

## **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.*

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*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.*

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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](mailto:maya.gobin@phe.gov.uk)**