in cooperation with doctors **Timeline** Jan February Mar April May June July August September October 2970 0 0 0 0 0 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 3500 1843 1610 1608 1554 1670 1788 2762 3730 1792 2622 5411 | 4757 | 3265 | 2777 0 -4500 3000--3000 Jan Mär Mai Jul Sep Nov 2016 2017 Test progress 210230 100 2 124636 59.29 3 123284 58.64 150000 4 119438 56.81 5 117128 55.71 75000 6 117446 55.87 Seite 1 Seite 2 Seite 3 Seite 4 Seite 5 Seite 6 evaluation Period 2015-10 ▼ - 2019-06 ▼ Mark ▼ ▼ test ▼ Senden 117446 of 117446 (100%) risk groups to 12 points no increased risk 14.7% 13-24 points slightly higher risk 40.7% 25-35 points increased risk 23.7% more than 35 points high risk 12.9% **Step 1: Characteristics** Question 1: Which gender do you have? 65372 55.7% female 52074 44.3% male Question 2: How old are you? 24690 21.0% to 34 years 78160 66.5% 35-64 years 12.4% 65 years and older 14596 Question 3: Your body mass index? 45518 38.8% BMI 20-25 45013 38.3% BMI 25-30 21506 18.3% BMI 30-40 5409 4.6% BMI over 40 Step 2: Healthy Life Question 4: Do you do sports regularly? 37.8% regularly (at least once a week more than 30 minutes pulse> 140 / mn.) 44341 38.4% little 45082 23.9% no sport at all 28023 Question 5: Do you eat vegetables, salad, fruits? 43926 37.4% Yes, daily 53743 45.8% several times a week 19777 16.8% Very rare Question 6: Do you eat a lot of fatty food? 61141 52.1% Rare 43.3% Several times a week 50853 5452 4.6% daily Question 7: Do you drink coffee? 19930 17.0% no coffee 27791 23.7% 1 cup of coffee a day 48.9% 2 - 4 cups of coffee per day 57395 12330 10.5% more than 4 cups a day Step 3: Toxic influences Question 8: Are you dealing with toxic materials, solvents or gases? 101620 86.5% no 12975 11.0% Occasionally 2851 2.4% Yes, regularly and frequently Question 9: Do you drink alcohol? 42158 35.9% No, only very rarely 17.9% For the weekend 1-2 glasses of beer / wine 21051 7.4% To eat a glass of beer or wine 8694 27.8% Not just for dinner, but sometimes beer or wine in the evening 32,660 11.0% Daily 12883 beer, wine and high percentage alcohol Question 10: Do you take medication? 55.0% No, very rarely with flu or headache 64541 14.6% Yes, regularly for less than 5 years 17099 26.2% Yes, regularly for more than 5 years 30742 4.3% Yes, regularly a very side effect rich drug 5064 Question 11: Do you smoke? 79048 67.3% no 11573 9.9% Occasionally 22.8% Yes, regularly and frequently 26825 Step 4: Risks Question 12: Have you ever used drugs? 84.7% no 99476 13.1% Yes, (hashish, ecstasy) 15387 2583 2.2% Yes, (cocaine, heroin) Question 13: Do you have a piercing or tattoo? 96179 81.9% no 18715 15.9% Yes, working under sterile conditions 2.2% Yes, I do not know if it was sterile 2552 Question 14: Did you receive blood transfusions before 1992? 92.9% no 4016 3.4% I do not know 4298 3.7% Yes Question 15: Are you vaccinated against hepatitis A and B? 45525 38.8% Yes 35896 30.6% I do not know 36025 30.7% no Question 16: Do you travel a lot abroad (especially Asia, Africa, Central America)? 101218 86.2% no 11.7% Occasionally 13790 2.1% Yes, often 2438 Question 17: Are you or were you exposed to infection risks? 82.0% no 96322 9849 8.4% I do not know 11275 9.6% Yes Question 18: Which of the following statements regarding sexual intercourse applies or has been made in the past? 62656 53.3% I have only protected (condom) GV or never had sex 52782 44.9% unprotected GV with few changing partners 1.7% unprotected GV with frequently changing partners 2008 Step 5: Symptoms Question 19: Do you feel tired and beaten? 21490 18.3% no 59215 50.4% occasionally 31.3% very common 36741 Question 20: Have you noticed a significant weight change? 72.8% No, my weight is stable or the weight change was deliberate 85509 24084 20.5% Yes, I have gained weight significantly in a short time 6.7% Yes, I have lost a lot of weight 7853 Question 21: Do you have a feeling of pressure in the right upper abdomen? 85704 73.0% No or only rarely 25882 22.0% often 5860 5.0% constantly Question 22: Have you ever noticed yellowing of the eyes or skin (jaundice)? 6093 5.2% In the past 8131 6.9% Sometimes 1539 1.3% Yes, permanently Question 23: Have you ever noticed the following symptoms: spider-shaped veins on the skin Noticeable changes in the fingernails · Glossy redness of the palm of the hand Frequently flatulence itching 33766 28.8% No, none of the symptoms 45,400 38.7% 1 symptom 25.9% 1-2 symptoms 30398 6.7% More than 2 symptoms 7882 Question 24: Are your liver enzymes elevated (GOT, GPT, gamma GT)?

20566

59584

21113

16183

17,5% no

50.7% I do not know

13.8% Yes, permanently

18.0% Yes, but only minimal or short term

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