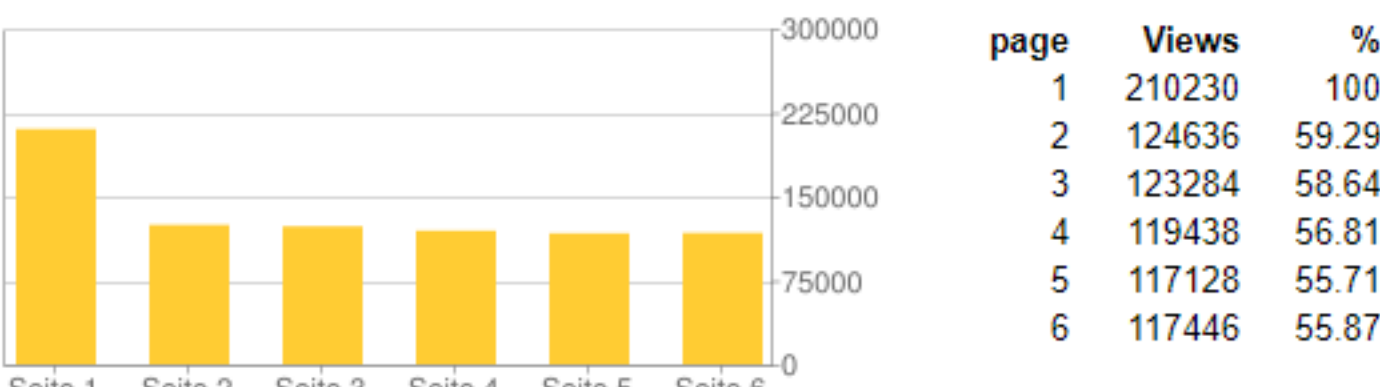


Timeline

	Jan	February	Mar	April	May	June	July	August	September	October	November	December
2015	0	0	0	0	0	0	0	0	0	0	448	2970
2016	3971	3888	4058	3746	4991	3651	3441	2870	2938	3162	3589	3128
2017	2715	2437	2682	2592	2658	1852	1364	1227	1469	1544	1895	596
2018	1058	1843	1610	1608	1554	1670	1788	1792	2762	2622	3730	3500
2019	5817	5411	4757	3265	2777	0	0	0	0	0	0	0



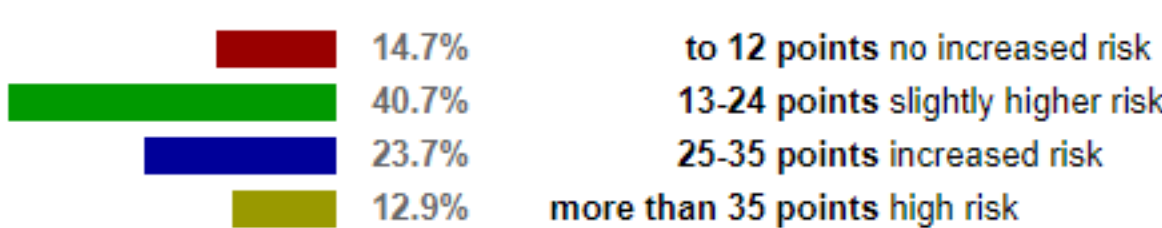
Test progress



evaluation

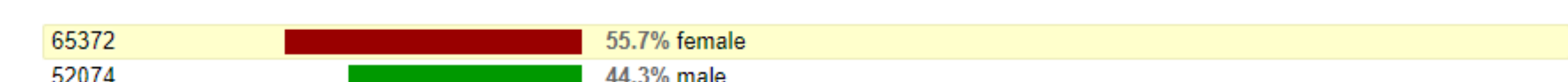
Period: 2015-10 - 2019-06 Mark: test Senden: 117446 of 117446 (100%)

