

# **Check Hep C**

# **Health Promotion Guide**

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For Check Hep C Patient Navigators

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## What Is The Health Promotion Guide?

Check Hep C Patient Navigators can use this manual to guide personalized health promotion counseling to Hep C patients.

## What Is In This Guide?

Table of Contents	When to Implement
<b>I. Hep C Basics</b>	
<ul style="list-style-type: none"> <li>• What is Hepatitis C?</li> <li>• How do people get Hep C?</li> <li>• What type of Hep C do you have?</li> <li>• How do you know if you have liver damage?</li> <li>• Treatment: How is Hep C treated?</li> </ul>	During patient navigation assessment phase. Reinforce throughout pre-treatment phase as needed.
<b>II. Getting Ready for Hep C Care</b>	
<ul style="list-style-type: none"> <li>• Mental health: Improving mental wellness</li> <li>• Alcohol: Does drinking alcohol damage the liver?</li> <li>• Drug use: Reducing the harm of drug use</li> <li>• Lifestyle changes: Protect your liver</li> <li>• Referrals: Getting support</li> </ul>	During the patient navigation assessment phase.
<b>III. Getting Ready for Treatment</b>	
<ul style="list-style-type: none"> <li>• Treatment readiness: Are you ready to start treatment?</li> </ul>	Right before starting treatment.
<b>IV. After Treatment</b>	
<ul style="list-style-type: none"> <li>• Staying healthy and avoiding Hep C reinfection</li> </ul>	Right after treatment is complete.

## How Do I Use This Guide?

**Sample Page**

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**1. ASSESS NEED**

Ask patient: ...?

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**2. TELL PATIENTS**

1. Talking point 1
2. Talking point 2
3. Talking point 3

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**3. REVIEW INFO / MAKE A PLAN**

Ask patient: ...? For More Info

**1. ASSESS NEED** for health promotion. Ask questions to assess what your patient already knows or does not know. Based on their response, tailor the talking points and action plan.

**2. TELL PATIENTS** key messages. After sharing these messages, do one of the following:

**3. REVIEW INFO**

Use the questions in this section to make sure the patient understands the information provided; or

**3. MAKE A PLAN**

Ask patients to make an action plan based on the information they received, and record action items on the *Care Plan* at the end of this guide; and/or

**4. FOR MORE INFO**

Give and/or refer patients to relevant resources for further reading.

**3. DISCUSS**

Some decisions may require further discussion and thought.

## How Do I Use Check Hep C Materials?

- Use the **Health Promotion Manual** to guide completion of the **Patient Navigation Form** and development of the **Care Plan**.
- Document any referrals and action plan agreed upon with your patient in the **Care Plan**. Give a copy to your patient.
- Use supplementary materials to assess current substance use and reinforce any Hep C-related education and counseling given:
  1. "Hepatitis C: The Facts" booklet
  2. "Alcohol Screening & Counseling for Patients with Hepatitis"
  3. Alcohol Use Disorders Identification Test (AUDIT) test
  4. "Alcohol and Hepatitis" patient palm card
  5. Drug Abuse Screening Test (DAST) form
  6. "Reduce Your Risk" palm card
  7. **Treatment Planning Form**

## MATERIALS

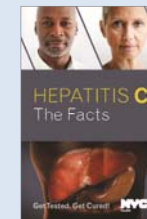
### Patient Navigation Form + Health Promotion Manual + Supplemental Materials & Care Plan

#### VISIT TYPE

**Assessment**  
(may involve multiple visits)




**Health Promotion Manual**  
Module I: "Hep C Basics"  
Module II: "Getting Ready for Hep C Care"





**Before Starting Treatment**



**Health Promotion Manual**  
Module III: "Getting ready for treatment"

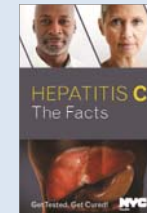
**Treatment Planning Form**



**After Treatment**



**Health Promotion Manual**  
Module IV: "After treatment"



# **I. HEP C BASICS**

# HEP C BASICS: WHAT IS HEPATITIS C?

## 1. ASSESS NEED

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Ask patient:

- “What would you like to know about Hep C?”

