

Hepatitis C PIM Chart Questions

No.	Question Text	Responses
1	The patient identifier below is for your reference only. Some physicians choose to enter a medical record number or patient initials. Any combination of letters and numbers that are meaningful to you may be used.	N/A
2	Patient ID	N/A
3	NOTE: For the Patient Visit Date below, enter the most recent visit date.	N/A
4	Patient Visit Date	N/A
5	Gender:	[1] Male [2] Female
6	Age at the most recent visit:	N/A
7	Is the zip code of the patient's primary residence documented in the medical record?	[1] Yes [2] No
8	5-digit zip code:	N/A
9	Patient is Hispanic or of Latino origin or descent:	[1] Yes [2] No [3] Unknown
10	Race (check all that apply):	[1] White [2] Black or African American [3] Asian [4] Native Hawaiian or other Pacific Islander [5] American Indian or Alaska Native [6] Other [7] Unknown
11	Have language barriers affected your ability to care for this patient?	[1] Not at all [2] Somewhat [3] Greatly
12	What is the patient's expected source(s) of payment at the most recent visit, which is listed above? Check all that apply.	[1] Private insurance [2] Traditional Medicare (Part B) [3] Medicare Advantage/HMO (Part C) [4] Medicare - type unknown [5] Medicaid/SCHIP [6] Worker's compensation [7] VA, military, or other government [8] Self-pay (not counting co-payment) [9] No charge or charity care [10] Other [11] Unknown
13	Has the patient's health insurance status affected the choices of care you made for this patient?	[1] Not at all [2] Somewhat [3] Greatly

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14	Are you the sole usual source of care for this patient?	[1] Yes [2] No [3] Unsure
15	Diagnostic Testing	N/A
16	Are results of testing for positive anti-HCV antibody documented in the medical record?	[1] Yes [2] No
17	Are results of quantitative HCV RNA testing documented in the medical record?	[1] Yes [2] No
18	Are results of genotyping documented in the medical record?	[1] Yes [2] No
19	Genotype Result:	[1] Genotype 1 [2] Genotype 2 or 3 [3] Genotype 4 [4] Other
20	Are results of liver biopsy documented in the medical record?	[1] Yes [2] No
21	Activity Score (grade):	[1] Not reported [2] METAVIR 0 - No activity (Ishak 0; Scheuer 0) [3] METAVIR 1 - Mild activity (Ishak 1; Scheuer 1-2) [4] METAVIR 2 - Moderate activity (Ishak 2-3; Scheuer 3) [5] METAVIR 3 - Severe activity (Ishak 4; Scheuer 4)
22	Fibrosis Score (stage):	[1] Not reported [2] METAVIR 0 - No fibrosis (Ishak 0; Scheuer 0) [3] METAVIR 1 - Mild (periportal) fibrosis (Ishak 1-2; Scheuer 1) [4] METAVIR 2 - Moderate fibrosis (Ishak 3; Scheuer 2) [5] METAVIR 3 - Severe fibrosis without cirrhosis (portal-central septae) (Ishak 4-5; Scheuer 3) [6] METAVIR 4 - Cirrhosis (Ishak 6; Scheuer 4)
23	Is a discussion of the potential advantages/disadvantages of interferon-based treatment documented in the medical record?	[1] Yes [2] No
24	Has the patient received Hepatitis C antiviral treatment?	[1] Yes [2] No
25	Was the most recent course of therapy given by this practice or another practice?	[1] This practice [2] Another practice
26	For patients whose most recent course of therapy was given by another practice, what was the response to the therapy?	[1] Sustained responder [2] Responder, then relapsed [3] Non-responder, viral breakthrough [4] Not documented
27	Tests and Assessments	N/A
28	Was TSH testing done before treatment?	[1] Yes [2] No

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29	Was CBC testing obtained during treatment?	[1] Yes [2] No
30	Was the patient assessed for depression prior to treatment?	[1] Yes [2] No
31	Type of antiviral treatment given during most recent course of therapy:	[1] Interferon alone [2] Interferon plus ribavirin [3] Pegylated interferon alone [4] Pegylated interferon plus ribavirin [5] Other
32	Genotype 1 or 4 (Include patients with "other" genotypes):	N/A
33	Was treatment-related quantitative HCV RNA testing done prior to antiviral treatment?	[1] Yes [2] No [3] N/A
34	Was treatment-related quantitative HCV RNA testing done 12 weeks after treatment began?	[1] Yes [2] No [3] N/A
35	Was treatment-related quantitative HCV RNA testing done 24 weeks after treatment began?	[1] Yes [2] No [3] N/A
36	Was treatment-related quantitative HCV RNA testing done 48 weeks after treatment began?	[1] Yes [2] No [3] N/A
37	Was treatment-related quantitative HCV RNA testing done 6 months after treatment ended?	[1] Yes [2] No [3] N/A
38	Genotype 2 or 3:	N/A
39	Was treatment-related quantitative HCV RNA testing done prior to antiviral treatment?	[1] Yes [2] No [3] N/A
40	Was treatment-related quantitative HCV RNA testing done 24 weeks after treatment began?	[1] Yes [2] No [3] N/A
41	Was treatment-related quantitative HCV RNA testing done 6 months after treatment ended?	[1] Yes [2] No [3] N/A
42	Preventive Care	N/A
43	At the time you began providing care to the patient, what was his/her status with regards to Hepatitis B?	[1] Immune [2] Susceptible [3] Not documented
44	At the time you began providing care to the patient, what was his/her status with regards to Hepatitis A?	[1] Immune [2] Susceptible [3] Not documented

