

**CONFIDENTIAL**

**Acute Hepatitis B Enhanced Surveillance Form**

In-depth questionnaire for acute hepatitis B cases who are associated with a cluster and/or have unknown/undisclosed risk factors

# Please ensure the case is in a private environment and so able to answer questions honestly.

## Pre-amble (If information is from a case)

Thank you for agreeing to be interviewed.

To help prevent Hepatitis B we are keen to try and obtain as much information as possible on the way this infection is currently spreading between people, and I therefore appreciate any help you may be able to give us with this.

I shall be asking some personal questions, but if there is anything you do not wish to answer, please just say so. It is important to stress at this point that the interview will be completely confidential.

If there is anything you would like to talk about after the interview please contact Public Health England Health Protection Team on ………………………………. You will, of course, be able to discuss any issue raised with your doctor, if you so wish.

In agreeing to the interview, you will be helping us to understand the current transmission of hepatitis B in our area, and so hopefully help prevent the ongoing spread of this infection.

**Information provided by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[e.g. case/health care professional/relative]**

# Section 1 – Demographics, clinical details and testing results.

**[IF ENHANCED SURVEILLANCE FORM FOR NEWLY DIAGNOSED ACUTE HEPATITIS B OR GUM ACUTE HEPATITIS REPORTING FORM ALREADY COMPLETED, TICK BOX  INSERT PATIENT NAME, DOB BELOW AND GO STRAIGHT TO SECTION 2]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Details** | | | | | | | | | | | | | | | | | | | | | |
| **Surname/GUM Number:** | | | | | | | | | | | | | | | | | | **M / F** | | | |
| **First Name:** | | | | | | | | | | **Date of Birth :** | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **Postcode:** | | | | | | | | **Tel No:**  **Mobile No:** | | | | | | | | |
| **Pregnant:**  🖵 Yes 🖵 No 🖵 DK  **If yes, Expected Date of Delivery:** | | | | | | | | | | | | | | | | | | | | | |
| **Occupation** | | | | | | | | | | | | | | | | | | | | | |
| **Occupation** (specify): | | | | **Place of Work/Education/\*Other** (\*i.e. prison, home) | | | | | | | | | | | | | | | | | |
| Please give details if patient works in **health-care setting** (including hospitals, primary care, care homes) looking after patients, or **education-settings** (work or student): | | | | | | | | | | | | | | | | | | | | | |
| **Name of Premises:** | | | | **Address of Premises:** | | | | | | | | | | | | | | | | | |
| **Country of Birth:** | | | | | | | | | | | | | | | | | | | | | |
| **Ethnic Group** | | | | | | | | | | | | | | | | | | | | | |
| Black-African | Black-Other  (specify) | | | | | | Indian-Subcontinent | | | | | | | | | White | | | | | |
| Black-Caribbean | Chinese | | | | | | Other Asian | | | | | | | | | Other  (specify) | | | | | |
| **Was infection likely to have been acquired abroad? 🖵 Yes 🖵 No**  If yes, specify country: | | | | | | | | | | | | | | | | | | | | | |
| **GP & HOSPITAL ADMISSION DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| **GP Name:** | | | | | | | | | | | | **Tel No :** | | | | | | | | | |
| **Practice Address** : | | | | | | | | | | | | | | | | | | | | | |
| **Admitted to Hospital?** 🖵 Yes\* 🖵 No | | | | | | \***Name of Admitting Hospital** | | | | | | | | | | | | | | | |
| **\*Ward:** | | | | | | **\*Consultant:** | | | | | | | | | | | | | | | |
| **\*Admission Date:** | | | | | | **\*Discharge Date:** | | | | | | | | | | | | | | | |
| **CLINICAL FEATURES** | | | | | | | | | | | | | | | | | | | | | |
| 🖵 **Abnormal LFTs** 🖵 **Clinical Jaundice** 🖵 **Hepatic Failure** 🖵 **Asymptomatic** | | | | | | | | | | | | | | | | | | | | | |
| **Symptom onset date**: | | | | | | | | | **Did patient die**: 🖵 Yes 🖵 No | | | | | | | | | | | | |
| **Please record initial symptoms:** | | | | | | | | |  | | | | | | | | | | | | |
| **Cause of death**: | | | | | | | | | 🖵 **Acute** 🖵 **Chronic** | | | | | | | | | | | | |
| **LABORATORY confirmation / SPECIMEN details** | | | | | | | | | | | | | | | | | | | | | |
|  | | | Pos | | | | | Neg | | | Equiv | | | | Not detected | | | | | Date Positive | |
| Hepatitis B Surface Antigen (HBsAg) | | |  | | | | |  | | |  | | | |  | | | | |  | |
| Anti-core IgM (anti-HBcIgM) | | |  | | | | |  | | |  | | | |  | | | | |  | |
| Total Hepatitis Anti-core Antibody (anti-HBc) | | |  | | | | |  | | |  | | | |  | | | | |  | |
| Hepatitis B e antigen (HBeAg) | | |  | | | | |  | | |  | | | |  | | | | |  | |
| Hepatitis B e antibody (anti-HBe) | | |  | | | | |  | | |  | | | |  | | | | |  | |
| Hepatitis B DNA | | |  | | | | |  | | |  | | | |  | | | | |  | |
| **Is the case:** 🖵 **Acute**  🖵 **Chronic** 🖵 **Don’t know** | | | | | | | | | | | | | | | | | | | | | |
| **1st Specimen Date:** | | | | | | | | **Lab Ref No:** | | | | | | | | | | | | | |
| **Laboratory:** | | | | | | | | **Other Laboratory:** | | | | | | | | | | | | | |
| **Sample sent to Colindale for repeat serology, avidity and genotyping?:** 🖵 Yes 🖵 No | | | | | | | | | | | | | | | | | | | | | |
| **Genotype:** | | **Repeat serology and avidity supports acute hepatitis B diagnosis:**  🖵 Yes 🖵 No 🖵 Equivocal | | | | | | | | | | | | | | | | | | | |
| **vaccination** | | | | | | | | | | | | | | | | | | | | | |
| **Has the Patient Received:** | | | | | | | | | | | | | | **Yes** | | | **No** | | **Don’t Know** | |  |
| Hepatitis B immunoglobulin 6 months prior to onset | | | | | | | | | | | | | |  | | |  | |  | |
| One or more doses of hepatitis B vaccine | | | | | | | | | | | | | |  | | |  | |  | |
| Human *normal* immunoglobulin in 3 months prior to onset | | | | | | | | | | | | | |  | | |  | |  | |

