

Post Test

1) Date of Post-Test (mm/dd/yyyy) / /

2) Signature of person conducting post test _____.

3) Hepatitis C Antibody Test Result

☐ Positive ☐ Negative ☐ Indeterminate

Since your last test have you...

4) Had sex without a barrier?

☐ Yes ☐ No

5) Had sex with more than one person?

☐ Yes ☐ No

6) Had sex with someone that is infected with HIV/HCV?

☐ Yes ☐ No ☐ I Don't Know

7) Used injected drugs?

☐ Yes ☐ No

8) Snorted drugs?

☐ Yes ☐ No

9) Been treated for an STD?

☐ Yes ☐ No

10) Has your alcohol consumption...

☐ Increased ☐ Decreased ☐ Stayed the same

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

☐ A little ☐ Some ☐ A lot

12) Do you think you have gained any knowledge about HCV or HIV that you didn't know before this directional session?

☐ Yes ☐ No

13) Please let us know of any comments or concerns you may have
