TRANSPLANT QUÉBEC

DONOR MEDICAL AND SOCIAL HISTORY QUESTIONNAIRE

Unique identifier number: ____________________________

Interview carried out: ❑ By phone ❑ In person **Date and time of the interview:** ____________________ (YYYY-MM-DD) ____:____ (hh:mm)

Information on the potential donor

Last name: ________________________ **First name:** ________________________

Civil status: ❑ Single ❑ Common law ❑ Married ❑ Divorced ❑ Widowed ❑ Other (specify): ______________

Occupation: ____

Information on the interviewee

Last name: ________________________ **First name:** ________________________

Relationship with the potential donor: ________________________

A) Do you feel that you know the potential donor well enough to answer questions regarding his medical, social and sexual history? ❑ No ❑ Yes

B) If not, do you know someone who could provide this information? ❑ No ❑ Yes

Last name: ________________________ **First name:** ________________________

Phone number: (________) ____________________ **Relationship with the potential donor:** ____________________

Person who interviews and completes the questionnaire

Last name: ________________________ **First name:** ________________________

Signature: ________________________

Information to be imparted to the interviewee

☐ The evaluation process to determine suitability includes a medical history review, this questionnaire, a physical exam and a serological screening to prevent the transmission of infections or diseases to the recipients. All information remains confidential. As such, this information may be shared with organizations involved in organ and tissue donation.

☐ These measures aim at preventing the transmission of infectious diseases, such as hepatitis B, hepatitis C or HIV which may occur with organ or tissue transplantation.

☐ The complementary nature of these measures reduces the risk, but does not eliminate it entirely. Due to the window period which exists between infection and seroconversion, a negative result on a blood test does not guarantee an absence of infection or disease.

☐ Each question should be answered by “Yes” or “No” to the best of your knowledge.

Information supplémentaire à obtenir *seulement si non obtenue lors de la signature du consentement

Dans le cas d’un don d’organes, si des résultats doivent être transmis à la famille ou aux proches du donneur, ils seront transmis à :

Nom et prénom du médecin de la famille ou des proches (facultatif) : ________________________________

Informations pour le coordonnateur-conseiller clinique (**générales**)

Pour chacune des questions répondues par « oui », spécifiez les éléments entre les parenthèses, si possible.

Porter une attention particulière aux informations obtenues puisqu’il pourrait s’agir d’une indication de distribution exceptionnelle.

Informations pour le coordonnateur-conseiller clinique (**donneur potentiel pédiatrique**)

Si l’enfant est âgé de 28 jours ou moins et rien ne porte à croire qu’il a été exposé à un agent infectieux véhiculé par le sang après sa naissance, un échantillon sanguin pour effectuer les tests sérologiques requis peut être fourni uniquement par la mère naturelle.

Si l’enfant est âgé de 18 mois ou moins ou allaité au cours des 12 derniers mois, la mère et l’enfant doivent fournir un échantillon sanguin pour effectuer les tests sérologiques requis. De plus, la mère doit être évaluée à l’égard des comportements à risque de maladies transmissibles et selon la section « Questions supplémentaires concernant la mère d’un enfant âgé de 18 mois ou moins ou qui a été allaité au cours des 12 derniers mois ».

Si l’enfant est âgé de plus de 18 mois et moins de 11 ans et non allaité au cours des 12 derniers mois, l’enfant doit être évalué à l’égard des comportements à risque de maladies transmissibles seulement pour les questions de la section « Informations concernant les comportements à risque de maladies transmissibles » marquées d’une étoile.

Appendix attached : ☐ Humans tissues (ENR-00956) ☐ ________________________

DONOR MEDICAL AND SOCIAL HISTORY QUESTIONNAIRE

Unique identifier number: ____________________________

Pediatric potential donor ONLY

A) Child's age: ☐ 18 months or less
☐ more than 18 months and less than 11 years old

B) Was he breastfed in the last 12 months? ☐ No ☐ Yes

ADDITIONAL QUESTIONS FOR MOTHER OF AN INFANT 18 MONTHS OR LESS OR WHO WAS BREASTFED IN THE PAST 12 MONTHS

1. a) Did you receive prenatal care?

