Questionnaire

Serial No: ☐ **Date:** ☐☐☐

Gender: Male ☐ Female ☐

Age (y): ☐

Group: Inpatient ☐ Cancer patient ☐

Antenatal clinic ☐ STD clinic ☐

Blood donor ☐ CKD patient on haemodialysis ☐

Any history of blood transfusion: Yes/ No

For inward patients;

BHT Number: ……

Ward Category: Medicine/ Surgery

Working diagnosis: ……

For Antenatal clinic attendees;

When is the date of last menstrual period? ☐☐☐

What is the Expected date of delivery? ☐☐☐

What is the period of amenorrhea? Days ☐ Weeks ☐

Current trimester? T1/ T2/ T3

For STD clinic attendees;

Working diagnosis: ……