# Section 2 – Risk factors

1. In the 6 months *(before you became ill),* have you had any contact [*including household contacts*] with a known case of hepatitis, either unwell or a carrier of the virus? If yes please detail type of exposure and record name of contact.

Yes 🖵 No 🖵

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. In the 6 months (before you became ill) have you had any sexual contact with any men or women? [I*f yes please complete additional questions in section 4*]

Yes 🖵 No 🖵

3. Have you ever used any recreational drugs? [*If yes please complete additional questions in section 4*]

Yes 🖵 No 🖵

4. In the 6 months *(***before you were ill***),* have you had any operations, surgical procedures?

*[Probe organ transplant/tissue, dialysis, blood transfusion /blood products /clotting factors /plasmapheresis]*

Yes 🖵 No 🖵

If Yes, where, when, what?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. In the 6 months *(***before you were ill***),* have you had any dental treatment?

Yes 🖵 No 🖵

If Yes, where, when, what?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Have you ever been a blood/ organ donor (plasma/other)?

Yes 🖵 No 🖵

If Yes, where, when, what

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. In the 6 months *(***before you were ill***)*, have you had any injections or needle stick injuries *(hospital or non-hospital setting),* acupuncture, tattoos, body piercing or electrolysis?

Yes 🖵 No 🖵

If Yes, where, when, what?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. In the 6 months (**before you became ill**) did you suffer any bites or injuries from fights?

Yes 🖵 No 🖵

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. In the last 6 months, have you shared any toothbrushes or razors, or any instrument /item that may have been contaminated with blood?

Yes 🖵 No 🖵

If Yes, where, when, what?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Have you, travelled, lived or received any kind of medical care/treatment abroad in the last 6 months**?**

Yes 🖵 No 🖵

If Yes, where, when, what?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. In the 6 months (before you were ill) did you live in prison, hostel or were homeless?

Yes 🖵 No 🖵

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. In the 6 months (before you were ill), have you received and blood products or donated blood?

Yes 🖵 No 🖵

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Are there any potential risks that the case believes may have led to the infection?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Outbreak** | | | |
| Is this case part of an outbreak: 🖵 Yes 🖵 No | Community | Family | Other |
| If ‘yes’, please give details: | | | |
| **Other relevant information/comments** | | | |
|  | | | |

**PLEASE COMPLETE SECTION 3: Follow up of cases and contacts**

**PLEASE ALSO COMPLETE SECTION 4 If any sexual contact or drug use is reported, or if infection is unexplained\***

\*For example no exposure to a known case; no exposure in a high prevalence country; no IDU; no residence in a high risk country in the six months prior to illness onset.

