Hepatitis C in Young Adults CRF Cover Page

Merlin Case #_____ Date CHD reported to BOE: _____ Date CRF Submitted _____

I. Profile Detail

First Name: _____ Middle Name: _____ **Last Name**: _____

SSN: _____

Birth Date: _____ Death Date: _____

Address: _____ **City: _____** **Zip**: _____

County: _____ State: _____

Home Phone:_____ **Other Phone**: _____ **Email**: _____

Gender: ☐ Male ☐Female ☐Unknown

Ethnicity: ☐Native Hispanic ☐Non-Hispanic ☐Unknown

Race: ☐ Am. Indian/AK Native ☐Asian/Pacific Islander ☐Black ☐White ☐Other ☐Unknown

II. Case Information

Investigator: _____ **CHD ref#:**_____

Imported: ☐ Acquired in FL ☐ Acquired in US, not in FL ☐ Acquired outside US ☐ Unknown

Origin: _____

Outbreak: ☐ Outbreak-associated (***Outbreak ID***: _____) ☐ Sporadic ☐ Unknown

Case Classification: ☐ Primary ☐ Secondary ☐ Unknown

CHD First Notified via ELR? ☐ Yes ☐ No ☐ Unknown

How First Notified:_____ **Military Base**:_____ **Reporter's Name**:_____

III. Clinical

DX Status: ☐Confirmed ☐ Probable ☐ Suspect ☐Unknown **Investigated**: ☐Yes ☐No Date Investigated: _____

Symptomatic at Interview: ☐Yes ☐No ☐Unknown **Interviewed**: ☐Yes ☐No Date Interviewed: _____

Inpatient Hospitalization: ☐Yes ☐No ☐Unknown Inpatient Hospitalization for this Disease: ☐Yes ☐No ☐Unknown

Date Onset: _____ Date Diagnosis: _____ Lab Report Date: _____**CHD Notified Date**: _____

IV. Sensitive Employment/Attendance Information

Day Care: ☐No ☐Attendee ☐Staff ☐Unknown

Occupation: ☐No or Non-Sensitive Occupation ☐Healthcare Worker ☐Food Handler ☐Unknown

V. Provider Information

Physician:_____ Address:_____ City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____ Email:_____

VI. Method of Contact

Valid contact information (if found):

Address 1: _____ **Address 2**: _____

City: _____ **State**: _____ **Zip**: _____

Home Phone: _____ **Other Phone**: _____ **Email**: _____

Was valid contact information for the case available with the initial case report in Merlin? ☐Yes ☐No

If no, where else did you check for valid contact information and where was valid contact information found?

Database	Checked?	Contact Information Available?	Contact Information Valid?
Lexis Nexus	☐	☐	☐
PRISM (STD Program)	☐	☐	☐
Florida SHOTS (Immunization Program)	☐	☐	☐
HMS (Bureau of Clinic Management and Informatics)	☐	☐	☐
eHARS (HIV/AIDS Surveillance)	☐	☐	☐
White Pages	☐	☐	☐
BRBPub.com	☐	☐	☐
People Search (https://pipl.com)	☐	☐	☐
Florida Department of Corrections Inmate Search	☐	☐	☐
FL Department of Children and Families Access database	☐	☐	☐
FL Department of Motor Vehicles (DAVE)	☐	☐	☐
Veterans' Administration (VA) Network of FL	☐	☐	☐
Other (*Specify*)_____	☐	☐	☐

Dates of Attempted Contact:

1_____

2_____

3_____

Was the case contacted? ☐ Yes ☐No

If Yes, what was the result of the contact:

☐ Interview Complete ☐Patient Declined ☐Partial Interview ☐ Patient Unable to Participate

If No, why was the case not contacted:

☐ Invalid Phone Number ☐ No Response after 3 Attempts ☐Patient Located but Contact Not Possible

Was the case incarcerated <u>at the time of the investigation</u>? ☐Yes ☐ No

If yes, facility name _____

Was the case in a drug treatment facility <u>at the time of the investigation</u>? ☐Yes ☐No

If yes, facility name _____

Amount of time spent investigating the case (*minutes*) _____

If the case was interviewed:

