

Blood Borne Virus (BBV) Questionnaire

Client name: _____ Sex: M / _____ Worker initials: _____

F

Daisy No.

Date:

Testing and Vaccination

1. Have you ever been tested for:

- | | | |
|----------------------|--------------------------------------------------------|-----------------------------|
| a) HIV | <input type="checkbox"/> Yes approx. date tested _____ | <input type="checkbox"/> No |
| b) Hepatitis B (HBV) | <input type="checkbox"/> Yes approx. date tested _____ | <input type="checkbox"/> No |
| c) Hepatitis C (HCV) | <input type="checkbox"/> Yes approx. date tested _____ | <input type="checkbox"/> No |

If no, are you willing to be tested for BBV? Yes No

2. If you have ever received a test result for any of these infections and you are willing to disclose the result, please tell us if you are positive for:

- | | | | |
|-------------------|------------------------------|-----------------------------|-------------------------------------|
| HIV | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Hepatitis B (HBV) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Hepatitis C (HCV) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

If yes to any of the above, are you receiving treatment? Yes No

Details:

Hepatitis A and B Immunisation

3. Have you ever been vaccinated against:

- | | | | |
|----------------|------------------------------|-----------------------------|-------------------------------------|
| a) Hepatitis A | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| b) Hepatitis B | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

How many vaccinations have you had? _____

If yes to any of the above, did you have a blood test confirming that you are immune?

- | | | |
|--------|------------------------------|-----------------------------|
| Hep A: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hep B: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. Where did you receive your treatment?

- GP
 GU Clinic
 Prison
 Other – Please specify: _____

5. Next vaccination / booster due:

Risks

Assess for high-risk behaviours via Injecting and Sexual health questionnaires and advise client on retesting if high-risk behaviours present.

6. Do you have any piercings or tattoos? Yes No

7. If yes, where did you get these? Prison Friend Professional Other

8. Have you ever shared any of the following?

- | | | |
|---------------|------------------------------|-----------------------------|
| Razor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Toothbrush | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nail Clippers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Information

Hepatitis B and C

What can it do to you?

- Risk of long term illness and liver damage
- More likely to be serious if infected with other blood borne viruses or with heavy alcohol use
- Can be infected with more than one type
- Having sexual intercourse without a condom
- Sharing personal items that may be contaminated with blood

How do you protect yourself?

- Not sharing any injecting equipment or crack pipes
- Not sharing any personal items such as a razor or toothbrush where dried blood maybe present
- Always using a condom when having any form of sexual intercourse

HIV

What can it do to you?

- Cause chronic illness leading to AIDS
- More likely to be severe if already infected with other BBV

How is it transmitted?

- As above for hepatitis

How can you protect yourself?

- As above for hepatitis

Hepatitis A

- Causes similar symptoms to food poisoning but will be jaundiced as well
- Once contracted will develop life long immunity
- Can be vaccinated against

Good previous knowledge of above points

Yes

No
