

# MEDICAL QUESTIONNAIRE

QUESTION	ANSWER	EXPLANATION	VISA NURSE	VISA PHYSICIAN
1. Was your last donation without any problem, and was it at the Luxembourg Red Cross?	<input type="radio"/> Yes <input type="radio"/> No			
2. Do you take any medication regularly?	<input type="radio"/> Yes <input type="radio"/> No			
3. Are you planning to see a doctor, to have medical tests or surgery?	<input type="radio"/> Yes <input type="radio"/> No			
<b>IN THE PAST 7 DAYS, HAVE YOU...</b>				
4. Been feeling well and healthy?	<input type="radio"/> Yes <input type="radio"/> No			
2N. Been on a diet (hypocaloric, vegetarian...)?	<input type="radio"/> Yes <input type="radio"/> No			
5. Been on sick leave (or still currently are on sick leave)?	<input type="radio"/> Yes <input type="radio"/> No			
6. Attended a dentist?	<input type="radio"/> Yes <input type="radio"/> No			
7. Taken anti-inflammatory tablets or painkillers (Aspirin, Ibuprofen...)?	<input type="radio"/> Yes <input type="radio"/> No			
<b>IN THE PAST 4 WEEKS, HAVE YOU...</b>				
8. Taken any other medication or food supplement?	<input type="radio"/> Yes <input type="radio"/> No			
9. Had a common infection (common cold, diarrhea, cystitis, fever...)?	<input type="radio"/> Yes <input type="radio"/> No			
10. Had an open wound, an abscess, skin infection, a tick bite?	<input type="radio"/> Yes <input type="radio"/> No			
11. Had an allergic reaction?	<input type="radio"/> Yes <input type="radio"/> No			
12. Had a vaccination or any other injection?	<input type="radio"/> Yes <input type="radio"/> No			
<b>SINCE YOUR LAST PRESENCE AT THE CTS, HAVE YOU...</b>				
13. Had a severe, infectious, contagious, tropical disease, an accident, a fracture?	<input type="radio"/> Yes <input type="radio"/> No			
14. Had fainted, had dizzy spells, had a malaise?	<input type="radio"/> Yes <input type="radio"/> No			
15. Had an exceptional bleeding?	<input type="radio"/> Yes <input type="radio"/> No			
16. Noticed an unexplained weight loss?	<input type="radio"/> Yes <input type="radio"/> No			
17. Had prolonged diarrhea with or without fever?	<input type="radio"/> Yes <input type="radio"/> No			
18. Noticed swollen lymphonodes?	<input type="radio"/> Yes <input type="radio"/> No			
19. Had a prolonged fever (>38°C)?	<input type="radio"/> Yes <input type="radio"/> No			
20. Been in contact with infectious, contagious diseases?	<input type="radio"/> Yes <input type="radio"/> No			
21. Been exposed to a potentially blood contaminating accident such as an accidental needle-stick injury or exposure to blood or other biological liquids or an animal injury/bite?	<input type="radio"/> Yes <input type="radio"/> No	Date:		
22. Been to a doctor, had a blood test?	<input type="radio"/> Yes <input type="radio"/> No			
<b>IN THE PAST 4 MONTHS OR SINCE YOUR LAST PRESENCE, HAVE YOU...</b>				
23. Had any medical exams or technical intervention such as an endoscopy (ENT fibroscopy, gastroscopy, colonoscopy) or acupuncture?	<input type="radio"/> Yes <input type="radio"/> No	Date:		
24. Had a body piercing, ear piercing, permanent electric epilation, tattoo, permanent make-up?	<input type="radio"/> Yes <input type="radio"/> No	Date:		
25. Visited one of the countries enumerated in the list "Restrictions for donating and travel regulations" available on <a href="http://www.dondusang.lu/en">www.dondusang.lu/en</a> and presented during the pre-donation interview?	<input type="radio"/> Yes <input type="radio"/> No	Return date :		
2A. Has your partner returned from a risk zone for ZIKA virus (details during the pre-donation interview)?	<input type="radio"/> Yes <input type="radio"/> No			

