**Detailed questionnaire**

*The detailed questionnaire and the medical examination questionnaire supplement the triage questionnaire. They concern all victims identified as being exposed to a risk of irradiation.. The detailed questionnaire serves to evaluate the received dose if irradiation is suspected.*

This questionnaire must be completed as quickly as possible. A sheet must be filled out for each victim giving a precise description of the circumstances of the event and all the necessary listed information.

**Identification de la victime** (dont numéro du patient PMA et l’étiquette SINUS, SI-VIC):

**Nom du médecin ou de l’infirmier** qui a assuré la prise en charge générale:

**Date et heure de remplissage du questionnaire**:

***Part 1: The circumstances of the accident***

(Fill out three columns: "yes" / "no" / "details"):

| **QUESTION** | **YES** | **NO** | **DETAILS** |
| --- | --- | --- | --- |
| 1. **Were you in a building?** Which building?
 |  |  |  |
| 1. Were other people present and close to you? How many people? Who were they? (Names)
 |  |  |  |
| 1. Can you estimate how far away from you they were? How long did they remain beside you? What were their respective positions? Standing, sitting, lying down, other?
 |  |  |  |
| 1. Describe precisely what you were doing at the time of the accident. What was the duration of each task you did following the accident?
 |  |  |  |
| 1. What route did you take to reach the assembly area ? How long did you take to reach the assembly area?
 |  |  |  |
| 1. Describe your near environment. Distance and position with respect to the source and the shielding: were you close to structures situated between yourself and the site of the incident? Made of concrete? Another material? Can you indicate their size and approximate thickness?
 |  |  |  |
| 1. What position were you in ? Standing, sitting, lying down, other?
 |  |  |  |
| 1. Do you have a telephone or any other electronic object on your person? Do you have a watch, spectacles, a packet of cigarettes, sweets, medication, sugar or sweeteners? Indicate their location at the time of the accident (for example, in which pocket). These objects can be useful for the dosimetric reconstruction.
 |  |  |  |
| 1. **For the workers: do you know the nature and activity of the radioactive source? The type of radiation, the dose, the dose rate? Were you wearing a dosimeter? Active or passive?**
 |  |  |  |
| 1 • **Were you in a building?** Which building? |  |  |  |

The questionnaire is supplemented by an accurate diagram: illustrate the places where the victim was situated at the time of the event, locate their position on the ground, in the area and with respect to the initial point of the event, and the position of any people present around the victim (markings on the ground).

To position the various elements as accurately as possible, while observing the proper distances, you can for example use the grid shown below (1 square = 0.50 metres x 0.50 metres).

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***Part 2: The reported disorders***

(Fill out three columns: "yes" / "no" / "details"):

|  |  |  |  |
| --- | --- | --- | --- |
| **QUESTION** | **YES** | **NO** | **DETAILS** |
| 1. Are you experiencing nausea? Since when? Slight or severe?
 |  |  |  |
| 1. Do you have abdominal pains? Since when? Slight or severe?
 |  |  |  |
| 1. Have you experienced loss of consciousness? When? How many times?
 |  |  |  |
| 1. Do you have difficulty swallowing?
 |  |  |  |
| 1. **Have you experienced dizziness ?** Since when? Slight or severe?
 |  |  |  |
| 1. Have you vomited since the accident? How many times? At what time?
 |  |  |  |
| 1. **Have you had diarrhoea since the accident?** How many times?
 |  |  |  |
| 1. Do you feel tired? Exhausted? Since when?
 |  |  |  |
| 1. **Do you have a headache?** Since when? Slight or severe?
 |  |  |  |
| 1. Have you eaten since the accident?
 |  |  |  |

***Part 3: The observed disorders***

(Fill out three columns: "yes" / "no" / "details"):

|  |  |  |  |
| --- | --- | --- | --- |
| **QUESTION** | **YES** | **NO** | **DETAILS** |
| 1. Does the subject display redness of the skin? Since when? Indicate the exact location: face, hands, other.
 |  |  |  |
| 1. Did the subject vomit during the questioning ? Note scrupulously: number of times, time and duration of vomiting.
 |  |  |  |
| 1. **Did the subject have diarrhoea during the questioning?** Note: number of times, time and visual aspect.
 |  |  |  |
| 1. Does the subject seem to have difficulty in answering the questions?
 |  |  |  |

**If the answer to even just one of the preceding questions is "yes", the following medical examination questionnaire must be filled out in the field (Advanced Medical Post – AMP).**