|  |  |  |
| --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |