

# Blood Draw Questionnaire



HEALTH PROFESSIONALS FOLLOW-UP STUDY

1. Date of blood draw:

Month

Day

Year

☐ 2025

☐ 2026

☐ 2027

☐ 2028

2. Time of blood draw:

Hour

☐ AM

☐ PM

(Round to the nearest hour mark. 12pm for noon.)

3. How many hours before the blood draw did you last eat or drink (not counting water)?

☐ Less than 2 hours

☐ 2-4 hours

☐ 5-7 hours

☐ 8-11 hours

☐ 12+ hours

4. During the past 24 hours, have you engaged in physical activity long enough to perspire heavily (including swimming)?

☐ No

☐ Yes

5. During the past 24 hours, have you consumed beer, wine and/or liquor?

☐ No

☐ Yes

6. Did you have a fever, cold, or flu in the last two weeks?

☐ No

☐ Yes

7. Have you ever had a diagnosis of a blood disorder? Please mark all that apply.

☐ Leukemia

☐ Lymphoma

☐ Multiple Myeloma

☐ Myelodysplastic syndrome

☐ CCUS (Clonal cytopenia of undetermined significance)

☐ MGUS (Monoclonal gammopathy of undetermined significance)

☐ MBL (Monoclonal B-cell lymphocytosis)

☐ Thrombocytopenia

☐ Thrombocytosis

☐ Anemia

☐ Other: \_\_\_\_\_

8. Please mark below if you have used any of these medications in the last 48 hours or in the last month.

Used in past 48 hours

Used in past month

Acetaminophen (e.g., Tylenol)

☐
☐

Ibuprofen (e.g., Advil, Motrin, Nuprin)

☐
☐

Antibiotics (don't include topical)

☐
☐

Other anti-inflammatory analgesics

(e.g., Aleve, Naprosyn, Celebrex, Clinoril, Relafen)

☐
☐

Oral steroids (e.g., prednisone, Decadron, Medrol)

☐
☐

DHEA

☐
☐

Antidepressant medication (for any reason)

☐
☐

9. Current weight (lbs.):

Pounds

1

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

For Office Use

2

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

9

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

PLEASE CONTINUE ON THE REVERSE SIDE

10. During the past year did you unintentionally lose weight (e.g., due to illness, stress, or depression)?

☐ No

☒ Yes **→ If yes, number of pounds?** ☐ <5 lbs. ☐ 5-9 lbs. ☐ 10-14 lbs. ☐ 15-19 lbs. ☐ 20+ lbs.

11. How much of the time during the past 4 weeks did you feel tired?

☐ All or most of the time

☐ None or some of the time

12. By yourself and not using aids, do you have any difficulty walking up 10 steps without resting?

☐ No

☐ Yes

13. By yourself and not using aids, do you have any difficulty walking several hundred yards?

☐ No

☐ Yes

14. Compared to 10 years ago, have there been any changes in your ability to....

	Better or No Change	Questionable or Occasionally Worse	Consistently or a Little Worse	Consistently Much Worse	Don't Know or N/A
1. Remember where you have placed things (i.e., glasses, keys)?	1	2	3	4	0
2. Remember the current date or day of the week?	1	2	3	4	0
3. Communicate thoughts in a conversation?	1	2	3	4	0
4. Understand spoken directions or instructions?	1	2	3	4	0
5. Read a map and help with directions when someone else is driving?	1	2	3	4	0
6. Find your way around a house/building that you have visited many times?	1	2	3	4	0
7. Anticipate weather changes and planning accordingly?	1	2	3	4	0
8. Thinking ahead?	1	2	3	4	0
9. Keeping your living and workspace organized?	1	2	3	4	0
10. Balancing your checkbook/accounts without error?	1	2	3	4	0
11. Doing two things at once?	1	2	3	4	0
12. Cooking, or working, and talking at the same time?	1	2	3	4	0

15. **Rate your immune fitness:** Immune fitness refers to the capacity of the body to respond to health challenges (such as infection) by activating an appropriate immune response, essential to maintain health, prevent and resolve disease, and improve quality of life.

At this moment, I rate my immune fitness as follows:

0

1

2

3

4

5

6

7

8

9

10

(Very poor)

(Excellent)

16. Please indicate how often you have had the following complaints in the past 12 months:

	Never	Sometimes	Regularly	Often	(Almost) Always
Sudden high fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin problems (e.g., dryness, shingles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle and joint pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Common cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coughing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>