveled or do you plan to travel for 6 months or more to a place where hepatitis B is common (Asia, Africa, Middle East, Eastern Europe, Amazon Basin of South America, Pacific Islands)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were you or your parents born in an area of the world where hepatitis B is common, or are your parents Alaska Natives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was your mother infected with hepatitis B virus when you were born?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever lived with a person who has hepatitis B virus infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you come in direct contact with the blood of another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you worked in health care or another occupation where you might have come in contact with someone else's blood or body fluids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you provided services for or lived in a home for people with developmental disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have hemophilia, have you had kidney dialysis, or did you receive a blood transfusion prior to 1975?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a tattoo or body piercing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been in prison?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you concerned that you might have been exposed to a sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you or your sex partner ever had a sexually transmitted disease or hepatitis B?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had more than one sex partner during a six-month period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you a man who has sex with other men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. How many sex partners have you had in your lifetime? 0 1 2 3-5 6-20 more than 20			
17. Have you or your sex partner ever injected illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever shared equipment (needles, syringes, cotton, water, etc.) when injecting drugs with someone else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever been vaccinated against hepatitis B? If so, when? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>