



## 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: \_\_\_\_\_

\_\_\_\_\_