❑ No ❑ Yes ▶ If yes, specify: ____________________________

b) Did you ever have a positive skin test for tuberculosis or been treated for it?

❑ No ❑ Yes ▶ If yes, specify (date, treatment, if preventative treatment only): ____________________________

c) Did you ever suffer of liver disease, hepatitis or have a history of jaundice?

❑ No ❑ Yes ▶ If yes, specify (type, when, treatment): ____________________________

d) Did you ever suffer from or exhibit signs of major illnesses or severe infections of the following?

Type :
❑ Cytomegalovirus (CMV) ❑ Herpes simplex virus ❑ Herpes zoster (shingles)
❑ Mononucleosis (EBV) ❑ Toxoplasmosis ❑ Varicella (chicken pox)
❑ Zika virus ❑ Other (specify) : ____________________________

❑ No ❑ Yes ▶ If yes, specify (date, duration, treatment; in case of infection, is it still active or being treated?):
____

e) How would you describe your health during your pregnancy?

____

2. Was the child born in a medical facility?

❑ No ▶ If not, specify (where): ____________________________
❑ Yes ▶ If yes, specify (establishment): ____________________________

TRANSPLANT QUÉBEC

DONOR MEDICAL AND SOCIAL HISTORY QUESTIONNAIRE

Unique identifier number: ___________________________

General health information FOR ALL POTENTIAL DONORS

1. a) Has he ever been hospitalized?
(including psychiatric facility)

❑ No ❑ Yes ▶ If yes, specify (date, reason, physician's name, health facility): ____________________

b) Did he ever undergo a surgical procedure?

❑ No ❑ Yes ▶ If yes, specify (type, date): ____________________

c) Did he ever have a medical diagnosis or present signs of major illnesses or severe infections of the following?

Type :
❑ Cytomegalovirus (CMV) ❑ Herpes simplex virus ❑ Herpes zoster (shingles)
❑ Mononucleosis (EBV) ❑ Toxoplasmosis ❑ Varicella (chicken pox)
❑ Zika virus ❑ Other (specify): ____________________

❑ No ❑ Yes ▶ If yes, specify (date, duration, treatment; in case of infection, is it still active or being treated?): ____________________

d) When did he last visit his physician and for what reason(s)?

Specify (date, reason, physician's name, phone number, health facility): ____________________

e) In the past two (2) years, did he consult a physician?

❑ No ❑ Yes ▶ If yes, specify (date, reason, physician's name, health facility): ____________________

f) How would you describe his general health condition?

____

2. Did he ever receive human growth hormone?

❑ No ❑ Yes ▶ If yes, specify (when, country, reason): ____________________

DONOR MEDICAL AND SOCIAL HISTORY QUESTIONNAIRE

Unique identifier number: ___________________________

General health information FOR ALL POTENTIAL DONORS

3. **Was he taking any medication on a regular basis** (including vitamins and supplements)**?**

❑ No ❑ Yes ▶ If yes, specify (name, which one, since when, reason(s)): ________________

4. **Was he allergic to any medication, food or other substances** (ex.: latex)**?**

❑ No ❑ Yes ▶ If yes, specify (allergen, type of reaction): ________________

5. a) **Did he ever receive blood transfusions or blood derived products?**

❑ No ▶ If not, pass to question **6**.

❑ Yes ▶ If yes, specify (type, country, date, reason(s)) and answer question **5b)**: ________________

b) **Did he ever receive blood transfusions or blood derived products in Western Europe, France or Great Britain since 1980?**

❑ No ❑ Yes ▶ If yes, specify (when): ________________

6. **Was he ever refused as a blood donor or told not to donate?**

❑ No ❑ Yes ▶ If yes, specify (when, why): ________________

7. a) **In the past six (6) months, was he bitten by an animal?**

❑ No ❑ Yes ▶ If yes, specify (type of animal, when, treatment): ________________

b) **If yes, was he treated as if the animal was rabid?**

❑ No ❑ Yes ▶ If yes, specify (when, treatment): ________________

General health information FOR ALL POTENTIAL DONORS

8. a) In the past 12 months, did he receive a vaccine?

