Please take a few moments to answer the following:

1. Over the past two years, have you seen any children newly adopted internationally?
   - Yes • If yes, how many? < 5 • 5 - 10 • > 10 • exact number: ______
   - No • If no, please proceed to Question 3.

2. Have you screened or evaluated these children for the following?
   - Yes No # confirmed cases
     - Hepatitis B • • __________
     - Hepatitis C • • __________
     - HIV • • __________
     - Tuberculosis • • __________
     - Syphilis • • __________
   If no, please specify the reason: ___________________________________________________________

3. Which tests **do you or would you** use to screen upon arrival in Canada? Check all that apply:
   - Hepatitis B
     - HBsAg • HBsAb • HbcAb • Tests determined by lab •
     - Hepatitis C
     - HCVAb • HCV PCR • Tests determined by lab •
     - HIV
     - HIV Elisa • HIV PCR • Tests determined by lab •
   - Tuberculosis
     - Mantoux skin test (5TU-PPD) • Chest X-ray •
   If child received BCG, **do you or would you** perform Mantoux skin test? Yes • No •

4. **Do you or would you** repeat screening at any time after the initial Canadian screening?
   - Yes No If yes, please specify number of months after first screening and reason:
     - Hepatitis B • • __________
     - Hepatitis C • • __________
     - HIV • • __________
     - Tuberculosis • • __________
   If no, please specify the reason: ___________________________________________________________

5. **Do you or would you** revaccinate children whose adoption records indicate previous vaccination?
   - Never • Always • Sometimes • Check all factors that affect your decision to revaccinate:
     - Child's age • Child's health • Country of origin • Quality of records •
     - Serology results for: measles • mumps • rubella • diphtheria • tetanus • polio •

Please return this survey with your monthly reporting form.

Thank you for your participation.