## 2. TELL PATIENTS

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1. Hepatitis C (Hep C) is caused by a **virus** that infects the liver.
  - Hepatitis means inflammation of the liver.
  - Your liver keeps you healthy in many ways. It removes toxins from your blood and transforms nutrients from food into energy
  - There are different causes of hepatitis. Hepatitis can be caused by excessive alcohol use, fatty liver, and viruses such as hepatitis A, B or C.
2. Hep C virus is transmitted (passed from one person to another) through **blood**.
3. Hep C can lead to **serious** health problems, including liver damage, liver failure, cancer, and death.
4. Many people with Hep C do **not** have symptoms and do not know they are infected.
  - Symptoms of Hep C can take up to 30 years to develop.
  - When symptoms do appear, they are often a sign of advanced liver disease.
5. Hep C can be **cured**.
  - If you are cured of Hep C, your liver health will likely improve.

## 3. REVIEW INFO

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Ask patient:

- “Have you had symptoms of hepatitis?”
- “Can Hep C be cured?”
- “How would you explain Hep C to a friend or family member?”

### For More Info

Review “Hepatitis C: The Facts” and “Hepatitis C – Get Tested. Get Cured” video at <http://hepfree.nyc/free-hep-b-c-educational-resources/#video>

# HEP C BASICS: HOW DO PEOPLE GET HEP C?

## 1. ASSESS NEED

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Ask patient:

- “Do you know how Hep C is transmitted?”

## 2. TELL PATIENTS

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1. Hep C is transmitted (passed along from one person to another) through **blood**.

It only takes a tiny amount of blood to spread Hep C.

2. The most common way to transmit Hep C is through **sharing drug use equipment**.

- This may have happened a long time ago.
- If you use drugs, only use all new or sterile drug use equipment.
- This includes: needles, syringes, razors, cutters, ties, cookers, cups, rinse water, spoons, cotton, filters, pipes, straws, or rolled money.
- The Hep C virus is also transmitted by sharing needles or injection equipment (for blood transfusions, non-sterile injections, insulin, drug use, steroids, tattooing or acupuncture).

3. Hep C is rarely transmitted through **sex**.

- Risk for sexual transmission is higher in people with HIV or in people with multiple sex partners.

4. Hep C can be transmitted by **sharing things that touched your blood**.

- This includes toothbrushes, razors, nail clippers, or tattoo equipment.

5. Hep C can spread from mother to baby during **pregnancy or childbirth**.

If you're pregnant, tell your doctor that you have Hep C.

## 3. MAKE A PLAN

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Ask patient:

- “What can you do to prevent passing Hep C along to others?”

### For More Info

Review:

- “Hepatitis C: The Facts” booklet (p7)
- “Take Care, Take Charge: Safety Tips for People Who Use or Inject Drugs” booklet

# HEP C BASICS: WHAT TYPE OF HEP C DO YOU HAVE?

## 1. ASSESS NEED

---

Ask patient:

- “When were you diagnosed with Hep C?”

## 2. TELL PATIENTS

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You need **two blood tests** to diagnose Hep C.

1. The first test is the **Hep C antibody test**.

- This test shows if you have ever had the Hep C virus.
- Even if you “cleared” or were cured of Hep C, you will always have a positive Hep C antibody test.

2. The second test is the **Hep C RNA (viral load) test**.

- This shows if you have the Hep C infection now.
- If this test is positive, it means you have Hep C.
- This test also shows **how much** Hep C virus is in your blood.

You need another blood test to find out what type of Hep C you have.

3. The **Hep C genotype test** is a third type of test that tells you what type of Hep C virus you have.

- There are at least six types (genotypes) of Hep C.
- Knowing the type you have helps your doctor decide what treatment is best for you.

Everyone with Hep C should also be tested for HIV and hepatitis B.

## 3. REVIEW INFO

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Ask patient:

- “What tests have you had?”
- “What tests do you still need?”

### For More Info

Review pages 2-3 of  
“Hepatitis C: The Facts”



# HEP C BASICS: HOW DO YOU KNOW IF YOU HAVE LIVER DAMAGE?

## 1. ASSESS NEED

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Ask patient:

- “Have you had symptoms of liver damage?”