Interviewer:_____

DX Status at Time of Interview: ☐ Suspect ☐ Probable ☐ Confirmed

Mode of Interview: ☐ Phone ☐ Face to face ☐ Internet ☐ Self-Administered

Length of Interview (*minutes*) _____

Provided FL Hepatitis Resource Guide? ☐Yes ☐No **Date: _____**

Notes

_____

_____

_____

_____

_____

_____

VII. Clinical & Diagnostic Data (Common Hepatitis Extended Data)

1. Reason for testing (*check all that apply*):
- □ Year of birth (1945-1965)
- □ Symptoms of acute hepatitis
- □ Evaluation of elevated liver enzymes
- □ Screening of asymptomatic patient with reported risk factors
- □ Screening of asymptomatic patient with no risk factors (e.g., patient requested)
- □ Blood/organ donor screening
- □ Prenatal screening
- □ Follow-up testing for previous marker of viral hepatitis
- □ Unknown
- □ Other (specify) _____

2. Where was your blood drawn for this test? (*choose one)*
- □ Blood bank
- □ Correctional facility
- □ Drug treatment clinic
- □ Military
- □ Physician's office or hospital
- □ STD clinic
- □ Public health clinic
- □ Prenatal screening
- □ Unknown
- □ Other _____

3. When did you first learn you had hepatitis C?
Diagnosis date ____/____/____

4. Around the time you were tested, did you notice any of the following symptoms?
□ Yes □ No □ Refused □ Unknown

→ **4.a. If Yes, note the approximate date that you first noticed the symptom (***check all that apply*)**:**
- □ Abdominal pain ____/____/____
- □ Anorexia/loss of appetite ____/____/____
- □ Jaundice (yellowing of eyes or skin) ____/____/____
- □ Nausea ____/____/____
- □ Vomiting ____/____/____

5. Were you hospitalized due to your hepatitis infection?
□ Yes □ No □ Unknown □ Refused to Answer

6. Are you pregnant?
□ Yes □ No □ Unknown □ Refused to Answer □ N/A
6.a.→ If yes, due date? ____/____/____

7. *Interviewers only:* **Did the patient die from hepatitis?**
□ Yes □ No □ Unknown If yes, date of death ____/____/____

8. Were you aware that you had viral hepatitis prior to this lab test?
□ Yes □ No □ Unknown □ Refused to Answer

9. Are you currently seeing a doctor for your hepatitis C?
□ Yes □ No □ Unknown □ Refused to answer

10. Have you ever been diagnosed with diabetes?
□ Yes □ No □ Unknown □ Refused to answer
10.a.→ If yes date of diabetes diagnosis: ____/____/____

VIII. Vaccination History

11. Have you ever been vaccinated against hepatitis A?

□ Yes □ No □ Unknown □ Refused to Answer

8.a.If yes, how many doses did you receive?

□ 1

□ 2+

8.b.If yes, date of most recent shot: ____/____/____

12. Did the patient ever receive hepatitis B vaccine?

□ Yes □ No □ Unknown □ Refused to Answer

9.a. If yes, how many doses did you receive?

□ 1

□ 2

□ 3+

9.b. If yes, date of most recent shot: ____/____/____

IX. Case Demographics

13. What is the highest level of education you completed? (*Choose one)*

□ Grades 1-8 (elementary/middle)
□ Grades 9-11 (some high school)
□ Grade 12 or GED (high school graduate)
□ 1-3 years of college (some college or technical school)
□ 4 or more years of college (college graduate)
□ Refused to answer

14. What best describes your employment status? *(select all that apply*)

□ Employed, full time
□ Employed, part time
□ Full time student
□ Part time student
□ Disabled for work
□ Unemployed
□ Other (*specify*) _____
□ Refused to answer

15. What is your current housing situation? *(choose one)*

□ I live in a house/townhouse/condo/apartment that I own
□ I live in a house/townhouse/condo/apartment that I rent (my name is on the lease)
□ I live with my parents
□ I live with other family or friends (my name is not on the lease)
□ My housing is unstable (couch-surfing, staying in hotel, hostel, etc)
□ I do not have a usual residence (homeless)
□ I am staying in a temporary treatment center (mental hospital/halfway house/drug treatment center)
□ I am currently in prison/jail
□ Other (*specify*) _____
□ Refused to answer

16. Do you currently have health insurance or coverage? (*This includes Medicaid or Medicare*)

□ Yes □ No □ Unknown □ Refused to answer

a→ If yes, what kind of health insurance do you have? *(choose one)*

□ Private health insurance
□ Medicaid
□ Medicare
□ TRICARE (CHAMPUS)
□ Veterans Administration coverage