❑ No ❑ Yes ▶ If yes, specify the type.

Type: ❑ Hepatitis B ❑ Influenza ❑ Rabies ❑ Smallpox

❑ Other (specify): ________________________________

▶ Specify (when, reason(s), complication): ________________________________

____

b) During the last eight (8) weeks, has he come into close contact* with a person who received the smallpox vaccine?

❑ No ❑ Yes ▶ If yes, specify (when): ________________________________

____

* Close contact is defined as a contact with a vaccination site, its bandage or any bedding or clothes being in contact with the uncovered vaccination site.

9. a) Recently, has he presented with one or more of the following signs or symptoms?

Signs and symptoms: ❑ Benign rash ❑ Difficulty swallowing ❑ Difficulty with coordination

❑ Headache and physical pain ❑ Muscular weakness ❑ Neck stiffness

❑ Persistent fever

❑ No ❑ Yes ▶ If yes, specify (when): ________________________________

b) Did he ever receive a suspected or confirmed diagnosis of one of the following diseases?

Type : ❑ Ebola ❑ H1N1 (Influenza A)

❑ SARS (Severe Acute Respiratory Syndrome) ❑ WNV (West Nile Virus)

❑ No ❑ Yes ▶ If yes, specify (when): ________________________________

c) Was he ever in direct contact or exposed to a person suffering or suspected to be suffering from one of the following diseases?

Type : ❑ Ebola ❑ H1N1 (Influenza A)

❑ SARS (Severe Acute Respiratory Syndrome)

❑ No ❑ Yes ▶ If yes, specify (when) : ________________________________

10. Was he ever diagnosed with one of the following auto-immune or chronic degenerative diseases?

Type: ❑ Lupus ❑ Myasthenia gravis ❑ Polyarteritis nodosa

❑ Rheumatoid arthritis ❑ Sarcoidosis ❑ Other (specify): ________________

❑ No ❑ Yes ▶ If yes, specify (when): ________________________________

General health information FOR ALL POTENTIAL DONORS

11. Was he ever diagnosed with cancer including leukemia, lymphoma, Hodgkin disease or myeloma?

❑ No ❑ Yes ▶ If yes, specify (type, when) and the treatment received: ______________________________

Treatment: ❑ Chemotherapy ❑ Radiotherapy

❑ Medication (specify): ______________________________

12. a) Did he ever suffer from a degenerative neurological disorder of viral or unknown origin, or from one of the following neurological or brain diseases?

Type: ❑ Alzheimer's ❑ Amyothrophic lateral sclerosis (Lou Gehrig) ❑ Dementia

❑ Epilepsy ❑ Guillain-Barré syndrome ❑ Huntington's

❑ Multiple sclerosis ❑ Parkinson's

❑ Prion related disease (Creutzfeldt-Jakob, variant Creutzfeldt-Jakob disease, Gerstmann-Sträussler-Scheinker, other transmissible spongiform encephalopathy)

❑ No ❑ Yes ▶ If yes, specify: ______________________________

b) Did he ever present with one or more of the following signs?

Signs: ❑ Aphasia ❑ Ataxia ❑ Involuntary muscle contractions

❑ Periods of confusion ❑ Seizures ❑ Short term memory loss

❑ Unsteady gait

❑ No ❑ Yes ▶ If yes, specify: ______________________________

c) Did he ever receive a dura mater transplant?

❑ No ❑ Yes ▶ If yes, specify: ______________________________

d) Is there a family history (parents, children, sisters, brothers) **of Creutzfeldt-Jakob disease or any Prion related disease?**

❑ No ❑ Yes ▶ If yes, specify: ______________________________

e) Did he ever suffer of one of the following brain <u>infections</u>?

