

Pre-Testing Information

1) Client Pin Number

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2) Testing Site: **40015**

3) Date of Pre-Test (mm/dd/yyyy) / /

4) Signature of Person Conducting Test _____.

5) What gender do you identify as?

☐ Male ☐ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male)

6) If female, are you pregnant?

☐ Yes ☐ No ☐ I Don't Know

7) What type of birth control do you use?

☐ Condom ☐ IUD ☐ Implant ☐ Depo. ☐ Oral ☐ None

Other (please specify) _____

8) Your Birth Date (mm/dd/yyyy) / /

9) What is your zip code of residence?

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10) What ethnicity do you identify with? (Please check ALL that apply)

☐ White/Caucasian (non Latino) ☐ African American/Black (non Latino) ☐ Asian

☐ Hispanic ☐ Native Hawaiian ☐ Other Pacific Islander ☐ Native American

Other (Please specify) _____

11) Have you previously tested for hepatitis C virus?

☐ Yes ☐ No ☐ Don't Know If yes, what year were you tested? _____

12) If you were previously tested for Hepatitis C, what was your previous result?

☐ Positive ☐ Negative ☐ Indeterminate ☐ Don't know ☐ Never Tested

13) Have you ever been diagnosed with hepatitis or jaundice (yellow skin eyes)?

☐ Yes ☐ No ☐ Don't Know

14) Are you a veteran yourself?

☐ Yes ☐ No ☐ Don't Know

15) Do you have insurance?

☐ No ☐ Access (Medical Assistance) ☐ Private

Other (Please specify) _____

16) What is your insurance number? _____

17) Have you ever been in jail, prison, or a detention center?

☐ Yes ☐ No ☐ Don't Know

18) Have you ever received a tattoo or piercing using unsterile needles?

☐ Yes ☐ No ☐ Don't Know

19) Did you receive blood or blood products **before** July, 1992?

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☐ Yes ☐ No ☐ Don't Know

20) Did you receive blood or blood products **during or after** July, 1992?

☐ Yes ☐ No ☐ Don't Know

21) Have you been exposed to another person's blood through a contaminated needle stick injury, blood splash into the eyes, mouth, or onto broken skin?

☐ Yes ☐ No ☐ Don't Know

22) Have you had more than one sexual partner?

☐ Yes ☐ No

23) Have you ever paid for sex or traded sex for drugs, food, clothing, etc.?

☐ Yes ☐ No

24) Have you ever had sex while high on drugs or alcohol?

☐ Yes ☐ No

25) Have you had sex with someone infected with ... (check all that apply)

☐ Hepatitis B ☐ Hepatitis C ☐ HIV/AIDS ☐ STD ☐ No ☐ Yes Don't Know

26) Have you ever had sex with someone who injected drugs?

☐ Yes ☐ No Don't Know ☐ ☐

If YES, is this person your current partner?

☐ Yes ☐ No

27) How much do you think you know about HCV or HIV?

☐ A Little ☐ Some ☐ A lot

28) Have you ever been treated by a doctor for a sexually transmitted disease, such as Chlamydia, gonorrhea, syphilis, etc?

☐ Yes ☐ No

29) Have you ever used injection drugs, or other substances, even once many years ago?

☐ Yes ☐ No ☐ Don't Know

If **YES**, please answer the following questions, if **NO** please skip to question #32

30) How long did you or have you used injection drugs?

☐ None ☐ 1-2years ☐ 3-4years ☐ 5-6years ☐ 7-8years ☐ More than 8

31) How long ago was the last time you injected?

☐ Week ☐ Month ☐ 3 Months ☐ Year

Other (Please specify) _____

32) Have you ever injected with a needle/syringe works used by someone else?

☐ Yes ☐ No

33) If yes, how often do you clean the used needle/syringe works?

☐ Never ☐ Sometimes ☐ Always

34) Have you ever shared cookers, cottons, or water used by someone else?

☐ Yes ☐ No

35) Have you ever snorted drugs, even once many years ago?

☐ Yes ☐ No

36) If yes, have you ever shared straws while snorting?

☐ Yes ☐ No

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37) What is your drug of choice? _____

38) Which drugs do/did you inject? _____

39) How many drinks per week do you have?

☐ 0 ☐ 1-3 ☐ 4-7 ☐ 8-14 ☐ More than 14

40) Have you ever been offered Hepatitis A vaccination by a health care provider?

☐ Yes ☐ No ☐ Don't Know

41) Have you received any of the 2-shot Hepatitis A series?

☐ Completed 2 shots ☐ Completed 1 shot ☐ Never Started Series ☐ Don't Know

42) Have you ever been offered the Hepatitis B vaccination by a health care provider?

☐ Yes ☐ No ☐ Don't Know

43) Have you completed the 3-shot Hepatitis B series?

☐ Completed ☐ Never started ☐ Started, never completed ☐ Don't Know

44) I do not want to answer any of the questions above, I would like to be vaccinated against (check all that apply)

☐ Hepatitis A ☐ Hepatitis B ☐ Both