



HEPATITIS QUESTIONNAIRE

Client _____ Age/DOB _____

Date diagnosed? _____

Date virus contracted, if known: _____

Cause, if known: _____

Type of Hepatitis (check all that apply):

- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis D
- Hepatitis E

Form of Hepatitis?

- Acute (Date recovered: _____)
- Chronic (any hepatitis that lasts longer than 6 months is considered chronic)

Have you ever had a liver biopsy? YES NO

If yes, date: _____

Results of biopsy:

- Stage 0 Fibrosis
- Stage 1 Fibrosis
- Stage 2 Fibrosis
- Stage 3 Fibrosis
- Stage 4 Fibrosis
- Cirrhosis (any)
- Not sure

Results of most recent liver enzymes:

ALT (SGPT) _____ AST (SGOT) _____ GGTP _____

Current viral load (i.e. PCR, HCV-RNA): _____

Have you ever been treated with antiviral medications (Interferon/Ribavirin)? YES NO

If yes, how long did you undergo treatment for? _____

Date treatment was completed? _____

Was treatment successful (requires 2 or more negative viral loads at least 3 months apart after treatment completed & normal liver enzymes)? YES NO

Describe your current level of alcohol use:

Type (check all that apply): Liquor Beer Wine Other

How many drinks: _____ Per: Day Week Month Year

Any history of alcohol overuse or abuse? YES NO

If yes, please complete alcohol & drug use questionnaire.

Have you ever used drugs other than prescribed by a physician? YES NO

If yes, please complete alcohol & drug use questionnaire.

List any other medical problems/impairments: _____

List current medications: _____
