

HCV Risk Factor Questionnaire:

Name: _____ DOB: _____

Date: _____

Please place an "X" before all of the questions that apply. Your privacy will be protected by the HIPPA act of 1996 and the ethics of the Healing Hands personnel.

Have you ever injected or inhaled recreational drugs?

Have you been a health care worker who has been exposed to infected blood through a needle stick or other entry path?

Do you have AIDS (HIV)?

Have you ever received a piercing or tattoo in an unclean or unlicensed environment using unsterile equipment?

Did you receive a blood transfusion or organ transplant before 1992?

Did you receive blood clotting medications by IV (clotting factor concentrates) for the treatment of free bleeding hemophilia before 1987?

Did you receive kidney dialysis (hemodialysis) treatments for a long period of time?

Were you born to a woman with a hepatitis C (HCV) infection?

Were you ever in prison?

Were you born between 1945 and 1965?

None of the above apply.