

Patient ID Number: _____
Patient Name: _____

Kentucky Department for Public Health Hepatitis C Virus (HCV) Infection Risk Assessment

Please answer the following questions. ALL ANSWERS WILL BE KEPT CONFIDENTIAL.

1. In what country were you born: _____
2. Were you born between 1945 and 1965..... Yes No
3. Are you pregnant? Yes No
4. Do you identify with one or more of the statements below: (Please mark all that apply)
 - I use/ used injection drugs, even once
 - I use/ used intranasal illegal drugs
 - I have tattoos Professional Non-professional (Homemade)
 - I have body piercings Professional Non-professional (Homemade)
 - I have participated in the following practices without a condom:
 - Multiple sex partners
 - I am a man who has sex with men
 - Sex with an intravenous drug user
 - Sex with an individual who has been diagnosed with Hepatitis C
 - Exchanged money or drugs for sex
 - I have or have previously had a sexually transmitted disease
 - I was born to a mother with Hepatitis C
 - I am or was a healthcare, emergency medical or public safety worker who got an accidental needle stick injury
 - I have been in jail or prison
 - I was told that I have unexplained liver problems or inflammation, which includes elevated liver enzyme tests
 - I received a blood transfusion or organ transplant prior to July 1992
 - I received clotting factor prior to 1987
 - I am or was on long-term dialysis
4. I have HIV infection..... Yes No Not Sure
5. Have you had a recent exposure to hepatitis C virus..... Yes No Not Sure
6. Have you previously been tested for hepatitis C virus..... Yes No Not Sure
If yes, what was the result..... Positive Negative Not Sure
7. Are you interested in hepatitis C education, screening, or testing information..... Yes No

Signature of Patient or Other Authorized Person: _____ Date: _____