## 2. TELL PATIENTS

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1. **Symptoms and signs of Hep C can include:** fever, fatigue, loss of appetite, nausea and vomiting, abdominal pain, dark urine, grey-colored stools, joint pain, jaundice.
2. **Most of these symptoms are due to liver inflammation or damage.**
3. **Chronic Hep C can damage the liver.**
  - It can cause inflammation of the liver, which can lead to scarring of the liver tissue, moderate liver damage (fibrosis), and **severe liver damage (cirrhosis)**.
  - People with cirrhosis are at high risk for liver failure, liver cancer, and even death.
  - Liver damage often happens over a period of 20 to 30 years.
4. **A medical evaluation will tell you if you have liver damage. You make take some of these tests:**
  - **Fibrosis tests (e.g. Fibosure):** Blood tests that look for liver damage.
  - **Liver ultrasound/Fibroscan:** Non-invasive imaging tests that provide a picture of the shape, size, and/or stiffness of the liver.
  - **Liver biopsy:** Removal of a small piece of liver tissue with a needle. The tissue is checked under a microscope for damage or disease. This test is rarely needed.
  - **Liver cancer screening tests:** Blood tests or ultrasound recommended for people with cirrhosis to get every six months.

## 3. REVIEW INFO

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Ask patient:

- “Do you have any symptoms of Hep C that concern you?”
- “Have you had evaluation to check if you have liver damage?”
- “What is your stage of liver damage?”

### For More Info

Review pages 3-4 of  
“Hepatitis C: The Facts”

# HEP C BASICS: HOW IS HEP C TREATED?

## 1. ASSESS NEED

---

Ask patient:

- “Have you ever been treated for Hep C before?”
- “If yes, what year? Were you cured, not cured, or infected again?”
- “What have you heard about Hep C treatment?”

## 2. TELL PATIENTS

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1. Treatment is now **easier, shorter, and much more likely to cure Hep C** than in the past.
  - Most people can be cured by taking antiviral medication for 12 weeks, or sometimes less.
  - Treatment is now almost always pills, once a day, with few side effects.
  - Sustained virological response (SVR) is the term for cure in Hep C. SVR is achieved when no virus is found in the blood at 12 or 24 weeks after finishing treatment.
2. **Your doctor will work with you to choose the best medication for you.**
  - This depends on what type (genotype) of Hep C you have, if you’ve ever been treated for Hep C before, and how much liver damage you have.
3. **Get treated for Hep C to:**
  1. Remove the virus from your body
  2. Slow down, stop, or reverse liver damage
  3. Keep you from getting sicker
  4. Keep you from needing a liver transplant
  5. Keep you from developing cirrhosis or liver cancer
4. **If you are cured, you will no longer be at risk of passing Hep C along to others.**

## 3. DISCUSS

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Ask patient:

“Would you like to get treated for Hep C?”

”Why or why not?”

### For More Info

Review pages 4-5 of  
“Hepatitis C: The Facts”

# **II. GETTING READY FOR HEP C CARE**

# GETTING READY FOR HEP C CARE: IMPROVING MENTAL WELLNESS

## 1. TELL PATIENTS

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1. Living with Hep C can be stressful. It is common to experience:
  - Extreme fatigue
  - Sleep problems
  - Aches and pains
  - Stomach problems
  - Fears related to health
  - Social isolation
  - Depression
  - Anxiety
2. Any of the above issues can affect your mental health, which includes:
  - Thoughts, feelings, emotions, and energy
3. People with unstable mental health often **face health care barriers**.
  - Managing your mental health can help you get through medical care and treatment.

## 2. ASSESS NEED AND DISCUSS

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Ask patient:

- “Have you ever been diagnosed with a mental health issue?”
- “Are you taking any psychiatric medications?”
- “Do you currently see a therapist or counselor?”
- “Do you have any mental health concerns you would like help with?”

## 3. MAKE A PLAN

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If the patient expresses concerns, but is not receiving services, say:

It may be helpful to **speak with a professional** if you notice that mental health issues are getting in the way of your day-to-day activities or goals.

- This includes working, eating, sleeping, or relationships.