risk groups

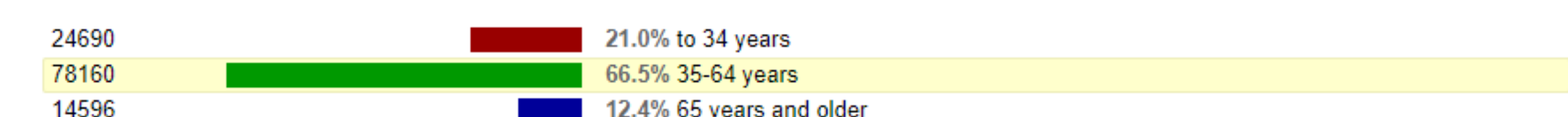


Step 1: Characteristics

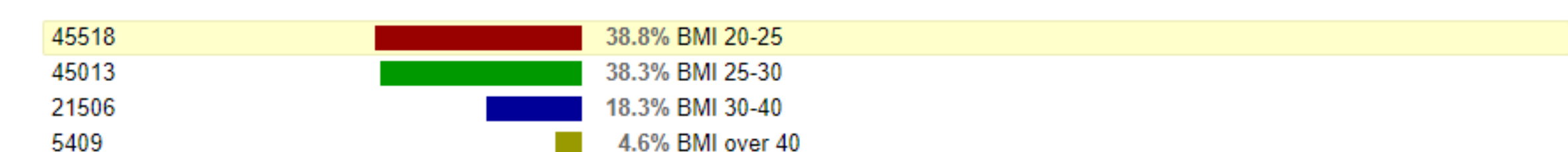
Question 1: Which gender do you have?



Question 2: How old are you?

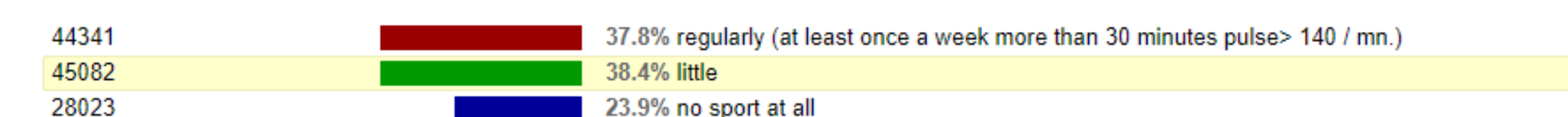


Question 3: Your body mass index?

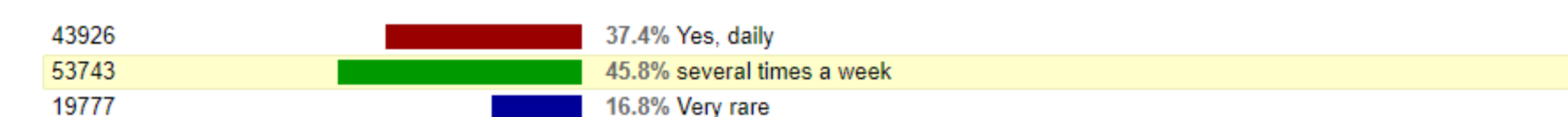


Step 2: Healthy Life

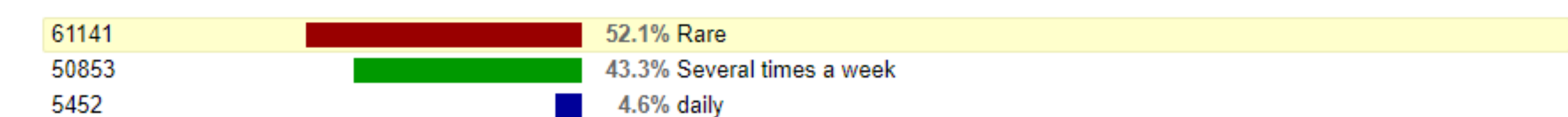
Question 4: Do you do sports regularly?



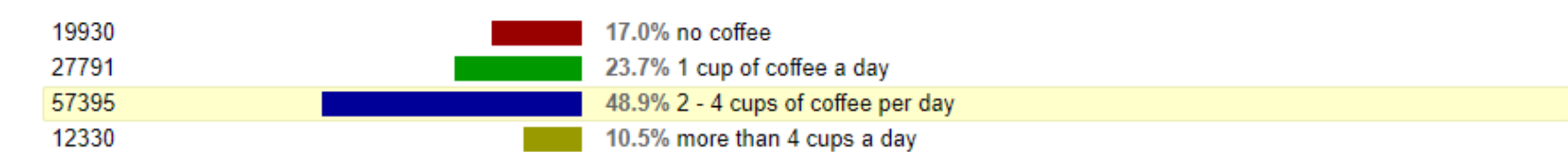
Question 5: Do you eat vegetables, salad, fruits?



Question 6: Do you eat a lot of fatty food?

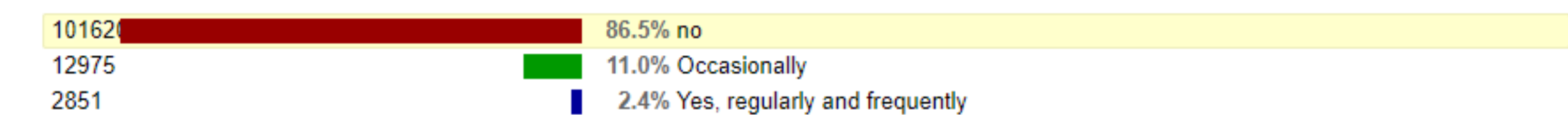


Question 7: Do you drink coffee?

