**Health Worker Hepatitis B Questionnaire**

**Overview**: This questionnaire is designed to capture information about the prevalence of Hepatitis B, occupational risks associated with Hepatitis B exposure, and perceptions of Hepatitis B among health workers.

Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Section A: Demographics** |
| Study ID: \_\_\_\_\_\_\_\_\_\_\_ | Gender: 🞎 Male 🞎 Female | Age in years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Marital status:  | 🞐 Never married 🞐 Married or live as married🞐 Widowed 🞐 Separated🞐 Divorced 🞐 Widowed  |
| What is your nationality? | * Mali
* Senegal
* Nigeria
 | * The Gambia
* Sierra Leone
* Other (specify):
 |
| What is your ethnicity? | * Bambara
* Malinke
* Peulh
* Sarakole/ Soninke/ Marka
* Sonrhai
* Dogon
* Bozo
* Tamachek/Bella
 | * Touareg/Maurer
* Tamachek/Bella
* Senoufo/Minianka
* Bobo
* Other Autre (Mali)
* Pays CEDEAO
* Autres
 |
| What is the **highest** degree or level of school you have completed? | * Religious school
* Primary school
* Secondary school
* College (Lycée )
* Bachelor’s Degree (License)
* Master's degree (e.g., MA, MS, MBA)
* Professional or Doctorate degree
 |
| **Section B: Work and Exposure History** |
| How many total years have you worked in health care? | * 1 to 6 years
* 7 to 9 years
* 10 to 12 years
* 13 to 13 years
* 14 to 24 years
* More than 25 years
 |
| Who is your current employer? | * Government
* Non-government organization (NGO)
* Commercial Sector
* Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| How many years have you worked in your current job? | * 1 to 4 years
* 5 to 9 years
* 10 to 14 years
* 15 to 19 years
* 20 to 24 years
* More than 25 years
 |
| What is your current job category? | * Doctor: specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medical student
* Midwife/birth attendant
* Nurse
* Nursing student
* Other student
* Ward assistant
 | * Clinical laboratory worker
* Technologist (non-lab)
* Dentist
* Paramedic
* Housekeeper
* Laundry Worker
* Security
* Other, describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What type of unit do you work in? | * Casualty/Emergency Room
* Intensive/Critical care
* Operating room
* Clinical laboratory
* Dialysis
* In-Patient ward
* Out-patient center
 | * Labor and Delivery
* Autopsy/Pathology
* Laundry
* Central Supply
* Fieldwork
* Data manager
* Other, describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How often do you come into contact with blood or body fluids while working? 🞎 Never 🞎 Rarely 🞎 Occasionally 🞎 Frequently 🞎 Daily (<5x a year) (1 time per month) (several times per week)  |
| How often are you involved with each of the following procedures as part of your work? |
|  Surgery: 🞎 Never 🞎 Rarely 🞎 Occasionally 🞎 Frequently 🞎 Daily (<5x a year) (1 time per month) (several times per week) |
|  Blood transfusions: 🞎 Never 🞎 Rarely 🞎 Occasionally 🞎 Frequently 🞎 Daily (<5x a year) (1 time per month) (several times per week) |
|  Labor & Delivery: 🞎 Never 🞎 Rarely 🞎 Occasionally 🞎 Frequently 🞎 Daily (<5x a year) (1 time per month) (several times per week) |
|  Inserting IV’s:  🞎 Never 🞎 Rarely 🞎 Occasionally 🞎 Frequently 🞎 Daily (<5x a year) (1 time per month) (several times per week) |
|  Giving injections: 🞎 Never 🞎 Rarely 🞎 Occasionally 🞎 Frequently 🞎 Daily (<5x a year) (1 time per month) (several times per week) |
|  Dressing wounds: 🞎 Never 🞎 Rarely 🞎 Occasionally 🞎 Frequently 🞎 Daily (<5x a year) (1 time per month) (several times per week) |
|  Blood sample collection: 🞎 Never 🞎 Rarely 🞎 Occasionally 🞎 Frequently 🞎 Daily (<5x a year) (1 time per month) (several times per week) |
|  Blood or body fluid sample handling: 🞎 Never 🞎 Rarely 🞎 Occasionally 🞎 Frequently 🞎 Daily (<5x a year) (1 time per month) (several times per week) |
|  Dialysis: 🞎 Never 🞎 Rarely 🞎 Occasionally 🞎 Frequently 🞎 Daily (<5x a year) (1 time per month) (several times per week) |
| Are the procedures you perform for your current job different than those you have performed for previous health care jobs?  🞎 Yes 🞎 No 🞎 I have not had prior health care experience |
|  If yes, are there or “more” or “less” opportunities for blood or body fluid exposure in your  current job compared to your previous health care employment?🞎 Much less 🞎 Somewhat less 🞎 About the same 🞎 Much more 🞎 Somewhat more  |
| Have you ever had a splash of blood or body fluids on **intact** skin? | 🞎 Yes 🞎 No |
| Have you ever had a needle stick injury? | 🞎 Yes 🞎 No |
| Have you ever been injured with a contaminated scalpel blade and/or suture needle, or other solid sharp instrument? | 🞎 Yes 🞎 No |
| Have you ever had a splash of blood or body fluids to your eye or mouth? | 🞎 Yes 🞎 No |
| Have you ever had a history of a splash of blood on cuts or non-intact skin?  | 🞎 Yes 🞎 No |
| Have you ever received a blood transfusion in the past? | 🞎 Yes 🞎 No |
| Has a doctor every told you that you have Hepatitis B? | 🞎 Yes 🞎 No |
| Have you ever been vaccinated for Hepatitis B? | 🞎 Yes 🞎 No 🞎 Don’t know |
|  **If yes:**  |  |
|  How many doses of the vaccine did  you receive? | 🞎 1 🞎 2 🞎 3 |
|  When was your last dose? | 🞎 5 years ago🞎 10 years ago🞎 15 years ago🞎 20 years ago🞎 25 years ago or longer |
|  Have you had a Hepatitis B titer? | 🞎 Yes 🞎 No 🞎 Don’t know |
|  Have you had a Hepatitis B booster? | 🞎 Yes 🞎 No 🞎 Don’t know |
| If you have never been vaccinated, would you accept the Hepatitis B vaccine if it was made available free of charge to you? | 🞎 Yes 🞎 No 🞎 Unsure |
| **Section C: Knowledge regarding Hepatitis B virus infection** |
| Hepatitis B is more easily transmitted than HIV/AIDS. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| Hepatitis B infected persons may be asymptomatic for a long time.  🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| Hepatitis B can be diagnosed from external appearance. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| Hepatitis B infection has complications. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| Most liver tumors are caused by Hepatitis B virus infection. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| Persons infected with Hepatitis B may develop liver cirrhosis. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| Persons infected with Hepatitis B may develop liver cancer. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| Hepatitis B infection could lead to death. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| Hepatitis B is an important occupational hazard for health workers. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| **Hepatitis B can be transmitted by:** Blood transfusions. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree  |
|  Unprotected sexual intercourse with an infected person. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
|  Infected mothers to the fetus during labor. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
|  Breastfeeding. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
|  Shaking hands with infected persons. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
|  Hugging an infected person. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
|  Exposure to blood from a contaminated sharp (i.e., needlestick). 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
|  Exposure to a splash of blood to mucous membranes. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| The Hepatitis B vaccine is safe. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| Hepatitis B vaccination is the most effective way to prevent Hepatitis B infection. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| Hepatitis B vaccine can be given as post-exposure prophylaxis.  🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| Hepatitis B vaccine is highly effective in preventing hepatitis B infection if given within 48 hours after exposure.  🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| Hepatitis B vaccine should be given to health workers as part of work place safety. 🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |
| The Hepatitis B vaccine provides protection against Hepatitis B infection for at least 15 years.  🞎 Strongly disagree 🞎 Disagree 🞎 Unsure 🞎 Agree 🞎 Strongly Agree |