QUESTION	ANSWER	EXPLANATION	VISA NURSE	VISA PHYSICIAN
<b>IN THE PAST 6 MONTHS OR SINCE YOUR LAST PRESENCE, HAVE YOU...</b>				
26. Been in hospital, had an operation or any surgery, had an anesthesia, received a blood transfusion, had an injection of blood/blood components?	<input type="radio"/> Yes <input type="radio"/> No			
27. Taken any medication based on Dutasteride (Avodart, Combodart...)?	<input type="radio"/> Yes <input type="radio"/> No			
28. Been pregnant, given birth, been breast-feeding?	<input type="radio"/> Yes <input type="radio"/> No	Date: <input type="radio"/> I am male		
29. Been outside of Europe?	<input type="radio"/> Yes <input type="radio"/> No	Country: Return date:		
<b>IN THE PAST 3 YEARS OR SINCE YOUR LAST PRESENCE, HAVE YOU...</b>				
30. Been in a malaria area?	<input type="radio"/> Yes <input type="radio"/> No	Country: Return date:		
<b>SINCE YOUR LAST PRESENCE, HAVE YOU...</b>				
31. Had a cardiovascular disease?	<input type="radio"/> Yes <input type="radio"/> No			
32. Had a lung disease?	<input type="radio"/> Yes <input type="radio"/> No			
33. Had a gastrointestinal disease?	<input type="radio"/> Yes <input type="radio"/> No			
34. Had a liver disease, viral or non-viral hepatitis, jaundice, cirrhosis?	<input type="radio"/> Yes <input type="radio"/> No			
35. Had kidney / urological diseases?	<input type="radio"/> Yes <input type="radio"/> No			
36. Had gynecological / obstetric problems?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> I am male		
37. Had an endocrinological / metabolic disease?	<input type="radio"/> Yes <input type="radio"/> No			
38. Had an hematological disease / coagulation disorder?	<input type="radio"/> Yes <input type="radio"/> No			
39. Had a neurological / psychiatric disease?	<input type="radio"/> Yes <input type="radio"/> No			
40. Had Creutzfeld-Jacob or Gerstmann-Sträusler-Scheincker disease or been told that any of your relatives had one of these diseases?	<input type="radio"/> Yes <input type="radio"/> No			
41. Had an orthopedic or rheumatological disease?	<input type="radio"/> Yes <input type="radio"/> No			
42. Had allergies?	<input type="radio"/> Yes <input type="radio"/> No			
43. Had skin diseases?	<input type="radio"/> Yes <input type="radio"/> No			
44. Had a sexually transmitted disease?	<input type="radio"/> Yes <input type="radio"/> No			
<b>IN YOUR LIFE, HAVE YOU EVER...</b>				
45. From 1980 to 1996, spent 12 months or more in total in the UK?	<input type="radio"/> Yes <input type="radio"/> No			
46. Since 01.01.1980, had any operation, surgery or blood transfusion in the UK?	<input type="radio"/> Yes <input type="radio"/> No			
47. Had a treatment with hormones / extracts of human hypophyseal or pituitary gland (growth hormones...)?	<input type="radio"/> Yes <input type="radio"/> No			
48. Been treated with Tigason?	<input type="radio"/> Yes <input type="radio"/> No			
49. Received a transplant or graft of organs, tissue, cornea, dura mater?	<input type="radio"/> Yes <input type="radio"/> No	Date:		
51. Are you in good health?	<input type="radio"/> Yes <input type="radio"/> No			
<b>TODAY AND IN THE NEXT FEW DAYS...</b>				
50. Are you planning any physical effort or hazardous activity?	<input type="radio"/> Yes <input type="radio"/> No			

## IMPORTANT INFORMATIONS FOR BLOOD, PLASMA, PLATELET DONORS ON CERTAIN INFECTIOUS DISEASES.

AIDS, final stage of the HIV infection, is known since 1981 and is characterized by a weakening of the immune system resulting in serious infections and cancer.