# Section 3 - FOLLOW UP OF CASES AND CONTACTS OF ACUTE HEPATITIS B

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CASE** | | | | | | | | | | | | |
|  | Leaflet on hepatitis B given: 🖵 Yes 🖵 No | | | | | | | | | | | |
|  | Advice on prevention of onward tr0ansmission: 🖵 Yes 🖵 No | | | | | | | | | | | |
|  | Referred to GUM if sexual /IDU transmission: 🖵 Yes 🖵 No | | | | | | | | | | | |
|  | Additional information / comment: | | | | | | | | | | | |
| **LABORATORY TESTING FOR OTHER BBV AND STI**  **(If risk factors suggest sexual and/ or IDU exposure, patient should be tested by GP or referred to GUM for testing)** | | | | | | | | | | | | |
| **Has the patient being tested for:** | | | **Yes** | **No** | | **Don’t know** | | | **Result**  **(pos /neg/equivocal)** | | **Date of test** | |
| HIV | | |  |  | |  | | |  | |  | |
| HCV | | |  |  | |  | | | Anti-HCV:  HCV RNA: | |  | |
| Syphilis | | |  |  | |  | | |  | |  | |
| Gonorrhoea | | |  |  | |  | | |  | |  | |
| Other STI (please specify) | | |  |  | |  | | |  | |  | |
| **CONTACTS** | | | | | | | | | | | | |
| **Name** | | **Address /tel. no.**  **(if not household contact)** | | **DOB** | **Sexual / household / other**  **(S/H/O)** | | **Details of exposure** | **Vaccinated previously (Y/N/DK)** | | **Vaccination arranged (Y/N)** | | **HBIG required (Y/N)** |
|  | |  | |  | S/H/O | |  | Y/N/DK | | Y/N  Accelerated / Super-accelerated | | Y/N |
|  | |  | |  | S/H/O | |  | Y/N/DK | | Y/N  Accelerated / Super-accelerated | | Y/N |
|  | |  | |  | S/H/O | |  | Y/N/DK | | Y/N  Accelerated / Super-accelerated | | Y/N |
|  | |  | |  | S/H/O | |  | Y/N/DK | | Y/N  Accelerated / Super-accelerated | | Y/N |
|  | |  | |  | S/H/O | |  | Y/N/DK | | Y/N  Accelerated / Super-accelerated | | Y/N |
|  | |  | |  | S/H/O | |  | Y/N/DK | | Y/N  Accelerated / Super-accelerated | | Y/N |
|  | |  | |  | S/H/O | |  | Y/N/DK | | Y/N  Accelerated / Super-accelerated | | Y/N |

# Section 4 - Additional questions for those reporting sexual contact, drug use or unexplained infection

*If unexplained -* Your responses so far have not indicated a likely source of your infection, therefore we would like to ask some further questions; some of them will be quite personal, but if there is anything you do not want to answer, please just say so; we would appreciate it if you could be as honest as possible. It is important to stress that the interview will be completely confidential

## Section 4.1: Sexual health

Your infection may have been acquired through sexual contact and we need to better understand how this may have happened. Remember all your answers will be dealt with in the strictest confidence. Please can you be as honest and frank as possible. *[Remember to record details of contacts in section 3]*

1. How many sexual partners have you had in the last 12 months / 6 months? \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_
2. How many were women? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How many were men? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[****If none despite probing, please go to section 4.2]***

***[If case is female please go to question 15]***

*[Ask males only]* - For the women you have had sex with:

* 1. What type of partner were they?

Regular  Casual  other  *(e.g. commercial sex worker)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* 1. What type of sex did you have?

Oral  Vaginal  Anal  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Where and how did you meet them?

*(Probe internet/ apps/ location/clubs/ bars etc.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Ask males only*] For the men you have had sex with:

* 1. What type of partner were they?

Regular  Casual  Other  *(commercial sex worker e.g. rent boy)\_\_\_\_\_\_\_\_\_\_\_\_*

* 1. Have you ever sold sex? Yes  No
  2. What type of sex did you have?

Oral  Anal (insertive)  Anal (receptive)  Other please state\_\_\_\_\_\_\_\_\_\_\_

* 1. If having penetration - did you ALWAYS use a condom? Yes  No

* 1. Do you participate in “Chemsex”? Yes  No

***IF YES****, please obtain details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

[*Ask males only*]

**12)**Please tell me where you met your ***male*** partners for sex?

Cruising grounds – if yes, where? When?

Cottage (public toilet) – if yes, where? When?

Via internet/ social networking sites – if yes, where? When?

Saunas

Gay club/pub/bar/disco – if yes, where? When?

Straight club/pub/disco – if yes, where? When?

Sex on premises venues /backrooms – if yes, where? When?

Private sex parties – if yes, where? When?

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not applicable

1. *[Ask males only*] If you have used social networking sites to meet partners, which sites have you used?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *[Ask males only*] If you have used cruising grounds/saunas etc. to meet partners, which ones are they? (provide address/ location). For any other any other venues mentioned, provide name of premises, address and type of venue?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Ask females only]* - For the women you have had sex with:

* 1. What type of partner were they?

