

QUESTIONNAIRE FOR BLOOD DONORS (and donors of blood components)

Surname: **Name:** **Title:** **Date of birth:**.....

Complete all data in responsible and complete manner. **Circle the correct answer!**

Read the "Notice to blood donor, please".

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| 1. Have you read and understood the notice regarding hazardous behaviour from the view of giving blood? | Yes | No |
| 2. Do you belong to any hazardous-behaviour group? ("NOTICE" and "INFORMATION" TO BLOOD DONOR)?.. | Yes | No |

CURRENT HEALTH CONDITION

- | | | |
|--|-----|----|
| 3. Do you feel healthy? | Yes | No |
| 4. Do you use medicine regularly? (specify <u>all</u> including aspirin, hormonal contraception) | Yes | No |
| Specify: | | |
| 5. Have you used any medicine in recent 4 weeks (do not specify regularly used medicines again)? | Yes | No |
| Specify: | | |
| 6. Have you been treated or monitored for any disease (including infectious one)? | Yes | No |
| 7. Do you sweat excessively at night, have you noticed increased temperature, enlarged nodes? | Yes | No |
| 8. Have you lost weight recently without any obvious reason? | Yes | No |
| 9. Have you suffered any disease in recent 4 weeks (cold, diarrhoea disease, etc.)? | Yes | No |
| 10. Have you had any tooth pulled out or had any minor surgery in recent 7 days? | Yes | No |
| 11. Have you had a clung tick in recent 4 weeks? | Yes | No |

HEALTH CONDITION CHANGES

Have you suffered in the recent 6 months any of the following:

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| 12. Transplantation, operation, hospital treatment, intravenous administration of medicine, endoscopic examination (arthroscopy, gastroscopy, colonoscopy, etc.), syringe injury, contact with blood (injury or mucosa)? | Yes | No |
| Specify: When: | | |
| 13. Have you obtained blood transfusion? | Yes | No |
| 14. Have you had tattoo, acupuncture, ear piercing, other piercing done, permanent makeup? (please specify the date of the procedure, body area, shape, and approximate size in cm) | Yes | No |
| 15. Have you been vaccinated? | Yes | No |
| Against which disease: | | |
| 16. Do you work in high-risk (infectious, health-detrimental environment)? | Yes | No |
| Specify (infection, radiation, chemical risks, etc.): | | |
| 17. Have you been treated for a venereal disease? | Yes | No |
| 18. Have you spent time in a penitentiary institution (jail)? | Yes | No |
| 19. In recent 12 months , have you been in close contact (family, sexual intercourse) with people suffering from infectious jaundice, AIDS, other infectious disease or intravenous drug user? | Yes | No |
| Specify: | | |
| 20. Have you spent time abroad? | Yes | No |
| Which place? (also short-term, tourist stays): | | |
| 21. For women: Have you been pregnant in recent year or are you pregnant now? | Yes | No |

BLOOD TAKING IN THE PAST

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| 22. Do you give blood or its components for the first time? (if so, do not fill in questions 23 and 24) | Yes | No |
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QUESTIONNAIRE FOR BLOOD DONORS

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| 23. Did you have any health complication after the last blood taking (e.g. unconsciousness, collapse, major haematoma, etc.)? | Yes | No |
| 24. Do you give blood at another medical institution as well? | Yes | No |
| 25. Have you been ever refused at a blood donor?(Reason):..... | Yes | No |

DISEASES ENDURED - HISTORY (from birth to date)

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| 26. Infectious jaundice, HIV infection (AIDS), HTLV I/II-virus infection, venereal disease (lues, gonorrhoea), tuberculosis, other infectious disease (inf. mononucleosis, viral encephalomyelitis, brucellosis, rabbit fever, toxoplasmosis, listeriosis, borreliosis, malaria, babesiosis, leishmaniasis, (Kala-Azar), Chagas disease, Q fever, typhus, paratyphus etc. | Yes | No |
| 27. Heart diseases, vascular diseases, high or low blood pressure | Yes | No |
| 28. Blood diseases (anaemia, haemophilia, polycytemia, thalassemia, etc.) | Yes | No |
| 29. Digestive tract diseases (ulcerous disease, pancreatitis, intestinal inflammation, etc.) | Yes | No |
| 30. Endocrine glands diseases (diabetes, metabolic disorders, thyroid gland, etc.) | Yes | No |
| 31. Renal diseases (inflammation, calculi, colalgia, etc.) | Yes | No |
| 32. Respiratory organ diseases (asthma, emphysema, chronic bronchitis, etc.) | Yes | No |
| 33. Bone and joint diseases (joint inflammation, rheumatic fever, osteomyelitis, etc.) | Yes | No |
| 34. Tumour diseases | Yes | No |