Type: ❑ Active encephalitis of infectious or unknown etiology ❑ Active meningitis of infectious or unknown etiology

❑ Poliomyelitis ❑ Progressive multifocal leukoencephalitis

❑ Subacute sclerosing panencephalitis

❑ No ❑ Yes ▶ If yes, specify (etiology, date of end of treatment): ______________________________

General health information FOR ALL POTENTIAL DONORS

13. a) Did he have any history of diabetes?

❑ No ❑ Yes ▶ If yes, specify the following information:

1. Type and since when: ______________________

2. Oral medication: ______________________

3. Insulin-dependent: ❑ No ❑ Yes

4. Type of insulin: ______________________

b) Since 1980, did he ever use bovine insulin (Iletin)?

❑ No ❑ Yes ▶ If yes, specify: ______________________

c) (FEMALE DONOR ONLY) **Was she ever diagnosed with gestational diabetes?**

❑ No ❑ Yes ▶ If yes, specify: ______________________

14. Did he ever have any of the following cardiovascular or circulatory problems?

1. Stroke?

❑ No ❑ Yes ▶ If yes, specify (type, when, treatment): ______________________

____

2. Hypertension?

❑ No ❑ Yes ▶ If yes, specify (type, since when, treated, controlled): ______________________

____

3. Valvular disease, chest pain or other heart problems?

❑ No ❑ Yes ▶ If yes, specify (type, since when, treated, controlled): ______________________

____

4. Ulceration of lower limbs or other circulatory problems?

❑ No ❑ Yes ▶ If yes, specify (type, since when, treated, controlled): ______________________

____

Unique identifier number: ___________________________

General health information FOR ALL POTENTIAL DONORS

15. a) Did he ever have any of the following respiratory or pulmonary problems?

❑ No ❑ Yes ▶ If yes, specify the type.

Type: ❑ Asthma ❑ Emphysema ❑ Other (specify): ____________________

▶ And specify (since when, use of corticosteroids): ____________________

b) Did he ever have a positive skin test for tuberculosis or been treated for it?

❑ No ❑ Yes ▶ If yes, specify (date, treatment, if preventative treatment only): ____________________

16. Did he ever suffer of liver disease, hepatitis or have a history of jaundice?

❑ No ❑ Yes ▶ If yes, specify (type, when, treatment): ____________________

17. Did he ever have any intestinal or digestive problems (ulcerative colitis, Crohn's disease) **or bloody stools?**

❑ No ❑ Yes ▶ If yes, specify (which one, since when?): ____________________

18. a) Did he ever suffer of frequent urinary tract infections?

❑ No ❑ Yes ▶ If yes, specify (infection history and if presently active): ____________________

b) Did he ever suffer of a kidney infection or one or more of the following kidney problems?

Type: ❑ Cystitis ❑ Kidney stones ❑ Pyelonephritis

❑ No ❑ Yes ▶ If yes, specify (if presently active or in the past, treatment, frequency): ____________________

c) Did he ever receive dialysis treatments?

❑ No ❑ Yes ▶ If yes, specify (type, when, duration): ____________________

General health information FOR ALL POTENTIAL DONORS

19. Is there a family history for any of the diseases or conditions referred to in questions 10 to 18?

❑ No ❑ Yes ▶ If yes, specify: ____________________

20. a) Was he ever diagnosed with or treated for Chagas disease?

❑ No ❑ Yes ▶ If yes, specify: ____________________

b) Was he born outside Canada?

❑ No ❑ Yes ▶ If yes, specify (where): ____________________

c) In the last six (6) months, did he travel outside the Province of Québec?

❑ No ❑ Yes ▶ If yes, specify (where, date): ____________________

d) Did he ever travel outside Canada?

❑ No ▶ If not, go to question **22**.

❑ Yes ▶ If yes, answer the following questions.

e) In the past three (3) years, did he visit, stay or live in a country other than Canada?

❑ No ❑ Yes ▶ If yes, specify (where, date): ____________________

f) In the last 21 days, did he travel outside Canada?