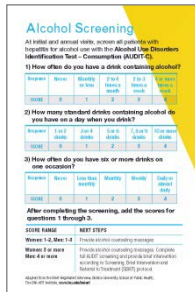
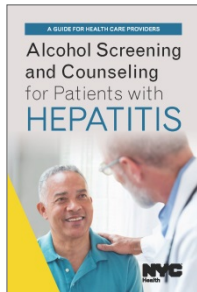
Record referrals on the *Care Plan*.

### For More Info

Review pages 5-6 and 8 of  
“Hepatitis C: The Facts”

# GETTING READY FOR HEP C CARE: DOES DRINKING ALCOHOL DAMAGE THE LIVER?

## 1. ASSESS NEED



Use the “*Alcohol Screening and Counseling for Hepatitis Patients*” guide to assess current alcohol use and identify need for alcohol counseling. This guide includes the:

1. Alcohol Use Disorders Identification Test (AUDIT)
2. Substance Abuse Brief Intervention and Referral for Treatment (SBIRT)

## 2. TELL PATIENTS

### 1. Alcohol is **very hard** on the liver.

- Alcohol can damage or kill liver cells.
- Alcohol greatly increases risk for developing cirrhosis and liver cancer if you have Hep C.

### 2. If you have Hep C it is safest **not to drink any alcohol**.

- This includes beer, wine, whiskey, and all other liquors.

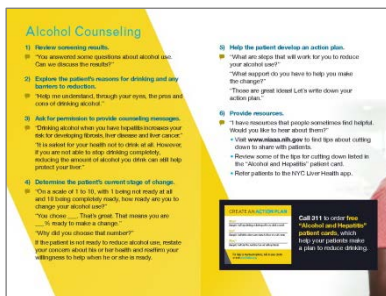
### 3. People who use alcohol often **face Hep C treatment barriers**.

- Cutting down or stopping drinking can help you get ready for treatment.

### 4. If you cannot stop drinking completely, **cutting down can help**.

- The less you drink the better.

## 3. MAKE A PLAN



For patients that drink, provide alcohol counseling as indicated in “*Alcohol Screening and Counseling for Hepatitis Patients*” and develop an action plan for cutting down on alcohol.

# GETTING READY FOR HEP C CARE: REDUCING THE HARM OF DRUG USE

## 1. ASSESS NEED

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Use the **Drug Abuse Screening Test (DAST)** to assess current drug use and identify the patient's need for harm reduction services or substance abuse treatment. Ask specifically about injection drug use when using the DAST.

## 2. TELL PATIENTS

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1. **Sharing drug use equipment** is the most common way that Hep C is passed from one person to another.
  - All equipment used for injecting drugs can pass along Hep C. This includes: needles, syringes, razors, cutters, ties, cookers, cups, rinse water, spoons, cotton, and filters.
  - Pipes, straws, rolled money or other snorting equipment can also pass along Hep C.
2. People who use drugs often **face Hep C treatment barriers**.
  - Cutting down or stopping drug use can help you get ready to start treatment.
3. Each drug has different health risks. Some drugs are very hard on the liver.

## 3. DISCUSS & MAKE A PLAN

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1. Use page 19 (“Guide for Improving Readiness to Change”) to guide a conversation that can help motivate patients to reduce or stop drug use.
2. Record goals and action items on the *Care Plan*.

### For More Info

Review:

- “Hepatitis C: The Facts” booklet (p7)
- “Take Care, Take Charge: Safety Tips for People Who Use or Inject Drugs” booklet

# GETTING READY FOR HEP C CARE: PROTECT YOUR LIVER

## 1. ASSESS NEED

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Ask patient:

- “How do you keep your liver healthy?”

## 2. TELL PATIENTS

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1. **Tell all of your doctors that you have Hep C.**
  - Your doctors can help you avoid medications that may harm your liver.
2. **Ask your doctor before taking over-the-counter medications, natural or herbal medicines, vitamins, or supplements.**
  - Some over-the-counter medications such as acetaminophen (Tylenol), vitamins, supplements (such as iron), or “natural” drugs can be dangerous to your liver.
  - No “natural medication” is known to work for treating Hep C.
3. **Eat a healthy diet, exercise, and maintain a healthy body weight.**
  - Being overweight and/or eating an unhealthy diet can lead to fat build up in the liver (“fatty liver”) and can cause liver damage.
  - Exercise at least two to three times a week for 30 minutes each time.
  - Avoid sugary food and drinks. Eat more fruits, vegetables, and high-fiber foods.
4. **Smoking tobacco can damage the liver.**
  - Call 1-866-NY-QUITS or visit <http://nyc.gov/health/smokefree> for support quitting.
5. **Other health conditions can worsen liver damage.**
  - These conditions include HIV, Hep B, diabetes, obesity, and metabolic syndrome.
  - Some conditions, like heart disease, can make Hep C treatment more difficult.
  - It’s important to manage these conditions to improve overall health and reduce stress to the liver.