□ Some other insurance
□ Refused to answer
□ Don't know

X. Clinical and Testing Information

17. Before today, had you ever heard about hepatitis C?
□ Yes □ No □ Don't know (*interviewee's response*) □ Refused to answer

18. Before this most recent positive test, had you ever tested negative for HCV?
□ Yes □ No □ Don't know (*interviewee's response*) □ Refused to answer
a→If yes, what was the date of your most recent negative test (*DD/MM/YYYY*) ____/_____/____
If a negative result was within the last 6 months:
b→ **Where were you tested when the hepatitis C result was negative?** *(choose one)*
□ Primary care clinic (physician's office) (*specify*) _____
□ In the hospital (inpatient or ER) (*specify*) _____
□ County Health Department (*specify*) _____
□ In a prison/jail/detention center (*specify*) _____
□ Counseling and testing site (*specify*) _____
□ At a drug treatment facility (*specify*) _____
□ Other (*specify*) _____
□ Refused to answer
□ Don't know

19. In the past 10 years, have you ever been told by a doctor, nurse, or other health care provider that you have hepatitis C (prior to current infection)?
□ Yes □ No □ Don't know (*interviewee's response*) □ Refused to answer
a. If yes, when were you told about your HCV infection? (*MM/YYYY*)_____/____
b. If yes, where were you told about HCV infection? (please note if out of state)
□ Primary care clinic (physician's office) (*specify*) _____
□ In the hospital (inpatient or ER) (*specify*) _____
□ In a prison/jail/detention center (*specify*) _____
□ Counseling and testing site (*specify*) _____
□ At a drug treatment facility (*specify*) _____
□ Other (*specify*) _____
□ Refused to answer
□ Don't know

20. How do you think you got exposed to hepatitis C?
□ Injection drug use
□ Sexual contact
□ Blood transfusion/dialysis
□ Tattoo/piercing
□ Needle stick injury
□ Contact with a person who has hepatitis C
□ Don't Know
□ Refused to answer

21. Have you ever received medication for your hepatitis C?
□ Yes □ No □ Don't know (*interviewee's response*) □ Refused to answer

XI. Alcohol

22. How often did you have a drink containing alcohol in the past year?
□ Never
□ Once a month or less

□ 2-4 times per month
□ 2 to 3 times per week
□ 4 or more times per week
□ Refused to answer
□ Don't know

23. How many drinks did you have on a typical day when you were drinking in the past year?
□ None, I do not drink
□ 1 or 2
□ 3 or 4
□ 5 or 6
□ 7 to 9
□ 10 or more
□ Refused to answer

24. How often did you have 6 or more drinks on one occasion in the past year?
□ Never
□ Less than monthly
□ Monthly
□ Weekly
□ Daily or almost daily
□ Refused to answer

25. Have you ever been in alcohol treatment or attended AA for a drinking problem?
□ Yes □ No □ Refused to answer

XII. Risk Factors

26. For each of the following risk factors, if you answer YES, you had the risk factor, indicate the most recent date (month and year) for that risk factor. Response options are Yes, No, Refused

	Yes	No	Ref.	Most Recent Date
a. Have you ever had contact with a person who had acute or chronic hepatitis C?	□	□	□	____/_____
If yes, type of contact: □ Sexual □ Drug-using □ Household (non-sexual) □ Other (specify) _____				
b. Did you receive a blood transfusion prior to 1992?	□	□	□	____/_____
c. Did you receive an organ transplant prior to 1992?	□	□	□	____/_____
d. Did you receive clotting factor concentrates produced prior to 1987?	□	□	□	____/_____
e. Have you ever been on long term hemodialysis?	□	□	□	____/_____
f. Have you ever had an accidental stick with a needle or other object contaminated with blood?	□	□	□	____/_____
g. Have you ever come in contact with someone else's	□	□	□	____/_____

	blood (*including but not restricted to dental, surgical, firefighter, law enforcement, or correctional officer public safety workers***)?**				
h.	**In the past 2 years, have you had dental work or oral surgery?**	□	□	□	____/_____
i.	**Have you had any other surgery in the past two years?**	□	□	□	____/_____
j.	**Have you ever had a tattoo?**	□	□	□	____/_____
	→ **If yes, where were your tattoo(s) performed?** (*Check all that apply*) □ Commercial parlor □ Friend's/relative's/acquaintance's □ Correctional facility □ Other (*Specify*) _____				
k.	**Have you ever had a body piercing?** (*other than ears*)	□	□	□	____/_____
	→ **If yes, where were your piercings performed?** (*Check all that apply*) □ Commercial parlor □ Friend's/relative's/acquaintance's □ Correctional facility □ Other (Specify) _____				
l.	**Have you ever been diagnosed with a sexually transmitted disease? (***e.g. gonnorhea – clap, drip; Chlamydia – clam, sandy blight; syphilis – pox, scab, syph; lice – crabs; herpes***)**	□	□	□	____/_____
m.	**Have you ever been diagnosed with HIV?**	□	□	□	____/_____
	→ **If no, when was the last time you had a negative HIV test?** □ never tested				____/_____

