

QUESTIONNAIRE
(translated from French)

Last name (first 3 letters): |_|_|_|

First name (first 3 letters): |_|_|_|

Birth date: |_|_| |_|_| 19|_|_|

Are you or have you been involved in the following situations?

- | | |
|--|--|
| 1. Transfusion (red cells, platelets or plasma) before 1992? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 2. Graft (tissue, organ or cells) before 1992? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 3. Major surgery, major bleeding, obstructed labor (traumatic), ICU stay before 1992? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 4. Serious health problem at birth or premature birth? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 5. Infusion of albumin, immunoglobulins, clotting factors before 1988? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 6. Liver disease (other than cancer)?
if yes which one: | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 7. « Jaundice »? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 8. Someone you know suffering from viral hepatitis? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 9. Hemodialysis? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 10. Intravenous drug use? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 11. HIV seropositivity? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 12. Tattoo, piercing, acupuncture without disposable devices? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 13. Birth or medical care in Southeast Asia, Middle East, Africa or South America?
If yes, specify country: | <input type="checkbox"/> NO <input type="checkbox"/> YES |