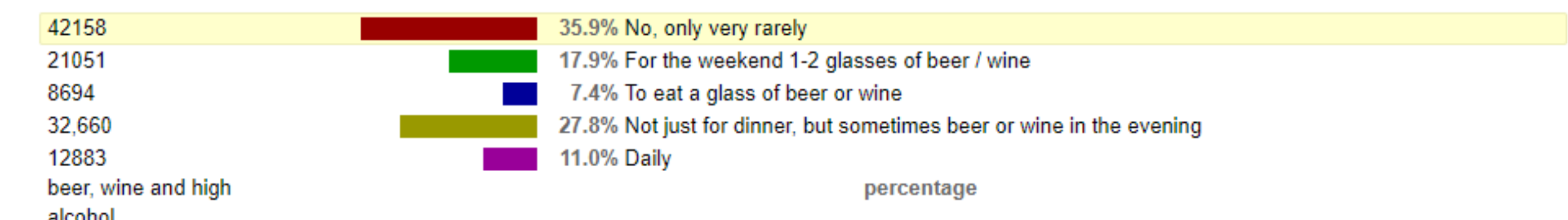


Step 3: Toxic influences

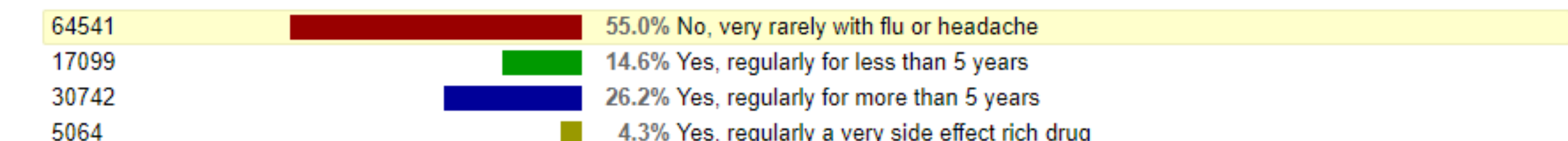
Question 8: Are you dealing with toxic materials, solvents or gases?



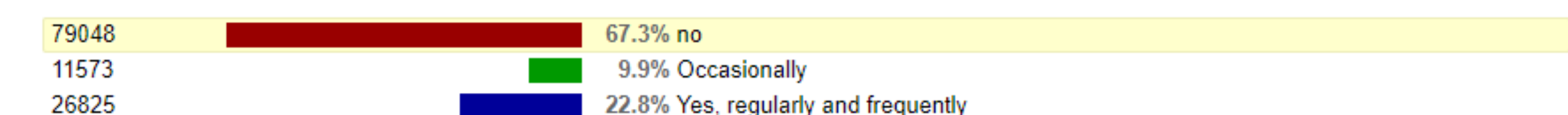
Question 9: Do you drink alcohol?



Question 10: Do you take medication?

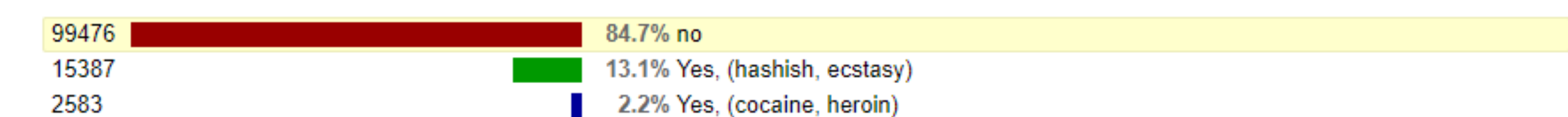


Question 11: Do you smoke?

