**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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 | | | | |

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| **Section D: Workplace Characteristics** | |
| Does your current workplace have a policy on: |  |
| Handwashing? | 🞐 Yes 🞐 No 🞐 Don’t know |
| Blood and body fluids exposure thatrequires workers to use personal protectiveequipment (gloves, gowns, etc.) when caring forpatients? | 🞐 Yes 🞐 No 🞐 Don’t know |
| Reporting of needle stick injuries? | 🞐 Yes 🞐 No 🞐 Don’t know |
| Reporting of exposures to blood and bodyfluids? | 🞐 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**

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| --- | --- |
| **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) |