Hepatitis C Audit

Questionnaire: General Practice

1.) Patient name ________________________________

2.) In which country was the patient born?
   UK ☐ Abroad ☐ Please state country ________________________________

3.) Where was the patient tested for hepatitis C? (Please tick all that apply)
   a. Primary Care ☐
   b. Bristol Drugs Project ☐
   c. Secondary Care ☐
   d. Other ☐ Please specify ________________________________

4.) Why was the patient tested for hepatitis C? (Please tick all that apply)
   a. Unexplained LFT abnormality / jaundice / symptoms ☐
   b. Born in a high or intermediate prevalence country ☐
   c. Changes sexual partner frequently e.g. men who have sex with men, male and female
      sex workers ☐
   d. Past or current injecting drug use ☐
   e. Household contact of a case of hepatitis ☐
   f. Newly registered patient ☐
   g. History of tattoo, body piercing or acupuncture ☐
   h. Known other blood borne virus ☐
      - HIV ☐ HBV ☐
   i. Is or has been in prison ☐
   j. Sexual contact of a case of hepatitis C or other blood borne virus ☐
   k. Other ☐ Please specify ________________________________

5.) At time of diagnosis did this patient have chronic liver disease? (Please tick all that
    apply)
   a. Chronic liver disease without cirrhosis ☐
   b. Compensated cirrhosis ☐
   c. Decompensated cirrhosis ☐
   d. Hepatocellular carcinoma ☐
   e. No chronic liver disease ☐

6.) Has the patient been referred to secondary care?
   Yes ☐ No ☐
   If the patient has not been referred to secondary care, please give reasons for not
   referring.
   _________________________________________________________________

If the patient has not been referred to secondary care, please describe if the patient is
regularly reviewed within general practice and then skip to question 8.
   _________________________________________________________________
7.) If the patient has been referred to secondary care, which hospital have they been referred to and date of referral?
   Hospital name: ____________________________________________
   Date of referral: __________________________________________

8.) Was this the first diagnosis of hepatitis C?
   Yes ☐ No ☐, if yes please skip to the end.

9.) In what year was this patient previously diagnosed with hepatitis C?
   __________________

10.) Was this patient previously treated for hepatitis C?
   Yes ☐ No ☐ Don’t know ☐
   If no, please tick the one that applies to this patient and then please skip to the end.
   a. Patient DNA’d assessment ☐
   b. Patient declined ☐
   c. Treatment not available ☐
   d. Treatment contraindicated ☐
   e. Other ☐ Please specify ____________________________________________

11.) What is the outcome of treatment?
   a. Patient still on treatment ☐
   b. Treatment terminated early because patient DNA’d appointments ☐
   c. Treatment terminated early because patient unable to tolerate side effects ☐
   d. Treatment terminated early because patient experienced adverse reaction to treatment ☐
   e. Treatment completed ☐
   f. Other ☐ Please specify ____________________________________________

Thank you for completing this survey. Please return to: maya.gobin@phe.gov.uk