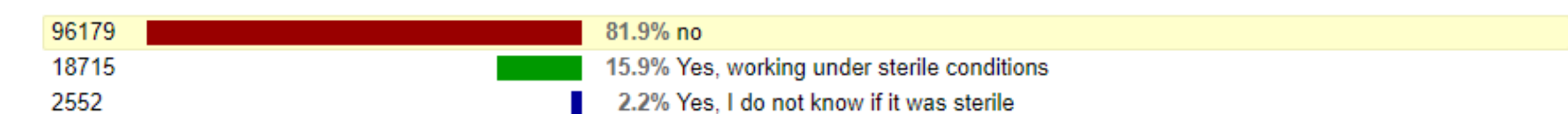


Step 4: Risks

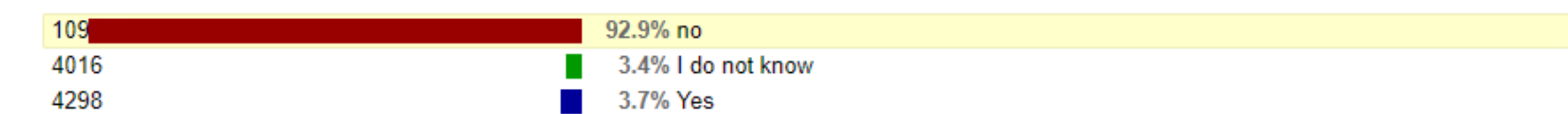
Question 12: Have you ever used drugs?



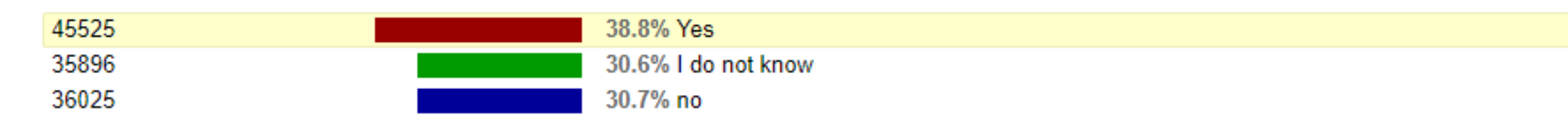
Question 13: Do you have a piercing or tattoo?



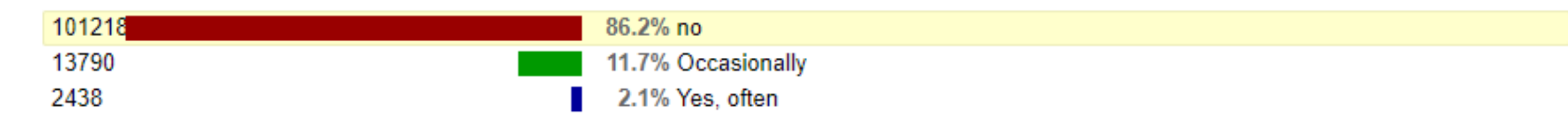
Question 14: Did you receive blood transfusions before 1992?



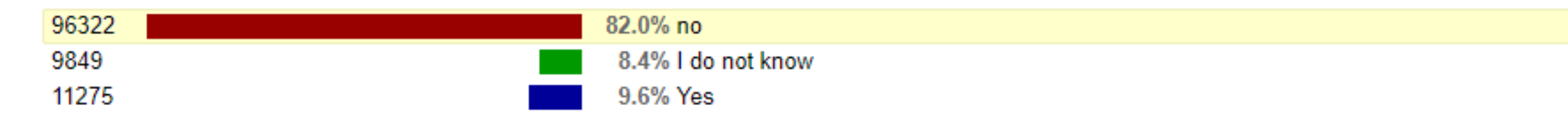
Question 15: Are you vaccinated against hepatitis A and B?



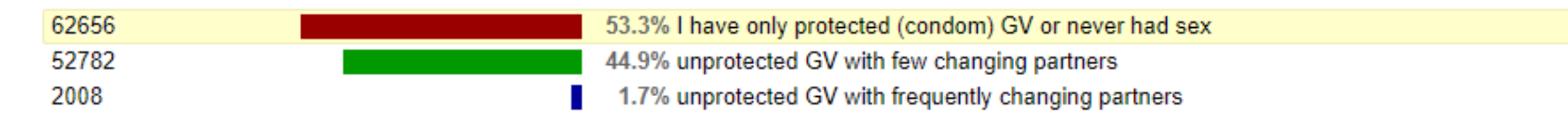
Question 16: Do you travel a lot abroad (especially Asia, Africa, Central America)?



Question 17: Are you or were you exposed to infection risks?

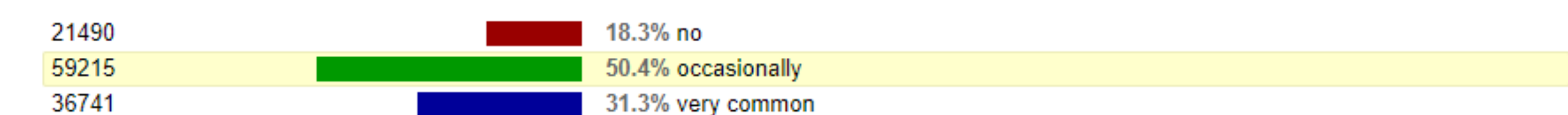


Question 18: Which of the following statements regarding sexual intercourse applies or has been made in the past?