## 3. MAKE A PLAN

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Ask patient: “Which of the tips above would help you keep your liver healthy?”

Complete the “Health Goals” section of the *Care Plan*.

### For More Info

Review pages 5-6 of  
“Hepatitis C: The Facts”

# GETTING READY FOR HEP C CARE: GETTING SUPPORT

## 1. TELL PATIENTS

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Tell patient: “Health insurance, financial issues, housing, legal issues, and relationships with family and friends can all affect your health.”

## 2. ASSESS NEED & DISCUSS

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1. **Health insurance** can help cover your Hep C care and treatment.
  - Some people without insurance may get free medications through patient assistance programs.
  - Ask patients, “Do you have health insurance?”
2. If you are having trouble **making ends meet**, it can be difficult to focus on your health.
  - “What is your monthly income?”
3. **Not having a stable place** to live is stressful and can make it hard to keep taking your meds or take care of your health.
  - “In the last year, where have you lived?”
  - “Where are you living now? How long will you live there?”
4. Dealing with **legal issues** can be stressful and can take a lot of time.
  - “Were you incarcerated in the last year?”
  - “Were you incarcerated ever?”
  - “Do you have any legal issues now?”
5. **Feeling alone** can make it hard to deal with your health.
  - “Do you have family or friends you can talk to about your health?”
  - “Would you be interested in going to a Hep C support group?”

## 3. MAKE A PLAN

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1. Ask patient if he or she is willing to consider referrals to other resources that can help.
2. Share list of recommended referrals with patient.
3. Ask patient if he or she accepts the referrals:
  - If yes, document on *Care Plan*.
  - If no, ask patient if you can discuss again in the future.Review *Care Plan* with patient.

### For More Info

Review pages 5-6 of  
“Hepatitis C: The Facts”



# **III. GETTING READY FOR TREATMENT**

# GETTING READY FOR TREATMENT: ARE YOU READY TO START TREATMENT?

## 1. ASSESS NEED

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If possible, this discussion should take place with the patient's doctor present.

Say to patient: "You are recommended to start treatment. On a scale of 1 to 10, how ready are you to start?"

## 2. TELL PATIENT

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1. **Hep C can be cured by taking antiviral medication.**
  - If you are cured, you are less likely to develop liver disease and cancer, and you will be healthier overall.
2. **Take your meds at the same time every single day.**
  - If you miss doses, the treatment is less likely to work and resistance to the medication can develop.
  - Planning ahead helps prepare for unexpected situations and ensure that you take your meds each day.
3. **If you have side effects, call your doctor or navigator right away.**
  - Don't stop taking your medications without talking to your doctor first.

## 3. DISCUSS & MAKE A PLAN

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Review and complete *Treatment Planning Form* with patient. Make sure that patients understand their prescribed regimen and plan strategies for preventing missed doses.

## 4. REVIEW INFO

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1. Ask patient to describe their treatment regimen in full.
2. Ask patient, on a scale of 1-10, how confident he or she is to take all medications as prescribed for the duration of treatment.

# **IV. AFTER TREATMENT**

# AFTER TREATMENT: STAYING HEALTHY AND AVOIDING HEP C

## 1. ASSESS NEED

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Ask patient: “Can you get Hep C again, after you have been cured?”

## 2. TELL PATIENTS

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1. An “undetectable” Hep C viral load means there is **no Hep C virus** found in your blood.
  - **Sustained virological response (SVR)** is the term used for cure in Hep C. If your viral load remains undetectable 12 or 24 weeks after treatment, you are **cured**.
2. You can always get infected with Hep C again, **even if you are cured**.
  - There is no Hep C vaccine. There is no immunity to Hep C.
  - You can get re-infected from **your own old blood from before you were cured**. Throw away any razors, clippers, toothbrushes, washcloths or anything that may have your old blood on it.
  - If you use drugs, **only use new or sterile drug use equipment**.
  - **Avoid other people’s blood**. Do not share personal care items, such as toothbrushes, razors, needles, nail files/clippers/scissors, or washcloths.
3. Keeping seeing your doctor to keep track of your health.
4. If you have cirrhosis, you need liver cancer screening every six months.

