

RESEARCH QUESTIONNAIRE

Virologic, serologic, hematologic and biochemical characterization of hepatitis B virus infection in North West and South West regions of Cameroon: transmission risk and immune responses in the subjects

PATIENT IDENTIFICATION: Index case Sexual Partner Household contact Healthcare worker Healthy control

1. Participant code: _____ Partner N°: _____ Date of collection: _____
Address: _____ Tel: _____

DEMOGRAPHIC/SOCIO-ECONOMIC STATUS

2. Date of birth: _____ OR Age: _____ Ethnic Origin: _____
3. Religion: Muslim Christians If Christian which dominion? Catholic Protestant Revival
4. Gender (tick one box only): Male Female If female: are you pregnant? No Yes
5. Occupation: _____ Civil servant Employed in private the sector Self employed
6. Monthly Income: < 50,000F 50,000-100,000F >100,000F None
7. Level of Education: Did not go to school Primary Secondary Post-secondary
8. Marital status: Single Currently married Previously married (Divorced/widowed)
9. If "currently married", type of marriage: Monogamy Polygamy

KNOWLEGDE ON HEPATITIS B/ VACCINE STATUS

10. Have you heard about Hepatitis B before? Yes No
11. How is Hepatitis B transmitted? Through drinking water/food Via contact with infected body fluids Having unprotected sex with an infected person
Airborne By sharing cups and plates with an infected person Through blood transfusion with an infected blood By sharing blades and other sharp objects with an infected person
13. How can Hepatitis B be prevented? By taking the vaccine By always covering the mouth before coughing By having protected sex By keeping the environment clean
14. Have you been vaccinated for Hepatitis B? Yes No Never heard of HBV vaccine If No, why? _____
15. If yes, how many doses did you receive? _____ Don't know
16. Have you been tested for Hepatitis? Yes No If yes which of the hepatitis? HBV HCV
17. Reasons for being tested for Hepatitis: Voluntary Administrative Antenatal STI consultation
Confirmation Routine Blood donation Signs and symptoms _____
18. What were the results? **HBV:** Positive Negative **HCV:** Positive Negative If "positive", at what age? _____
19. If positive, are you on any treatment? Yes No
20. Type of treatment: traditional antiviral Immune boosters

HEPATITIS/ RISK FACTORS

18. Age at first sexual intercourse: _____ Gender of sexual partners: Men Women Both
19. How often do you use condoms during sexual intercourse? Never Rarely Sometimes Often Usually
20. How many sexual partners have you had in the last 12 months? _____ How many sexual partners have you had in your lifetime? _____ Do you know the status of your partner? _____ What is it? _____
18. Have you ever been diagnosed with a sexually transmitted disease in the past? Yes No
19. Have you ever used injection drugs? Yes No If yes, for how long did you use injection drugs? _____
20. Do you currently use injection drugs? Yes No If yes, about how many times over the past month: _____
21. Have you had known contact with an individual with Hepatitis B or C? Yes No
22. If yes, were they: Sexual partner Household member Occupational contact Injection drug user
What is the nature of your relationship with household member (s) _____
23. Have you ever had a blood transfusion? Yes No If yes, how long ago? _____
24. Do you have a tatoo on your body? Yes No

25. Do you usually ensure that the barber disinfects his shaving machine before using it on you? Yes No
26. Nature of Secondary school attended: Boarding Days school Both
27. Have you been incarcerated before? Yes No If "yes" for how long? _____
28. Do you currently smoke? Yes No or ex-smoker If "Yes" for how long have been smoking? _____
29. How many stick of cigarette do you smoke per day? _____ Do you smoke substances other than cigarette? Yes No
30. Do you currently consume alcohol? Yes No Ex-alcohol consumer
31. **Alcohol use disorder identification (AUDIT):** Place a tick in the box that best describe your answer to the question (**alcohol consumers only**)

Questions	0	1	3	3	4	score
How often do you have a drinks containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
How many drinks do have containing alcohol on a typical day you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
How often do you have 5 or more alcoholic drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year, have you found that you were able to stop drinking once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year, have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	monthly	Weekly	Daily or almost daily	
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year, have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year, have you been unable to remember what happened the night before because of your drinking?	never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone else been injured because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?	never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Total score						

Conclusion: Hazardous drinking (**score ≥ 8**) non-hazardous drinking (**score less than < 8**)

32. Other comorbidities: Diabetes Hypertensive Liver diseases Kidney disease

33. For how long have you been suffering from this other comorbidities? _____

CLINICAL EVALUATION

At enrollment

Transaminases level (IU/ml) AST: _____ ALT level: _____ AST/ALT ratio _____ APRI score _____

HBV profile panel: HBsAG _____ HBsAb _____ HBeAg _____ HBeAb _____ HBV total core Ab: _____

HBV DNA level: _____ (copies/mL) HBV genotype: _____ Age platelet ratio _____

Mass: _____ Height _____ Signs and symptoms: _____

At follow-up

Transaminases level (IU/ml) AST: _____ ALT level: _____ AST/ALT ratio _____ APRI score _____

HBV profile panel: HBsAG _____ HBsAb _____ HBeAg _____ HBeAb _____ HBV total core Ab: _____

HBV DNA level: _____ (copies/mL) HBV genotype: _____ Age platelet ratio _____

Mass: _____ Height _____ Signs and symptoms: _____