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No.	Question Text	Responses
45	Vaccines	N/A
46	Has the patient received a complete series of Hepatitis B vaccine?	[1] Yes [2] No
47	Has the patient received a complete series of Hepatitis A vaccine?	[1] Yes [2] No
48	Medications	N/A
49	Is there documentation of whether or not the patient used over-the-counter medications?	[1] Yes [2] No
50	Is there documentation of whether or not the patient used complementary/alternative medicine?	[1] Yes [2] No
51	Screenings	N/A
52	Has the patient been assessed for hepatocellular cancer?	[1] Yes [2] No
53	Has the patient been assessed for esophageal varices?	[1] Yes [2] No
54	Identification of Risk Factors/Mode of Transmission:	[1] Injection drug use [2] Blood transfusion [3] Unsafe therapeutic injections (e.g., cross-contamination from reused needles or syringes, multiple-use medication vials) [4] Unsafe sexual practices [5] Sharing personal care items (e.g., razor, toothbrush) that may come in contact with blood [6] Vertical transmission (i.e., mother to infant) [7] Other [8] Unknown [9] Not documented
55	Has the patient been tested for HIV infection?	[1] Yes [2] No [3] Not documented
56	Counseling	N/A
57	Has the patient been advised not to share personal items (e.g., razor, toothbrush, needle/syringe) that might have blood on them?	[1] Yes [2] No
58	Has the patient been advised about sexual transmission reduction?	[1] Yes [2] No
59	Is the patient's current level of alcohol use documented in the medical record?	[1] Yes [2] No

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60	Has the patient been counseled on limiting alcohol use?	[1] Yes [2] No
61	Has the patient been asked about prior or current drug use?	[1] Yes [2] No
62	Is the patient a current cigarette smoker?	[1] Yes [2] No
63	Has the patient been counseled about weight control to prevent nonalcoholic fatty liver disease (NAFLD)?	[1] Yes [2] No
64	Has the patient been counseled about the use of contraceptives before starting ribavirin therapy?	[1] Yes [2] No
65	Smoking Cessation Support	N/A
66	Is there documentation of smoking cessation counseling?	[1] Yes [2] No
67	Date of the most recently documented smoking cessation counseling:	N/A
68	During the past 12 months, what type of smoking-cessation support has been offered? (Check all that apply.)	[1] Brief advice to stop smoking [2] Support within the office practice [3] Referral to a smoking-cessation program [4] Medication (e.g., nicotine replacement therapy, bupropion, varenicline) [5] No support has been offered during the past 12 months [6] Other
69	Functional Status	N/A
70	Which of the following best describes this patient's current physical functional status (e.g., physical ability)?	[1] Fully active; able to carry on all performance without restriction. [2] Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature (e.g., light house work, office work). [3] Ambulatory and capable of self-care but unable to carry out any work activities. Up and about more than 50% of waking hours. [4] Capable of only limited self-care; confined to bed or chair more than 50% of waking hours. [5] Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
71	Is the patient independent in instrumental activities of daily living (IADLs)?	[1] Yes [2] No [3] Not documented
72	Is the patient independent in activities of daily living (ADLs)?	[1] Yes [2] No [3] Not documented
73	Screenings and General Health Care	N/A

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No.	Question Text	Responses
74	Has screening mammography been done within the past 12 months?	[1] Yes [2] No [3] Not documented
75	Is the patient up-to-date with regard to colon cancer screening?	[1] Yes [2] No [3] Not documented
76	Is the patient's blood pressure at goal level?	[1] Yes [2] No [3] Not documented
77	Are the patient's serum lipids at goal levels?	[1] Yes [2] No [3] Not documented
78	Has the patient been counseled about diet and physical activity?	[1] Yes [2] No [3] Not documented
79	Barriers to Self Care	N/A
80	Is there evidence in this patient's medical record suggesting that one or more of the following factors limits the patient's ability to engage in self-care?	N/A
81	Psychiatric illness or cognitive impairment	[1] Yes [2] No
82	Problems with adherence	[1] Yes [2] No
83	Other medical conditions	[1] Yes [2] No
84	Social factors	[1] Yes [2] No