- 35. Nervous system diseases, eye diseases, psychic diseases (convulsion conditions, epilepsy, multiple sclerosis, glaucoma, depression, psychosis, etc.) Yes No
- 36. Operations and all major injuries; transplantation, blood transfusion
Specify – which, when: Yes No
- 37. Have you had dura mater, cornea or ear drum implantation? Yes No
- 38. Allergies, immunity disorders, skin diseases? Specify Yes No
- 39. Has Creutzfeldt-Jakob Disease been found in you or your family or its variant (vCJD)? Yes No
- 40. Have you ever used the following medicines: isotretinoin (e.g. Aknenormin), etretinate (e.g. Tegison), aciretine (e.g. Neotigason), finasteride (e.g. Adafin, Finard, Penester), dutasteride (e.g. Avodart, Dustar, Dufalan), etc.? Yes No
- 41. Have you ever been treated with growth hormone or pituitary extract? Yes No
- 42. Have you ever been treated for alcoholism or drug dependence? Yes No
- 43. Have you ever had a tattoo made at any time in the past, acupuncture, ear piercing, piercing, permanent makeup?
(please specify the date of the procedure, body area, shape, and approximate size in cm):..... Yes No
- 44. Were you born or have you lived abroad? Which place? Yes No
- 45. In the period of 1980-1996, did you spend more than 6 months in total in United Kingdom, Northern Ireland or France? Yes No
- 46. Do you have a job or hobby with increased physical load or intensive attention demands?
(professional driver, pilot, height works, mountaineering, scuba diving) Yes No

I declare that I have concealed no significant facts and all the information I have provided is true according to my best knowledge and belief (concealment of any fact that may endanger transfusion recipient's health or life is punishable in accordance with law).

DATE:

DONOR'S SIGNATURE:

I have read the "Notice to blood donor" and understand the contents thereof. **In accordance with the text of "Notice to blood donor" I consider myself a suitable donor, the blood of whom does not endanger the recipient's health.**

I have been instructed about progress of blood taking and the associated risks and I agree to the blood taking. I have been instructed that I have the right to ask questions regarding the blood taking and withdraw from the taking at any time. I confirm that I have received a satisfactory answer to each question I have asked. I have been instructed about the possibility of discrete self-exclusion. I agree that my blood is examined with all necessary tests including AIDS test and that the blood sample is preserved for any additional examination for blood-borne infections and blood type antigen including molecular genetic methods. I agree with that, in the event of unfavourable results, the blood is used in terms of health care for other purpose than transfusion. I have been instructed that the in the event of unsatisfactory laboratory examinations I will be informed. I declare that I have not come to give blood in order to be examined for AIDS. I acknowledge that I should have a rest at least 30 minutes after the blood taking before I take active part in traffic. I agree that my personal data and information about my health condition is registered under the condition of obligatory non-disclosure in accordance with applicable law and can be used within the transfusion service (e.g. reference laboratories for infectious diseases, register of excluded blood donors, register of blood donors with rare blood type, etc.) under the condition of adherence to medical secret policy and in terms of training of students in health care. I agree that my personal data is provided to CCK entities for the purpose of donor appraisal. I agree that the medicinal products made of my blood (or plasma) are used in accordance with medical, ethic and humanitarian principles for treatment of patients in terms of applicable legislation only provided that they conform to requirements for their safety and quality. In the event of resulting excess of medicinal products in the Czech Republic I agree that these may be exported for the purpose of patient treatment in other countries. I certify with my signature that I give my informed consent to blood taking and laboratory examination.

DONOR'S SIGNATURE:

EVALUATION OF THE QUESTIONNAIRE BY PERSON RESPONSIBLE FOR RELEASE OF DONOR FOR BLOOD TAKING

COMPLYING: <input type="checkbox"/>	NON-COMPLYING: <input type="checkbox"/>	Non-complying due to:
Date:	Responsible person's signature:	