BC Centre for Disease Control

July 2009

BC Enhanced Hepatitis Strain Surveillance Project
Hepatitis B

Informed Consent: Please read to individual and answer any questions

There are about 60,000 people with hepatitis B in BC. We want to find out exactly how people here are getting infected, and we hope we can prevent some of these infections in the future. To do this, we want to talk to people who, like you, have hepatitis B. With your permission, I'd like to ask you a few questions about yourself and about some of the ways you might have become infected. **Any information you give us will be kept completely private.** It will not affect your medical care if you don't want to participate, or if you decide that you want to stop answering questions at any point.

Do you have any questions about this study? Are you willing to help us by completing the questionnaire, it should just take about 20 minutes?

***If no*,** "Thank you very much anyway for your time. Have a good day."
***If yes*,** "Thank you very much. This should only take about 20 minutes."

Acute HBV Questionnaire

Consent to enhanced surveillance: ☐ Yes ☐ No

Infection: ☐ Acute HBV ☐ Acute HCV ☐ Acute HCV & HBV Co-infection

Enhanced Surveillance interview done? ☐ Yes ☐ No
If no, why not? ☐ Refused ☐ Unable to locate ☐ Died ☐ Non-case
☐ Language Barrier ☐ Other

Interviewer name and signature: _____
Interview date (dd/mm/yyyy) _____

1. Demographics: "First, I'd just like to get some basic information from you."

Name: _____

Address: _____

_____

Telephone number: _____

Personal Health Number: _____

Sex: ☐ Male
☐ Female

Date of Birth (yyyy/mm/dd): _____

Parent/Guardian name (if applicable): _____

Where were you born? ☐ Canada ☐ Unknown ☐ Other: _____
(If born outside Canada) What year did you come to Canada? _____
To what ethnic or cultural group do you belong? ☐ Caucasian ☐ Indian (S. Asian)
☐ Aboriginal – First Nations ☐ Aboriginal – Metis ☐ Aboriginal – Inuit
☐ Asian ☐ Black ☐ Unknown ☐ Declined ☐ Other: _____

2. Clinical Information

Physician name & city: _____

Laboratory name: _____

Specimen number: _____

Lab Results (fill in available results and/or attach relevant lab reports)
Date (yyyy/mm/dd): _____

Anti-HAV IgM	☐ Negative	☐ Positive	☐ Indeterminate
Anti-HAV Total	☐ Negative	☐ Positive	☐ Indeterminate
HBsAg	☐ Negative	☐ Positive	☐ Indeterminate
Anti-HBc IgM	☐ Negative	☐ Positive	☐ Indeterminate
Anti-HBc	☐ Negative	☐ Positive	☐ Indeterminate
Anti-HBs	☐ Negative	☐ Positive	☐ Indeterminate
HBe Ag	☐ Negative	☐ Positive	☐ Indeterminate
Anti-HCV	☐ Negative	☐ Positive	☐ Indeterminate
HCV RNA	☐ Negative	☐ Positive	☐ Indeterminate

Previous results: Date (yyyy/mm/dd): _____

HBsAg	☐ Negative	☐ Positive	☐ Indeterminate
Anti-HBs	☐ Negative	☐ Positive	☐ Indeterminate
Anti-HBc	☐ Negative	☐ Positive	☐ Indeterminate
Anti-HCV	☐ Negative	☐ Positive	☐ Indeterminate

Why was the patient tested for HBV and/or HCV? (More than one response is possible)
☐ Routine ☐ Prenatal ☐ Symptomatic ☐ Risk factors ☐ Elevated liver enzymes
☐ Insurance and/or blood donation testing ☐ Don't know ☐ Refused to answer
☐ Other, specify _____

"Do you know if your liver enzymes (AST or ALT) have ever been high?"

☐ Yes ☐ No ☐ Test not done ☐ Unknown
Value (ALT): _____ Value (AST): _____
Date (yyyy/mm/dd): _____ Date (yyyy/mm/dd): _____

Symptoms: "Have you experienced any of the following symptoms in the past 6 months?"

Dark Urine	☐ Yes	☐ No	☐ Unknown
Jaundice	☐ Yes	☐ No	☐ Unknown
Abdominal Pain	☐ Yes	☐ No	☐ Unknown
Nausea	☐ Yes	☐ No	☐ Unknown
Malaise	☐ Yes	☐ No	☐ Unknown
Fatigue	☐ Yes	☐ No	☐ Unknown
Loss of Appetite	☐ Yes	☐ No	☐ Unknown

Date of Onset of First Symptom(s) (yyyy/mm/dd): _____

4. Blood Donation

"Have you ever donated blood?"

☐ Yes ☐ No ☐ Unknown ☐ Declined

When? _____ Where? _____
When? _____ Where? _____
When? _____ Where? _____

5. HIV Testing

Has the patient ever been tested for HIV? (HIV testing done with a blood sample)

☐ Yes , When was the patient's last HIV test? _____
☐ No
☐ Refused to answer
☐ Unknown

If yes, what was the result of the patient's last HIV test

☐ Negative ☐ Positive ☐ Results Pending ☐ Refused to answer

6. Socio-Economic Status

What is the patient's current marital status?

☐ Single ☐ Married
☐ Common-Law ☐ Separated/Divorced ☐ Widowed

What is the patient's current employment status?

