University Medical Center Travel Questionnaire
Hepatitis Risk Assessment

Name: ___________________________________________ Date of Birth: ________________________

Have you been tested for Hepatitis B infection? __ No __ Yes __ Not sure
Have you been tested for Hepatitis C infection? __ No __ Yes __ Not sure
Have you donated blood recently? __ No __ Yes

To help determine your risk of past infection with Hepatitis B or C — Please check all that apply.

__ I was born in Asia/Pacific Is/Mideast/Africa/E. Europe/Amazon area of S. America (which? ____________)
__ My parent was born in Asia/Pacific Is/Mideast/Africa/E. Europe/Amazon area of S. America (which? _________)
__ I have lived, traveled for at least 6 months, or had sexual contact with the local population in Asia/Pacific Is/Mideast/
   Africa/E. Europe/Amazon area of S. America (which? ____________)
__ I am Native American or Alaskan Native
__ I have had a sex partner with Hepatitis B or C **
__ I have lived in the same household with someone who has Hepatitis B
__ I received a blood transfusion in the USA (before 1992) or in another country (anytime) *
__ I am a male who has had sex with other males
__ I have exchanged money or drugs for sex
__ I have had a sexually transmitted disease
__ I have had unprotected sex with a non-monogamous partner
__ I have injected street drugs *
__ My tattoo, piercing, or acupuncture could have been done with unsterile (dirty) equipment **
__ I have been exposed to human blood or body fluids at work **
__ I was born during 1945—1965 **
__ One or more of the above statements apply to me — but I prefer not to say which one(s)
__ None of the above statements apply to me

* MAJOR RISK FACTOR FOR HEPATITIS C ** MINOR RISK FACTOR FOR HEPATITIS C