

MEDICAL QUESTIONNAIRE

FIRST DONATION

QUESTION	ANSWER	EXPLANATION	VISA NURSE	VISA PHYSICIAN
1N. Have you ever given blood before?	<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 or to have medical tests or surgery?	<input type="radio"/> Yes <input type="radio"/> No			
IN THE PAST 7 DAYS, HAVE YOU...				
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 are you currently 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			
IN THE PAST 4 WEEKS, HAVE YOU...				
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 or 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			
IN THE PAST 12 MONTHS, HAVE YOU...				
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 lymph nodes ?	<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 or bite?	<input type="radio"/> Yes <input type="radio"/> No			
22. Attended a doctor or had a blood test?	<input type="radio"/> Yes <input type="radio"/> No			
IN THE PAST 4 MONTHS, HAVE YOU...				
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 or 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 www.dondusang.lu/en 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 available during the pre-donation interview)?	<input type="radio"/> Yes <input type="radio"/> No			

QUESTION	ANSWER	EXPLANATION	VISA NURSE	VISA PHYSICIAN
IN THE PAST 6 MONTHS, HAVE YOU...				
27. Taken any medication based on Dutasteride (Avodart, Combodart...)?	<input type="radio"/> Yes <input type="radio"/> No			
28. Been pregnant, given birth or 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:		
IN THE PAST 3 YEARS, HAVE YOU...				
30. Been in a malaria area?	<input type="radio"/> Yes <input type="radio"/> No	Country: Return date:		
IN YOUR LIFE, HAVE YOU...				
8N. Been born or lived in South or Central America or in Mexico?	<input type="radio"/> Yes <input type="radio"/> No			
26. Been in hospital, had an operation or any surgery, had an anesthesia, received a blood transfusion or had an injection of blood/blood components?	<input type="radio"/> Yes <input type="radio"/> No			
13. Had a severe, infectious, contagious, tropical disease, an accident or a fracture?	<input type="radio"/> Yes <input type="radio"/> No			
14. Fainted, had dizzy spells or a malaise?	<input type="radio"/> Yes <input type="radio"/> No			
31. Had a cardiovascular disease (high blood pressure, angina, malformation, heart murmur, irregular heartbeat, thrombophlebitis...)?	<input type="radio"/> Yes <input type="radio"/> No			
32. Had a lung disease (asthma, chronic bronchitis, tuberculosis, pulmonary embolism...)?	<input type="radio"/> Yes <input type="radio"/> No			
33. Had gastrointestinal diseases (gastritis, ulcer, colitis...)?	<input type="radio"/> Yes <input type="radio"/> No			
34. Had a liver disease, viral or non-viral hepatitis, jaundice or cirrhosis?	<input type="radio"/> Yes <input type="radio"/> No			
35. Had kidney or urological diseases (infection, recurrent kidney stones, renal insufficiency...)?	<input type="radio"/> Yes <input type="radio"/> No			
3N. Had pregnancies?	<input type="radio"/> Yes <input type="radio"/> No	Date: <input type="radio"/> I am male		
36. Had gynecological or obstetric problems?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> I am male		
37. Had an endocrinological or metabolic disease (diabetes, gout, thyroid disorder...)?	<input type="radio"/> Yes <input type="radio"/> No			
38. Had an hematological disease or coagulation disorder (anemia, abnormal blood tests, clotting disorder...)?	<input type="radio"/> Yes <input type="radio"/> No			
39. Had neurological or psychiatric diseases (migraine, convulsion, epilepsy, head injury, stroke...)?	<input type="radio"/> Yes <input type="radio"/> No			
40. Had Creutzfeld-Jakob or Gerstmann-Sträusler-Scheinker 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 (arthrosis, acute articular rheumatism, polyarthritis...)?	<input type="radio"/> Yes <input type="radio"/> No			
42. Had allergies (hay fever, food allergy, contact allergy, anaphylactic reaction...)?	<input type="radio"/> Yes <input type="radio"/> No			
43. Had skin diseases (eczema, neurodermitis, psoriasis, melanoma...)?	<input type="radio"/> Yes <input type="radio"/> No			
44. Had a sexually transmitted disease (syphilis, gonorrhoea, HIV...)?	<input type="radio"/> Yes <input type="radio"/> No			
4N. Had any kind of cancer (tumor, leukemia...)?	<input type="radio"/> Yes <input type="radio"/> No			
5N. Had a chronic disease?	<input type="radio"/> Yes <input type="radio"/> No			

QUESTION	ANSWER	EXPLANATION	VISA NURSE	VISA PHYSICIAN
6N. Had a hereditary or family disease (hemophilia...)?	<input type="radio"/> Yes <input type="radio"/> No			
7N. Had any other disease?	<input type="radio"/> Yes <input type="radio"/> No			
IN YOUR LIFE, HAVE YOU EVER...				
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 or 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 or tissue, cornea or 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			
AUJOURD'HUI / DANS LES PROCHAINS JOURS...				
50. Are you planning any physical effort or hazardous activity?	<input type="radio"/> Yes <input type="radio"/> No			

IMPORTANT INFORMATION 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.

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 after the infection.

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...).

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
R1. Have you been tested positive for HIV or do you have AIDS?	<input type="radio"/> Yes <input type="radio"/> No			
IN YOUR LIFE, HAVE YOU EVER...				
R2. Injected yourself drugs or doping products (even once)?	<input type="radio"/> Yes <input type="radio"/> No			
R3. Been given money or drugs for sex?	<input type="radio"/> Yes <input type="radio"/> No			
R4. Received regularly transfusions of blood or blood components?	<input type="radio"/> Yes <input type="radio"/> No			
R5. Had sex with anyone who is HIV positive or has AIDS or viral hepatitis?	<input type="radio"/> Yes <input type="radio"/> No			
R6. Had sex with anyone born or having lived in parts of the world where AIDS or viral hepatitis is very common?	<input type="radio"/> Yes <input type="radio"/> No			
IN THE PAST 4 MONTHS, HAVE YOU...				
R7. Had sex with a new partner?	<input type="radio"/> Yes <input type="radio"/> No			
R9. Had more than one sexual partner?	<input type="radio"/> Yes <input type="radio"/> No			
R0. To your knowledge, did your partner have other sex partners?	<input type="radio"/> Yes <input type="radio"/> No			

QUESTION	ANSWER	EXPLANATION	VISA NURSE	VISA PHYSICIAN
IN THE PAST 5 YEARS, HAVE YOU...				
S1. Had sex with anyone injecting or having ever injected drugs or doping products?	<input type="radio"/> Yes <input type="radio"/> No			
S2. Had sex with anyone who has ever been given money or drugs for sex?	<input type="radio"/> Yes <input type="radio"/> No			
S3. Had sex with anyone who has received regularly transfusions of blood or blood components?	<input type="radio"/> Yes <input type="radio"/> No			
IN THE PAST 12 MONTHS, HAVE YOU...				
H3. For male donors: Had sex with another male (even once)?	<input type="radio"/> Yes <input type="radio"/> No			
H4. For female donors: 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:

Witnessed by:

First Name:

Date:

Birth Date:

Date:

Signature

Signature nurse and/or signature physician

COLLER ICI UNE EBC