

University Medical Center Travel Questionnaire
Hepatitis Risk Assessment

MR# _____

Name: _____ Date of Birth: _____

Have you been tested for Hepatitis B infection? No Yes Not sureHave you been tested for Hepatitis C infection? No Yes Not sureHave 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