❑ No ❑ Yes ▶ If yes, specify (where, date): ____________________

This question applies only from December 1st to May 31st.

g) In the last 56 days, did he travel outside Canada?

❑ No ❑ Yes ▶ If yes, **test for WNV** and specify (where, date): ____________________

DONOR MEDICAL AND SOCIAL HISTORY QUESTIONNAIRE

Unique identifier number: ___________________________

General health information FOR ALL POTENTIAL DONORS

21. During his travels, did he cumulate:

1. **Three (3) months or more in France including Corsica and Monaco between 1980 and 1996 inclusively?**
(Territories not affected: Guyane française, Guadeloupe, Martinique, Île de la Réunion, Mayotte, Saint-Pierre-et-Miquelon)

❑ No ❑ Yes ▶ If yes, specify (where): ____________________

____________________ Duration: __________

2. **Three (3) months or more in Great Britain between 1980 and 1996 inclusively?**
(Angleterre, Écosse, Irlande du Nord, Île Anglo-Normandes, Île de Guernesey, Île de Jersey, Île de Man, Pays de Galles)

❑ No ❑ Yes ▶ If yes, specify (where): ____________________

____________________ Duration: __________

3. **Six (6) months or more in Saudi Arabia between 1980 and 1996 inclusively?**

❑ No ❑ Yes ▶ If yes, specify (where): ____________________

____________________ Duration: __________

4. **Five (5) years or more in one or more of the following countries in Europe since 1980?**
(Albanie, Allemagne, Autriche, Belgique, Bosnie-Herzégovine, Bulgarie, Croatie, Danemark, Espagne, Finlande, Grèce, Hongrie, Italie, Irlande, Lichtenstein, Luxembourg, Macédoine, Norvège, Pays-Bas, Pologne, Portugal, République d'Irlande, République tchèque, République slovaque, Roumanie, Slovénie, Suède, Suisse, Yougoslavie)

**** Inclure les séjours en France incluant la Corse, Monaco et au Royaume-Uni dans le calcul.***

❑ No ❑ Yes ▶ If yes, specify (where): ____________________

____________________ Duration: __________

22. Did he ever smoke or use tobacco products?

❑ No ❑ Yes ▶ If yes, specify the type.

Type: ☐ Cigar ☐ Cigarette ☐ Pipe ☐ Other (specify): __________

▶ Specify (quantity, frequency, duration, quit since when): ____________________

____

____

23. Did he ever drink alcohol?

❑ No ❑ Yes ▶ If yes, specify the type.

Type: ☐ Beer ☐ Liquor ☐ Wine ☐ Other (specify): __________

▶ Specify (quantity, frequency, duration, quit since when): ____________________

____

____

General health information FOR ALL POTENTIAL DONORS

24. **Was he ever exposed to toxic substances?** (ex.: lead, mercury, pesticides, arsenic, etc.)

❑ No ❑ Yes ▶ If yes, specify (type, frequency, treatment): ____

____

____

Unique identifier number: ___________________________

Information on risk behavior for transmissible diseases

25. In the past 12 months:

1. Was he ever tattooed or undergo ear or other body piercing?

❑ No ❑ Yes ▶ If yes, specify (date, establishment, with sterile single-use or shared instruments/ink): __________

2. Did he ever suffer an accidental needle stick?

❑ No ❑ Yes ▶ If yes, specify (date, establishment, situation): __________

26. In the past 12 months, was he in juvenile detention, lock up, jail or prison for more than 72 consecutive hours?

❑ No ❑ Yes ▶ If yes, specify: __________

27. Did he ever use non-prescribed drugs or substances (street drugs)**?**

❑ No ❑ Yes ▶ If yes, specify (last use, route, frequency):

1. In the last 12 months: __________
2. In the past: __________

Type: ❑ Amphetamine ❑ Cocaine ❑ Crystal Meth ❑ Ecstasy ❑ Hashish ❑ Heroin ❑ Marijuana ❑ Other (specify): __________

28. a) In the past five (5) years, did he use a needle to inject himself intravenous, intramuscular or subcutaneous drugs for non-medicinal purposes?