Regular  Casual  other  *(e.g.commercial sex worker)\_\_\_\_\_\_\_\_\_\_\_\_\_*

* 1. What type of sex did you have?

Oral – vaginal/anal Finger penetration- Vaginal/ Anal

Sharing sex toys – vaginal/anal Genital to genital contact

* 1. Where and how did you meet them?

Private sex parties – if yes, where? When?

Via internet/ social networking sites – if yes, where? When?

Other [*Probe internet/ apps/ location/clubs/ bars etc.]*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Ask females only*] For the men you have had sex with:

* 1. What type of partner were they?

Regular  Casual  Other  *(commercial sex worker e.g. rent boy)\_\_\_\_\_\_\_\_\_\_\_\_*

* 1. Have you ever sold sex? Yes  No
  2. What type of sex did you have?

Oral  Vaginal  Anal Other  please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. If having penetrative sex - did you ALWAYS use a condom? Yes  No
  2. How would you describe your sexual orientation?

Straight/Heterosexual  Gay/Homosexual  Bisexual

Other *(Please specify)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 4.2: Alcohol and recreational drug use questions

**23)** Do you drink alcohol Yes  No

**IF YES**

**a.** what alcohol do you drink *(probe wine, spirts, beers)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**24**) How many units per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**25)** Have you EVER used any recreational drugs?

Yes  No

**IF YES,**

* 1. In the previous 6 months: Yes  No
  2. In the previous year: Yes  No
  3. More than 1 year ago Yes  No

**26)** In the previous 6 months, what recreational drugs have you used:

Amphetamine / Speed Yes  No  EVER use

Cannabis Yes  No  EVER use

Cocaine Yes  No  EVER use

Crack Yes  No  EVER use

Crystal Meth / Methamphetamine Yes  No  EVER use

Ecstasy (E) / MDMA Yes  No  EVER use

GHB / GBL Yes  No  EVER use

Heroin Yes  No  EVER use

Ketamine Yes  No  EVER use

Mephedrone (M-Cat) Yes  No  EVER use

Methadone Yes  No  EVER use

Benzodiazepines (non-prescribed) Yes  No  EVER use

Poppers Yes  No  EVER use

Any other recreational drug (not listed) Yes  No  EVER use

**27)** Have you EVER injected any recreational drugs?

Yes  No

**a.**  **IF YES**, what recreational drugs have you injected?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**28)** Have you EVER injected any other drugs (e.g. steroids/ body building drugs?)

Yes  No

**29)** When was the LAST time you injected anything?

1. In the previous 3 months: Yes  No
2. In the previous 6 months: Yes  No
3. In the previous year: Yes  No
4. >1 year ago Yes  No
5. When was the FIRST time Year\_\_\_\_\_
6. Have you EVER shared Needles Yes  No

When last shared \_\_\_\_\_\_\_\_\_\_

1. Has anybody ever injected you Yes  No

When last time \_\_\_\_\_\_\_\_\_\_\_\_

**h**. Have you EVER shared blood Yes  No

When last time \_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 4.3: STI questions and GUM attendance

**30)** Can we talk about any sexually transmitted infections? Have you have **EVER** had:

Gonorrhoea  Chlamydia

Syphilis  LGV

Non-specific Urethritis  Hepatitis A

Genital herpes simplex  Hepatitis B

Genital warts  Hepatitis C

Genital ulceration  Pubic lice

**If YES**, please give further information (e.g. dates, partners, where treated)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**31)** Have you ever attended a GUM clinic for a check-up or treatment?

Yes  No

**If YES**, which GUM clinic did you attend?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**32)** When did you last attend a GUM clinic?

a. In the 3 months before diagnosis

b. In the year before diagnosis

c. Between 1 & 5 years before

d. Longer than 5 years before

**33)** Have you ever had an HIV test in the past? Yes  No

**IF YES,**

1. What was the result? Positive  Negative  Not known
2. When did you have your HIV test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Where were you diagnosed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. If positive, where do you currently attend for you HIV care?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 4.4: Concluding and Understanding Hepatitis B

**34)** Have you got any thoughts as to where or how you acquired your infection?

**35)** If we needed to get back in touch with you to clarify any points or for further information, would you be willing for me to contact you, if so, could you give me your contact details [telephone number/email]?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We have now come to the end of the interview. Thank you very much for giving up your time to meet me and for all your help with answering the questions, it has been very helpful. Is there anything else you would like to add or ask me? If you would like to discuss anything further in the future or remember anything that might be helpful for us, please do not hesitate to contact me. [*Contact details to be given – could be GUM health advisors/PHE/hepatology depending on who completes the questionnaire*]

## Section 5: Interview summary sheet

**36**) Was the patient generally receptive/friendly? Yes  No

(*If NO, give details below)*

*Summary of findings and how interview went, general impressions, likely route of transmission etc.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please upload and attach to relevant HPzone case**