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| **HBsAg/HCVAb Screening: INTERVIEW GUIDE** |
| **SECTION 1. To be filled at enrolment facility**  |
| **Screening Health Facility**: | **Date of sample**: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_ |
| **DEMOGRAPHICS** |
| **Patient Name**:  |
| **Phone number:** |
| **District**: | **Sector**:  |
| **Cell**: | **Village**:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ubudehe:**  | 1 | 2 | 3 | 4 | others |

|  |
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| **Year of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Marital Status**: Married single Widow Divorced Separated |
| **Sex**: |  | Male |  | Female |
| **Health Insurance**: | Mutuelle  | RAMA  | MMI  | Private  | None  |
| **CO-MORBIDITIES** |
| Diabetes: Yes/ No/ Do not know | Chronic renal failure: Yes/ No/ Do not know |
| Cancer: Yes/ No/ Do not know | HIV Infection: Yes/ No/ Do not know |
| Hypertension: Yes/ No/ Do not know |  Other, specify: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Risks of Viral Hepatitis** |
| Ever been operated | Ever been traditionally operated (ibyinyo, ibirimi, indasago, scarifications, tattoo, …) |
| Ever transfused | Having more than one sexually partner |
| Viral hepatitis in the family |  Other, specify: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION 2. To be filled at testing site** |
| **TEST RESULTS SCREENING** |
| **Testing Facility:** | **Testing date**: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_ |
| **HBsAg result** | Positive  | Negative  | Indeterminate  |
| **Anti-HCV result** | Positive  | Negative  | Indeterminate  |
| **HIV result, if tested** | Positive  | Negative  | Indeterminate  |
| **Feedback** | Refer to vaccination, if HBsAg negative | Refer to care, if HBsAg or anti-HCV positive |
| **Clinic staff (Enrolment Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lab technician (ELISA Testing):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Clinical Mentor (Feedback):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |