

PART I: Participant Information Sheet

A. Participant Information Sheet

Title of the study: Risk Factors associated with Hepatitis B Virus Infection among hepatitis B surface antigen positive and negative patients: A hospital-based case-control study, Amhara region, North East Ethiopia

Name of Principal Investigator: Minwuyelet Maru Temesgen

This information sheet is prepared for liver disease patients with and without hepatitis B virus (HBV) infection visiting Dessie Comprehensive Specialized Hospital and Akesta General Hospital, Amhara region, North East Ethiopia

Purpose of the study:

HBV infection is associated with several factors including demography, awareness and human behavior affecting health. The main aim of this study is to explain factors associated with hepatitis infection among hepatitis B surface antigen positive and negative patients.

Benefit of the study:

This study will give information on the predisposing factors of HBV which can help to develop a rational prevention and control strategies to combat the disease.

Procedures:

In order to undertake this study, data will be collected to assess possible risk factors using a structured questionnaire from patients visiting gastroenterology department of Dessie Comprehensive Specialized Hospital and Akesta General Hospital including data from medical records from June to December 2023.

Risk and Discomforts:

You will elapse a few minutes for the interviewed and you will not face risk.

Benefits:

If further intervention is required you will be contacted based on the address registered on the questionnaire you will be channeled to health facilities as necessary.

Confidentiality:

All information collected from you will be kept confidential. Any information that will be collected will be stored in a file that will not bear a name on it, but only a number assigned to it instead.

Right to refuse or withdraw:

Participation in this study is on voluntary basis and you have the right to refuse to participate in the study without asking any reason and refusal or withdrawal will not affect future relationship with the medical professionals.

Whom to contact:

If you have any questions they may ask now or any time later, you may contact with the following address:

Minwuyelet Maru Temesgen, Amhara Public health Institute Dessie Branch (APHI DB),
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Phone: +251 920 19 9165, E-mail: minwuyelet@yahoo.com

Ethical Review Committee Secretary

This study is conducted based on the approval from ethical committee of Aklilu Lemma Institute of Pathobiology (Addis Ababa University) and relevant regional authorities.

PART II: Consent Form

A. Consent Form for the Study Subject

Participant code number _____ Name of participant _____

I have got enough information on the proposed study and informed that interview data will be taken for the research. I understood that all information collected from me will be kept confidential and I have the right to refuse or withdraw from the study at any time.

I have read the foregoing information or it has been read to me in a language I understand. I had the opportunity to ask questions about it and any questions that have asked and have been answered to my satisfaction. I have consented voluntarily to participate as a subject in this study, allow my medical records and use the data for further analysis in the future.

Signature of the participant _____ Signature of the witness _____

Signature of the principal investigator _____ Date _____

PART III:- Questionnaire

Title:- Risk Factors associated with Hepatitis B Virus Infection among hepatitis B surface antigen positive and negative patients: A hospital-based case-control study, Amhara region, North East Ethiopia

Health facility:-_____

S.N	Question	Response	Remark
PART I: Demographic Questions			
101	Age	_____	
102	Sex	1. Male 2. Female	
103	Resident	Woreda/Town _____ Kebele _____	
104	Type of resident	1. Rural 2. Urban	
105	Marital Status	1. Never married 2. Married 3. Divorced 4. Widowed	
106	Educational Level	1. No education 2. Primary education 3. Secondary education 4. Diploma 5. Degree and above	
107	Family size	_____	
108	Monthly income	_____	
109	Height	_____	
110	Weight	_____	
PART II: Clinical questions			

201	HIV status	1. Positive 2. Negative	
202	Diabetes Mellitus	1. Yes 2. No	
203	Hypertension	1. Yes 2. No	
204	Kidney disease	1. Yes 2. No	
205	Tuberculosis	1. Yes 2. No	
206	History of blood transfusion	1. Yes 2. No	
207	History of Traditional Practice	1. Yes 2. No	
208	If Yes for Q 207, specify	1. Tatoo 2. Uvulectomy 3. Dental extraction at home, 4. Ear/nose piercing 5. Other (specify)_____	
209	Previous Hepatitis B diagnosis	1. Yes 2. No	
210	If yes for Q209, when diagnosed (year)	_____	
211	Family history of hepatitis infection	1. Yes 2. No	
212	If yes for Q 211, describe	1. Mother 2. Father 3. Sibling 4. Other (specify)_____	
213	History of hospitalization,	1. Yes 2. No	
214	History of dentist visits	1. Yes 2. No	
215	History of blood testing in a laboratory	1. Yes	
216	History of surgery	1. Yes 2. No	
217	History of treatment for sexually transmitted diseases,	1. Yes 2. No	
218	History of needle stick injury	1. Yes	

		2. No	
219	Previous number of sexual partners	_____	
220	History of being in prison		
PART III:- Awareness Questions			
301	Have you heard about HBV	1. Yes 2. No	
302	If yes from whom first you heard about HBV	1. Colleague 2. TV/Radio 3. Social media 4. Health facility 5. Other (specify) _____	
303	How is hepatitis B virus transmission	1. I don't know 2. Contact with blood 3. Mother to child 4. Sexually	
304	Is there treatment for HBV	1. Yes 2. No	
305	Is HBV vaccine preventable	1. Yes 2. No	
306	If yes for Q 304 who should be vaccinated	1. Children only 2. Adults only 3. Children and adults	
307	Have you ever shared needle/razor/nail clip	1. Yes 2. No	
308	Have you ever shared tooth brush	1. Yes 2. No	

Collected by: _____ **Date:-** _____