Each blood / apheresis donation is screened by laboratory tests for some infectious diseases that could be transmitted by blood (like hepatitis B, hepatitis C, syphilis, HIV infection...).

Despite very sensitive laboratory tests, it might be, in exceptional circumstances, that an infected person is not detected, especially if the test is carried out early.

For this reason, it is extremely important, that individuals with activities with a high risk for contamination do not donate their blood, plasma or platelets.

THE FOLLOWING QUESTIONS ALLOW TO IDENTIFY SUCH A RISK, REGARDING BLOOD TRANSFUSION.

QUESTION	ANSWER	EXPLANATION	VISA NURSE	VISA PHYSICIAN
<b>R1.</b> Have you been tested positive for HIV or do you have AIDS?	<input type="radio"/> Yes <input type="radio"/> No			
<b>IN YOUR LIFE, HAVE YOU EVER...</b>				
<b>R2.</b> Injected yourself drugs or doping products (even once)?	<input type="radio"/> Yes <input type="radio"/> No			
<b>R3.</b> Been given money or drugs for sex?	<input type="radio"/> Yes <input type="radio"/> No			
<b>R4.</b> Received regularly transfusions of blood or blood components?	<input type="radio"/> Yes <input type="radio"/> No			
<b>R5.</b> Had sex with anyone who is HIV positive or has AIDS or viral hepatitis?	<input type="radio"/> Yes <input type="radio"/> No			
<b>R6.</b> Had sex with anyone born or having lived in parts of the world where AIDS / viral hepatitis is very common?	<input type="radio"/> Yes <input type="radio"/> No			
<b>IN THE PAST 4 MONTHS...</b>				
<b>R7.</b> Have you had sex with a new partner?	<input type="radio"/> Yes <input type="radio"/> No			
<b>R9.</b> Have you had more than one sexual partner?	<input type="radio"/> Yes <input type="radio"/> No			
<b>R0.</b> To your knowledge, did your partner have other sex partners?	<input type="radio"/> Yes <input type="radio"/> No			
<b>IN THE PAST 5 YEARS, HAVE YOU...</b>				
<b>S1.</b> Had sex with anyone injecting or having ever injected drugs or doping products?	<input type="radio"/> Yes <input type="radio"/> No			
<b>S2.</b> Had sex with anyone who has ever been given money or drugs for sex?	<input type="radio"/> Yes <input type="radio"/> No			
<b>S3.</b> Had sex with anyone who has received regularly transfusions of blood or blood components?	<input type="radio"/> Yes <input type="radio"/> No			
<b>IN THE PAST 12 MONTHS, HAVE YOU...</b>				
<b>H3. For male donors:</b> Had sex with another male (even once)?	<input type="radio"/> Yes <input type="radio"/> No			
<b>H4. For female donors:</b> Had sexual contact with a male who has ever had sexual contact with another male?	<input type="radio"/> Yes <input type="radio"/> No			

Under certain circumstances, one or more components of my blood donation (for example the filters retaining the white blood cells or leftovers of the samples for testing) could be used, under pseudonymization of the data, for medical or scientific research or for the optimization of the blood transfusion system

I agree  
 I do not agree

**WITH MY SIGNATURE, I CERTIFY THAT:**

- I have read and understood the didactic information,
- I had the possibility to ask questions and have received the necessary explanations.
- I have read and understood the medical questionnaire,
- I have answered all the questions correctly and honestly,
- I have read and understood the “important information on certain infectious diseases,”
- I have provided information and answers that are honest and correct to the best of my knowledge,
- I give my informed consent to continue the blood donation process.

*The Blood Transfusion Service of the Red Cross Luxembourg attaches great importance to the respect of your privacy and the protection of your personal data. Your personal data are processed in respect of the confidentiality and medical secrecy.*

**Name:** .....  
**First Name:** .....  
**Birth Date:** .....  
**Date:** .....

**Witnessed by:**.....  
**Date:** .....

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature nurse and/or signature physician*

**COLLER ICI UNE EBC**