

# Hepatitis B and C Virus Examination Questionnaire

Date of check \_\_\_\_\_ No. \_\_\_\_\_  
Furigana ( )  
Patient name \_\_\_\_\_ Date of birth \_\_\_\_\_ years old Sex \_\_\_\_\_  
( I D )

<Questionnaire> Please circle the answers that apply to the following questions, and fill in any details where necessary.

1 .Do you plan to have a hepatitis virus test other than at this health check?

Yes • No

2 .Have you ever had liver disease or been told that you have poor liver function?

Yes (When? ) • No

3 .Have you ever had extensive surgery (such as major surgery)?

Yes (When? ) • No

4 .(Females only) Have you ever had heavy bleeding during pregnancy or delivery?

Yes (When? ) • No

5 .If you answered 'yes' to questions 3 or 4: Do you have regular liver function tests?

Yes • No

6 .Have you ever been tested for the hepatitis B virus?

Yes (When? ) • No • Don't know

7 .Are you currently being treated for hepatitis B, or have you been treated for it in the past?

Yes (When? ) • No • Don't know

8 .Have you ever been tested for the hepatitis C virus?

Yes (When? ) • No • Don't know

9 .Are you currently being treated for hepatitis C, or have you been treated for it in the past?

Yes (When? ) • No • Don't know

Having understood the purpose, etc. of the hepatitis virus examination, do you wish you undergo a hepatitis virus examination?

**I wish • I don't wish to undergo a HBs antigen examination • Hepatitis C virus examination**

(Please circle the options that apply.)

Date (Y) (M) (D)

Signature \_\_\_\_\_

(Please sign yourself)