For patients for whom Hep C treatment was not effective, reassure patient that new Hep C medications may be available in the future.

## 3. MAKE A PLAN

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1. Review the medical follow up visit plan recommended by the doctor.
2. Review the “Getting Ready for Hep C Care: Protect Your Liver” section on page 13.

### For More Info

Review:

- “Hepatitis C: The Facts” booklet (p5-7)
- “Take Care, Take Charge: Safety Tips for People Who Use or Inject Drugs” booklet

## 4. REVIEW INFO

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Ask patient: “What will you do to stay healthy and avoid Hep C after treatment?”

# GUIDE FOR IMPROVING READINESS TO CHANGE: BRIEF NEGOTIATED INTERVIEW

The Brief Negotiated Interview can help increase patient's intrinsic motivation to change behaviors. Use this method to help patients improve readiness to achieve health goals in their *Care Plan*.

## 1. ASK PERMISSION TO DISCUSS BEHAVIOR

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- a. Example: "Do you mind if we spend a few minutes talking about your drug use?"

## 2. WEIGH THE PROS AND CONS OF CURRENT BEHAVIOR

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- Ask the patient to consider the pros ("good things") and cons ("not-so-good things") about the **current behavior** (such as drinking or drug use). This question helps both the patient and the navigator understand how the patient really thinks or feels about the behavior.
- Example: "Help me understand, through your eyes, the good things, and not-so-good things about drinking."

## 3. ASSESS READINESS FOR CHANGE

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"On a scale of 1-10, how ready are you to change?"

Reinforce positives:

"You said \_\_\_\_\_. That's great! That means you are \_\_\_\_\_% ready to change."

## 4. MAKE AN ACTION PLAN

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- Using the Health Promotion Guide to discuss behaviors to promote liver health, ask patient:
  - "What are some steps that will work for you to stay healthy and safe?"
  - "What will help you to reduce the things you don't like about [behavior]?"
  - "What support do you have to help you achieve your goal?"
- Encourage patients to step-by-step goals that are realistic and achievable.
  - If patient is not ready to change, restate your concern about his or her health and reaffirm your willingness to help when he or she is ready.
- Use this information to develop and document the action plan on the *Care Plan*.

## 5. PROVIDE RESOURCES

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- a. Refer to resources in the Check Hep C Program Protocol.

# AUDIT

**PATIENT:** Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

**NOTE:** In the U.S., a single drink serving contains about 14 grams of ethanol or “pure” alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. 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	
6. 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	
7. 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	
8. 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	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					<b>Total</b>	

**Note:** This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization. To reflect drink serving sizes in the United States (14g of pure alcohol), the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care settings is available online at [www.who.org](http://www.who.org).

# Drug Abuse Screening Test, DAST-10

Tailored for viral hepatitis patients

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tell patient: "The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months. The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages. Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right."

## Screening Questions

In the past 12 months...	Yes	No
1. Have you used drugs other than those required for medical reasons?	1	0
2. Do you use more than one drug at a time?	1	0
3. Are you unable to stop using drugs when you want to?	1	0
4. Have you ever had blackouts or flashbacks as a result of drug use?	1	0
5. Do you ever feel bad or guilty about your drug use?	1	0
6. Does your spouse (or parents) ever complain about your involvement with drugs?	1	0
7. Have you neglected your family because of your use of drugs?	1	0
8. Have you engaged in illegal activities in order to obtain drugs?	1	0
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	1	0
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	1	0
<b>Calculate total score</b>		

## Viral Hepatitis-Related Screening Questions

11. What drug(s) did you use?
12. How often did you use the drug(s)?
13. Are any drug(s) you used injectable?

## Interpretation of Score

Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

Adapted from Drug Abuse Screening Test (DAST-10). (©1982 by the Addiction Research Foundation.)