

Annex – Supplementary Items

Supplementary material 1. Behavioral questionnaire for cases and controls.

Study of risk factors for hepatitis C		
Completion date:		
Participant ID:		
Interviewer:		
No.	Question	Answer
1.	Age	
2.	Sex	1. Male 2. Female 3.
3.	Address	Region ----- City/Town -----
4.	Level of education	1. Incomplete secondary 2. Complete secondary 3. Vocational 4. Incomplete higher education 5. Complete higher education 99. Did not answer
5.	Nationality	1. Georgian 2. Armenian 3. Azerbaijani 4. Russian 5. Assyrian 6. Other _____ 99. Did not answer
6.	What was your occupation during last 3 years? Choose all that apply. (It is possible to select several options)	1. Healthcare Specify----- 2. Education 3. Tourism Specify----- 4. Transportation and delivery Specify----- 5. Police 6. Postal worker, delivery service 7. Airports Specify----- 8. Agriculture 9. Accommodation and food service Specify----- 10. Manufacturing and construction 11. Information communication technology 12. Salespersons 13. Others Specify----- 99. Did not answer
7.	As a part of your occupation, did you perform any invasive medical procedure (exposure prone procedure, assisting a surgery, administrating intravenous or intramuscular injections or in invasive dental procedure.)	1. Yes 2. No 99 Didn't answer
8.	Have you been vaccinated against hepatitis B?	1. Yes (If yes please indicate the year-----) 2. No 99. Didn't answer
For cases - following questions address general and potential risk factors for the transmission of hepatitis C. Therefore, please recall the period of 2 - 6 months before being diagnosed with Hepatitis C. For controls - following questions address general and potential risk factors for the transmission of hepatitis C. Therefore, please recall the period of last 2 - 6 months of your life.		
9.	Did you undergo hemodialysis?	1. Yes 2. No 99. Didn't answer
10.	Did you inject drugs?	1. Yes 2. No 99. Didn't answer
11.	Did you receive a blood transfusion?	1. Yes 2. No

		99. Didn't answer
12.	Did you spend ≥ 24 hours or more in the hospital?	1. Yes 2. No 99. Didn't answer
13.	Did you have any type of surgery or invasive medical procedure (dental surgery, endoscopy, gynecological)?	1. Yes 2. No 99. Didn't answer
14.	Did you get a tattoo or piercing during the above-mentioned period?	1. Yes 2. No 99. Didn't answer
15.	Did you get a manicure or a pedicure at beauty salons?	1. Yes 2. No 99. Didn't answer
16.	When you go to the barber do you know whether you are being shaved with new razors, or razors that have been used before? (Men Only)	1. New 2. Used 3. Used and sterilized 4. Razor was cleaned in a solution 5. Was in a package after being sterilized 6. Doesn't get shaved at the barber. 7. Doesn't remember
17.	Were you incarcerated or detained in prison or jail?	1. Yes 2. No 99. Didn't answer
18.	Were you treated for sexually transmitted disease(s)? (Syphilis, gonorrhea, chlamydia, trichomoniasis)	1. Yes 2. No 99. Didn't answer
19.	Have you had unprotected sex (without a condom) with HCV infected partner?	1. Yes 2. No 99. Didn't answer