

Castor studienummer |\_|\_|\_|\_|\_|\_|\_|\_|

**Questionnaire, part A**

**1. Are you ever tested on hepatitis B, hepatitis C or hiv?**

**a. Hepatitis B**

- No
- I do not know
- Yes --> in which year was the last time?  
|\_|\_|\_|\_| (year)

What was the result?

- negative (not infected)
- positive (infected)
- I do not know

**b. Hepatitis C**

- No
- I do not know
- Yes --> in which year was the last time?  
|\_|\_|\_|\_| (year)

What was the result?

- negative (not infected)
- positive (infected)
- I don't know

**c. Hiv**

- No
- I do not know
- Yes --> In which year was the last time?  
|\_|\_|\_|\_| (year)

What was the result?

- I do not know
- Hiv negative (no hiv-infection)
- Hiv positive (hiv-infection)

When positive: Are you using medicines against hiv?

- No, because.....
- Yes, namely.....

**2. What is your country of origin? .....**

**3. Have you ever had surgery abroad?**

*All kind of operations included; also dental operations, cesarean section, cosmetic operations like a facelift or liposuction, or laparoscopic operations.*

- No
- I do not know
- Yes --> In which country and which year?

*You can write down more countries if you got more than 1 operation.*

1. In .....(country) in |\_|\_|\_|\_| (year)
2. In .....(country) in |\_|\_|\_|\_| (year)

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**4. Did you ever get a blood transfusion?**

- No
- I do not know
- Yes --> In which country and which year? (bloodtransfusion in Holland counts also)

*If you got more times a blood transfusion in the same country: fill in the year of the first blood transfusion in that country.*

1. In ..... (country) in |\_|\_|\_|\_| (year)

2. In ..... (country) in |\_|\_|\_|\_| (year)

**5. As far as you know: did your mother have hepatitis B, C or liver cancer?**

- No
- Yes, hepatitis B or C
- Yes, livercancer
- I do not know

**6. Are there more persons in your family with liver cancer or hepatitis B or hepatitis C?**

*More answers possible*

- No
- I do not know
- Yes, hepatitis B or C
- Yes, liver cancer

**7. With what gender do you have sexual contact?**

- Men
- Women
- Both
- Does not apply

**8. Did you have more than 3 sexual partners the last 6 months?**

- No
- Yes

**9. Have you ever paid for sex, or did anyone ever give you something for sex (money, goods or housing)?**

- No, never
- Yes, I paid for sex --> Also in the last 6 months?
  - No
  - Yes
- Yes, I got money, goods or housing for sex. --> Also in the last 6 months?
  - No
  - Yes

**10. Have you ever injected drugs to yourself?**

- No
- Yes