|  |
| --- |
| **Section D: Workplace Characteristics** |
| Does your current workplace have a policy on: |  |
|  Handwashing? | 🞐 Yes 🞐 No 🞐 Don’t know  |
|  Blood and body fluids exposure that  requires workers to use personal protective  equipment (gloves, gowns, etc.) when caring for  patients? | 🞐 Yes 🞐 No 🞐 Don’t know  |
|  Reporting of needle stick injuries?  | 🞐 Yes 🞐 No 🞐 Don’t know  |
|  Reporting of exposures to blood and body  fluids? | 🞐 Yes 🞐 No 🞐 Don’t know  |
|  Use of safe sharp containers? | 🞐 Yes 🞐 No 🞐 Don’t know  |
|  Safe handling of clinical specimens? | 🞐 Yes 🞐 No 🞐 Don’t know  |
|  Separation of contaminated medical waste? | 🞐 Yes 🞐 No 🞐 Don’t know  |
| Does your workplace provide training to health workers on how to protect themselves from blood and body fluid exposure?  | 🞐 Yes 🞐 No 🞐 Don’t know  |
| Are the following items of personal protective equipment (PPE) available to workers who may be exposed to blood or body fluids? |
|  Medical gloves? | 🞐 Yes 🞐 No 🞐 Don’t know  |
|  Face shields, masks and/or eye protection? | 🞐 Yes 🞐 No 🞐 Don’t know  |
|  Impermeable gowns? | 🞐 Yes 🞐 No 🞐 Don’t know  |
| Are sharp disposal containers available in all patient care areas? | 🞐 Yes 🞐 No 🞐 Don’t know  |
| Does your workplace offer employees: |  |
|  Testing for work-related communicable diseases? | 🞐 Yes 🞐 No 🞐 Don’t know  |
|  Confidential HIV testing? | 🞐 Yes 🞐 No 🞐 Don’t know  |
|  Confidential HIV treatment? | 🞐 Yes 🞐 No 🞐 Don’t know  |

**Keep this page separate from the questionnaire.**

**This page is only relevant if the screening is done prior to immunization**

**Screening Test Results**

|  |  |
| --- | --- |
| **Study ID:** |  |
| **Time consent was obtained:** |  |
| **Screening Date:** MM/DD/YYYY |  |
| **Person conducting screening:** |  |
| **Screening results:** |  HBsAg-**positive** individuals from healthcare worker-based screening HBsAg-**negative** individual from healthcare worker -based screening Other (specify)  |