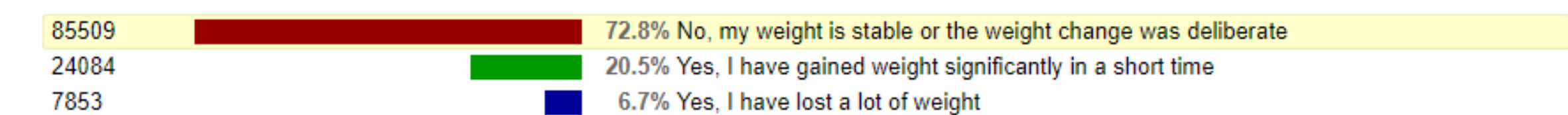


Step 5: Symptoms

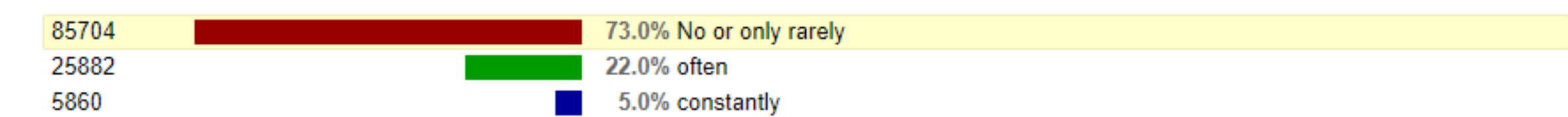
Question 19: Do you feel tired and beaten?



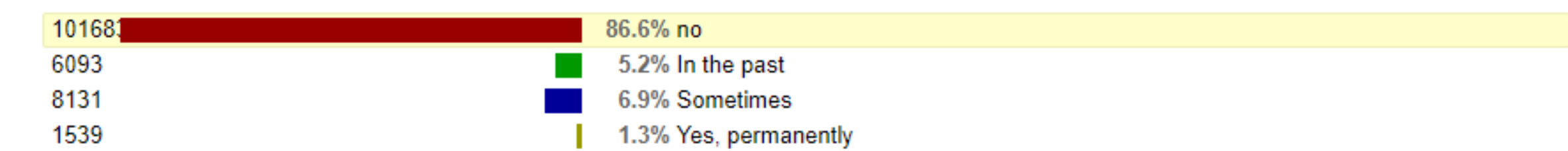
Question 20: Have you noticed a significant weight change?



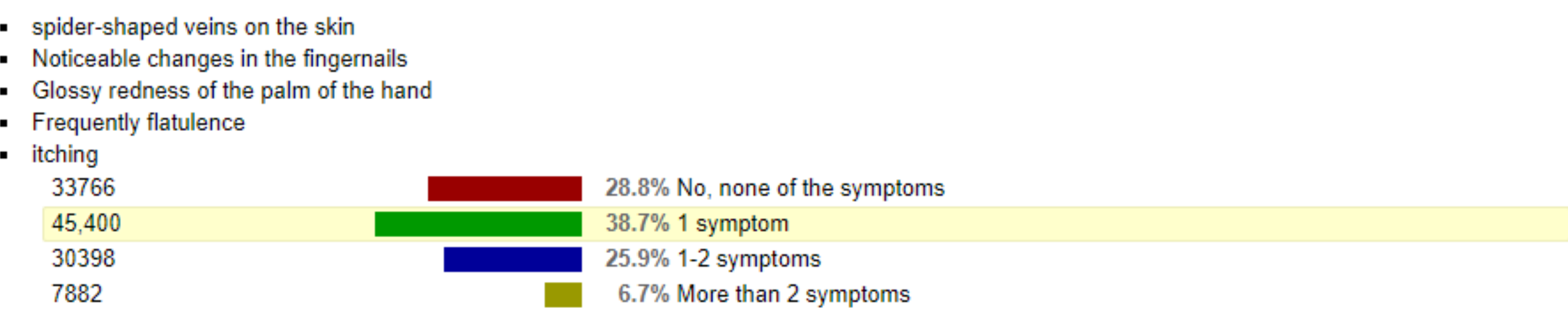
Question 21: Do you have a feeling of pressure in the right upper abdomen?



Question 22: Have you ever noticed yellowing of the eyes or skin (jaundice)?



Question 23: Have you ever noticed the following symptoms:



Question 24: Are your liver enzymes elevated (GOT, GPT, gamma GT)?