☐ Employed ☐ Self-employed, Occupation _____
☐ Unemployed ☐ Social assistance or EI ☐ Refused to answer

What is the patient's occupation? _____

What is the patient's highest level of completed education?

☐ None ☐ Elementary ☐ Secondary
☐ Technical/Trade ☐ College/University ☐ Refused to Answer
☐ Don't know ☐ Other

How many times has the patient moved in the past 12 months?

Number of times _____

Has the patient lived in any of the following in the last 12 months – check all that apply.

☐ My apartment/house ☐ Friend/relative's house ☐ Hotel/motel/rooming house
☐ Shelter/hostel ☐ Halfway house/detox/rehab ☐ street
☐ Squat ☐ Corrections ☐ Psychiatric facility
☐ Refused ☐ Don't know ☐ Other _____

7. Epidemiologic Data

"The next group of questions is about ways that people get infected with hepatitis B."

Was there anyone in your household who had hepatitis B or was an injection drug user (IDU)?

☐ Yes ☐ No ☐ Unknown ☐ Declined

If yes, were they ☐ HBV positive ☐ IDU ☐ HBV pos. & IDU ☐ Unknown

If yes, what was their relationship to you?

☐ Spouse/partner ☐ Mother ☐ Father ☐ Sibling

☐ Child ☐ Grandparent ☐ Unknown ☐ Other _____

Was the patient born to a hepatitis B infected mother?

☐ Yes ☐ No ☐ Unknown ☐ Declined

If yes, did he/she receive prophylaxis (i.e., HBIg and Vaccine) at birth?

☐ Yes ☐ No ☐ Unknown ☐ Declined

Please check/complete all fields that apply:

	Potential Exposure	Yes, in last 12 mos	Yes, Ever	Check if Outside of Canada	No	Declined
1.	Have you had an organ or tissue transplant? If yes, what was it (e.g., organ, bone, bone marrow, assisted reproduction)? ___.					
2.	Have you ever had a blood transfusion?					
3.	Have you ever received blood products (e.g., clotting factors, immune globulin, albumin)?					
4.	Have ever had surgery?					
5.	Have you ever had dental surgery?					
6.	Have you ever had hemodialysis[1]?					
7.	Have you ever had an endoscopy[2]?.					
8.	Have you ever had acupuncture?					
9.	Have you had other medical procedures (e.g., EEG)? If yes, what procedure _____.					
10.	Have you ever had any part of your body pierced?					
11.	Have you ever been tattooed?					
12.	Have you injected non-prescription drugs? If yes, for how long did you inject/have you been injecting?					
	Did you ever share needles, syringes or other materials (e.g. cooker, cotton) with others?					
	If yes, with how many people in last 12 months & > 12 months?					
13.	Have you had other exposure to needles (e.g., electrolysis)?					
14.	Have you used non-injection drugs?					

[1] Dialysis is a method of removing impurities or wastes from the blood when the kidneys are unable to do so.
[2] Endoscopy is when a small tube with a camera is inserted to look for abnormalities.

	Potential Exposure	Yes, in last 12 mos	Yes, Ever	Check if Outside of Canada	No	Declined
	Did you ever share straws or other snorting equipment?					
	If yes, with how many people in last 12 months & > 12 months?					
	Did you ever share crack pipes or other smoking equipment?					
	If yes, with how many people in last 12 months & > 12 months?					
15.	Have you had sex with someone of the opposite sex? If yes, how many partners have you had in the last 12 months and before the last 12 months?					
16.	Have you had sex with someone of the same sex? If yes, how many partners have you had in the last 12 months and before the last 12 months?					
17.	Have you had sex with someone you know has hepatitis C, hepatitis B or uses injection drugs? If yes, which? _____.					
18.	Have you worked in a job where you came in contact with human blood/fluids? If yes, what job?					
19.	Have you ever been in jail?					
	Did you engage in any 'risky' behaviors while in jail: tattooing, body piercing, injection drug use? If yes, which?					
20.	Have you spent any time in a group living home (e.g., psychiatric hospital, group home, halfway house)? If yes, were you a resident or an employee? _____.					
	While there, did you share any personal hygiene items: disposable razor, electric razor, toothbrush, nail clippers, other? If yes, which?					

"Is there anything else that you think might have put you at risk for hepatitis infection?"

_____

8. History of Vaccination and Therapy

Have you had a vaccination for hepatitis A?

☐ Yes ☐ No ☐ Unknown

If yes, how many doses? _____ Year of the last dose: _____

Have you had a vaccination for hepatitis B?

☐ Yes ☐ No ☐ Unknown

If yes, how many doses? _____ Year of the last dose: _____

Have you ever received HBIg?

☐ Yes ☐ No ☐ Unknown

If yes, date _____ (yyyy/mm/dd)

Have you ever received therapy for Hepatitis B?

☐ Yes ☐ No ☐ Unknown

Have you ever received therapy for Hepatitis C?

☐ Yes ☐ No ☐ Unknown

Thank you very much for your time. Do you have any questions before we finish? If later you have any questions or concerns about this survey, please contact me *(provide contact info)*.

Please attach copies of any relevant lab results done to test for or confirm HBV infection when returning this form.

Return to Liza McGuinness, Research Manager
BC Hepatitis Services
Fax: 604- 707-2420
Phone: 604-707-2433
655 West 12th Ave,
Vancouver, BC V5Z 4R4