❑ No ❑ Yes ▶ If yes, specify: __________

b) In the past 12 months, did he have sexual relations with someone who may have used a needle to inject himself intravenous, intramuscular or subcutaneous drugs for non-medicinal purposes?

❑ No ❑ Yes ▶ If yes, specify: __________

29. a) In the past five (5) years, did he engage in sexual relations in exchange for money or drugs?

❑ No ❑ Yes

b) In the past 12 months, did he engage in sexual relations with anyone who may have had sexual relations in the past five (5) years in exchange for money or drugs?

❑ No ❑ Yes

Information on risk behavior for transmissible diseases

30. ★ **Was he ever tested for HIV, Hepatitis B, Hepatitis C or HTLV 1-2?**

❑ No ❑ Yes ▶ If yes, specify (which one, date, result(s), reason(s): ____________________

____

____

31. **In the past 12 months, was he treated for any of the following sexually transmissible infections?**

Type:

- ❑ Chancroids
- ❑ Chlamydia
- ❑ Genital Herpes
- ❑ Gonorrhea
- ❑ Syphilis
- ❑ Trichomonas
- ❑ Venereal warts
- ❑ Ulcerative genital disease

❑ No ❑ Yes ▶ If yes, specify (disease, date, treatment, if active and/or treated): ____________________

____

____

32. **In the past 12 months:**

★ **1.** **Was he exposed to blood from a person known to be infected or suspected of being infected by HIV, HBV or HCV following a percutaneous inoculation or a contact with an open wound, nonintact skin or mucous membrane?**

❑ No ❑ Yes ▶ If yes, specify: ____________________

2. **Did he engage in sexual relations with a person who was infected or suspected of being infected with HIV, active viral hepatitis (B or C) or any other sexually transmitted infections?**

❑ No ❑ Yes ▶ If yes, specify: ____________________

★ **3.** **Did he have close social contact** (living in the same household or share bathroom facilities) **with a person infected with active viral hepatitis (B or C)?**

❑ No ❑ Yes ▶ If yes, specify: ____________________

33. a) (MALE DONOR ONLY) **In the past five (5) years, did he ever engage in sexual relations with another man?**

❑ No ❑ Yes

b) (FEMALE DONOR ONLY) **In the past 12 months, did she ever engage in sexual relations with a man who may have had sexual relations with another man in the past five (5) years?**

❑ No ❑ Yes

Information on risk behavior for transmissible diseases

34. In the past 21 days :

1. Did he ever engage in sexual relations with a man who received a medical diagnosis of Zika virus infection?

❑ No ❑ Yes ▶ If yes, specify (date, treatment): ____________________

____

2. Did he ever engage in sexual relations with a man who resided or travelled outside Canada within the past six (6) months?

❑ No ❑ Yes ▶ If yes, specify (date, treatment): ____________________

____

35. a) Recently, did he have one or more of the following signs or symptoms?

Signs and symptoms:

- ❑ Fever 38.5ºC (100,5 F) lasting over 10 days
- ❑ Influenza symptoms (shivers, persistent cough, dyspnea, fatigue)
- ❑ Nausea, vomiting
- ❑ Persistent diarrhea
- ❑ Presence of blue, purple, gray or black spots on the skin or mucosa
- ❑ Swollen lymph nodes for over a month
- ❑ Unexplained fatigue
- ❑ Unexplained nocturnal sweats
- ❑ Unusual infections

❑ No ❑ Yes ▶ If yes, specify: ____________________

____

b) Did he ever experience any episodes of unexplained weight loss?

❑ No ❑ Yes ▶ If yes, specify (when): ____________________

____

____

36. Having responded to questions about medical conditions or behavioral risk factors on the potential organ donor, do you have any other concerns that would make you believe that organ donation should not proceed?

❑ No ❑ Yes ▶ If yes, specify: ____________________

____

____

Additional information

Additional comments (write down question number, if applicable):