XIII. Drugs

	Yes	**No**	**Ref.**
27. Have you ever used street drugs (injection or non-injection)? *If no, skip to question 32.*	□	□	□
a. Marijuana or hash (*weed, pot, Mary Jane, grass*)	□	□	□
b. Hallucinogens (*Ecstacy, LSD, mushrooms, peyote, or mescaline, PCP or Angel Dust, Acid, Animal, Goofy's, Mellow Yellow, cactus*)	□	□	□
c. Tranquilizers or barbiturates (*valium, librium, seconal, xanax, downers, depressants*)	□	□	□
d. Inhalants (*glue, poppers, nitrous oxide, NO2, Laughing Gas, Highball,*	□	□	□

	Yes	No	Ref.
Huff)			
e. Methamphetamine (*crystal meth, speed, crank, ice, stove top*)	□	□	□
f. Powder cocaine (*blow, Marching powder, nose candy*)	□	□	□
g. Crack, freebase cocaine, or rock cocaine (*rooster, tornado, Base, Ice, Rocks*)	□	□	□
h. Methadone that you did not get from a drug treatment program (*fizzies, amidone*)	□	□	□
i. Heroin (*Black tar, Charley, Chiba, Smack, Big H, China white, Hell dust*)	□	□	□
j. Other drugs (*bath salts, MDPV, spice, K2*) Specify _____	□	□	□
28. Have you ever used prescription pain killers that were either not prescribed to you or not taken in accordance with a physician's instructions? *If no, skip to question 29*	□	□	□
a. Oxycontin or oxycodone (*Ox, OCs, Cotton, Kicker, 40, 80, Blue, Hillbilly heroine, Percocet, Percodan, Tylox, roxicodone*)	□	□	□
b. Dilaudid (*hyrdomorphone*)?	□	□	□
c. Opana (*oxymorphone HCl*)?	□	□	□
d. When you first used prescription pain killers did you have a valid prescription in your name for the pills?	□	□	□
29. Have you ever shared works with someone to smoke or snort drugs (*e.g., a crack pipe or straw***)?**	□	□	□
30. Have you ever pooled your money with others to buy drugs?	□	□	□
31. Have you ever been in a drug treatment program? □ Yes □ No □ Refused → **If yes, how many times have you been in a drug treatment program?** _____ → **If yes, have you been in an inpatient program, and outpatient program, or both?** □ Inpatient □ Outpatient □ Both			
32. Have you ever <u>injected</u> drugs even if only once or a few times?	□	□	□
If no, skip to question 33. *The following questions are for those who responded <u>yes,</u> they have ever injected drugs:* **a. At what age did you first inject drugs?** _____			
b. What was the first drug you injected? □ Heroin □ Amphetamine □ Oxycontin/oxycodone			

	Yes	No	Ref.
□ Dilaudid □ Cocaine □ Crack □ Other (*Specify*) _____ □ Refused to answer			
c. Have you ever lent someone else a needle or syringe you had used previously?	□	□	□
d. Have you ever used a needle or syringe previously used by someone else?	□	□	□
e. Have you ever divided up drugs with someone else by using a needle? *This is also called piggybacking, back loading, or splitting drugs wet.*	□	□	□
f. Sometimes there are special circumstances where you might use a needle that has been used before, such as when you know the person who used it previously is healthy or when the person is a sexual partner so you think it doesn't matter as much. Can you think of a time when you made an exception similar to this?	□	□	□
g. Have you ever reused a needle that you had used previously?	□	□	□
If yes → **Sometimes people lose track of their needles or they become mixed up with someone else's needle. Have you ever been unsure of which is your needle?**	□	□	□
h. Have you ever shared a needle or syringe after it had been cleaned with bleach or water?	□	□	□
i. Have you ever used rinse water with someone or after someone else used it?	□	□	□
j. Have you ever used a cooker with someone or after someone else used it?	□	□	□
k. Have you ever used cotton or a filter with someone or after someone else used it?	□	□	□
l. What drugs do/did you inject most often? (*check all that apply*) □ Heroin and cocaine together (*Speedball, goofball, dynamite*) □ Heroin and amphetamine together □ Amphetamine (*Crystal meth, Speed, Crank*) by itself □ Heroin by itself □ Cocaine by Itself □ Oxycontin/oxycodone □ Dilaudid			

