

Hepatitis B and C Virus Examination Questionnaire

B型・C型肝炎ウイルス検査問診票

Date of check

No.

Furigana ()

Patient name

(I D)

Date of birth

years old

Sex

<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)