**Pôle de GYNECOLOGIE-OBSTETRIQUE et de BIOLOGIE de la REPRODUCTION**

**CENTRE UNIVERSITAIRE de TRAITEMENT de la STERILITE CONJUGALE**

**Self-survey about medical history responsible for severe complications to Covid-19 affected people.**

Mrs and Mr,

Filling out this survey, you engage your own responsibility. Any falsification of the answers can result in significant consequences for your health.

**Thanks to notice the staff as soon as possible of any modification of your situation that would modify your answers to this survey.**

Are you affected by any of these diseases, or are you in one of these situations?

|  |  |  |
| --- | --- | --- |
|  | yes | no |
| High blood pressure (hypertension) |  |  |
| CHD (myocardial infarction, angina pectoris) |  |  |
| Medical history for heart surgery |  |  |
| Cerebrovascular accident |  |  |
| Heart failure |  |  |
| Insulin-dependent diabetes, uncontrolled or with secondary complications |  |  |
| Chronic respiratory pathology upset during a viral infection (of which severe asthma...) |  |  |
| Dialysis in chronic kidney disease |  |  |
| Cancer under treatment |  |  |
| Immunosuppression:  -  you are under any of these treatments: chemotherapy, immunosuppressive therapy, biotherapy and/or corticosteroid therapy  - infection to HIV uncontrolled or with CD4 <200/mm3  - after an organ transplantation or hematopoietic stem cell transplantation  - malignant hemopathy under treatment |  |  |
| Cirrhosis of the liver (at B-stage of the Child-Pugh score) |  |  |
| **Body mass index >30kg/m2** (cf board on page 2) |  |  |
| In process of weight loss after a bariatric surgery |  |  |
| Personal history of thrombo-embolic complication (phlebitis, pulmonary embolism) |  |  |
| Asymptomatic thrombophilia at high-risk  Symptomatic antiphospholipid syndrome |  |  |

Name and Surname : Date of birth :

At :       the :

Signature :