

Hepatitis C Post- Test

Name _____
(Please enter legal name above)

Birth date (required)

Format: 01/03/1999

M	M	D	D	Y	Y	Y	Y

Where do you work? (example: HCMC, MVAHCS, etc.)
Enter N/A if you are not employed.

Hospital _____ Unit _____

*Email Address _____

*TCHP hospitals must use work email address.

I verify that I have read this home study and have completed the post-test and evaluation.

By checking this box, I am submitting my electronic signature to this statement.

- 1) How many people in the US are infected with HCV?
 - a) One million
 - b) Two million
 - c) Three million
 - d) Four million
- 2) What percentage of people with an HCV infection will develop chronic hepatitis?
 - a) 10-20%
 - b) 30-40%
 - c) 50-70%
 - d) 80-90%
- 3) Which group of people are now at the highest risk for **contracting** HCV?
 - a) Hemophiliacs
 - b) Injectable drug users
 - c) Donated blood recipients
 - d) Health care workers

- 4) What is the most common test to check for HCV?
 - a) Anti-HCV or EIA
 - b) Quantitative PCR
 - c) PCR
 - d) None of the above
- 5) Side effects of Ribavirin and Interferon treatment include all of the following except:
 - a) Severe flu-like symptoms
 - b) Decreased hemoglobin, platelet, and WBC counts
 - c) Hyper-excitability
 - d) Skin rash and anemia
- 6) Which of the following substances should be strongly avoided?
 - a) Alcohol
 - b) Aspirin
 - c) Caffeine
 - d) Over-the-counter medications
- 7) What do you need to do if you are exposed to an HCV-positive person?
 - a) Cleanse the exposed area
 - b) Report the exposure to your supervisor or the Infection Control department
 - c) Obtain a baseline anti-HCV, ALT, or PCR level (per hospital protocol)
 - d) All of the above

Expiration date: The last day that post tests will be accepted for this edition is December 31, 2015—your envelope must be postmarked on or before that day.

Evaluation: Hepatitis C

Please complete the evaluation form below by placing an "X" in the box that best fits your evaluation of this educational activity. Completion of this form is required to successfully complete the activity and be awarded contact hours.

At the end of this home study program, I am able to:	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
1. Describe the diagnostic tests for Hepatitis C infection.	
2. Describe the signs of Hepatitis C infection.	
3. List the medications used to treat Hepatitis C.	
4. Describe methods that may be utilized to reduce the risk of exposure to Hepatitis C.	
5. The teaching / learning resources were effective. <i>If not, please comment:</i>	

The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).	YES or NO
6. Notice of requirements for successful completion, including purpose and objectives	
7. Conflict of interest	
8. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest	
9. Sponsorship or commercial support	
10. Non-endorsement of products	
11. Off-label use	
12. Expiration Date for Awarding Contact Hours	
13. Did you, as a participant, notice any bias in this educational activity that was not previously disclosed? <i>If yes, please describe the nature of the bias:</i>	

14. How long did it take you to read this home study and complete the post test and evaluation:
 _____ hours and _____ minutes.

15. Did you feel that the number of contact hours offered for this educational activity was appropriate for the amount of time you spent on it?
 ___ Yes
 ___ No, more contact hours should have been offered
 ___ No, fewer contact hours should have been offered.

Expiration date: December 31, 2015