	Yes	No	Ref.
□ Xanax □ Crack by itself □ Other (*Specify*) _____ □ Refused to answer			
33. Have you injected drugs during the past 6 months?	□	□	□
i. If yes, how often did you inject? □ Less than once per week □ Once per week □ More than once per week □ Every day **ii. If no, when was the last time you injected?** (*mm/yyyy*) ___/_____			
If no, skip to question 32. *The following questions are for those who have injected drugs at least once in the past 6 months* **a. Where did you inject most often?** (*do NOT read this list unless the interviewee needs prompting, check all that apply*) □ My own home □ Friend's home □ Dealer's home □ Street/park/beach □ Shooting gallery (*by a shooting gallery, I mean a place where people gather to buy, sell and use injection drugs, or a place where you can buy or rent needles for injecting drugs*) □ Prison □ Other (Specify) _____ □ Refused to answer			
b. Who have you injected with? (*read each item on this list and check all that apply*) □ People who have more injecting experience than me □ People who have less injecting experience than me □ People who have the same amount of injecting experience than me □ People who are 5 years or more older than me □ People who are 5 years or more younger than me □ Close friends □ Family members □ Sexual partners □ Acquaintances □ Dealer □ Strangers □ No one/by myself □ Other (Specify) _____			

	Yes	No	Ref.
□ Refused to answer			
c. Approximately how many of your friends/family currently inject drugs? □ None □ A few □ Some □ Most □ All □ Don't Know □ Refused to answer			
d. How much of your time is spent with people who inject drugs? □ None □ A little □ Some □ Most □ All □ Don't Know □ Refused to answer			
e. How does injecting fit into your life? Do you … (*read the list and check all that apply***)** □ Use recreationally/to party □ Use because you need to/because you're addicted □ Use to bond with partner/friends □ Use for sex □ Use when you're unhappy □ Use because you want to □ Use but you're not addicted □ Use on special occasions □ Use out of habit □ Other (Specify) _____ □ Refused to answer			
f. Which of the following best describes your attitude toward injecting drugs? □ I don't have any desire to quit in the next month □ I would like to quit in the next month but have no specific plans for quitting □ I would like to quit in the next month and I have made a specific plan for quitting □ I am actively trying to quit now □ I have recently quit and am currently trying to stay clean □ Other (Specify) _____ □ Refused to answer			

XIV. Sex

34. During the past 6 months, how many sex partners have you had?

- □ Zero
- □ 1
- □ 2-5
- □ More than 5
- □ Refused

If zero, skip to question 37

35. Of your sex partners in the past 6 months, how many were:

a. Male?
□All □Most □Some □None

b. Female?
□All □Most □Some □None

c. Exchange partners (someone you had sex with in exchange for things like drugs or money?
□All □Most □Some □None

d. Infected with hepatitis C (to your knowledge)?
□All □Most □Some □None □ Don't know

e. Users of injection drugs (to your knowledge)?
□All □Most □Some □None □ Don't know

36. Now, think of the last 5 times you had sex, how many of those 5 times did you use a condom?

- □ 0
- □ 1
- □ 2
- □ 3
- □ 4
- □ 5
- □ Don't know
- □ Refused

XV. Incarceration

37. Have you ever been in a jail, prison or detention center for more than 24 hours?

□ Yes □ No □ Refused to answer

→ If no, skip to question 38.

→ If yes

a. **When was your most recent incarceration** (*Start-End* MM/YYYY) ___/_____ - ___/_____

b. **In what facility were you incarcerated most recently?** _____

c. **Have you ever been incarcerated for longer than 6 months?** □ Yes □ No □ Refused to answer

d. **In which of the following type(s) of facilities have you spent time?** (*Check all that apply*)

□ County or city jail

□ State prison

□ Federal prison

□ Juvenile detention center

□ Other _____

□ Refused to Answer

38. If this survey was available in an online format, would you be more comfortable answering these questions by yourself online rather than over the phone?

□ Yes □ No □ Unknown □ Indifferent