

QUESTIONNAIRE FOR DONORS OF BLOOD AND BLOOD COMPONENTS

Every time before donating blood or blood components, the donor must complete (update, supplement) this questionnaire. Should you have any questions or uncertainties, please contact the doctor of the Blood Center.

Donor's first name, surname _____

Yes No

- 1. Are you feeling good?
2. Have you experienced any of the following unexpectedly, without any clear reason, over the past two years:
- reduced weight?
- fever?
- laxity?
- skin, mucous membrane, lip rash?
- enlarged lymph nodes?
3. Have you been taking any medicine, have you been vaccinated or have you paid a visit to a dentist during the last month?
4. Have you read about and are you aware of AIDS, hepatitis and safe sex, and that the partner may get hepatitis even if he/she has never had jaundice?
5. Have you had during the past 12 months any sexual intercourse with the partner, who:
- has been infected with the Human Immunodeficiency Virus or hepatitis viruses?
- has taken injective drugs?
- receives payment (especially in money or drugs) for sexual intercourse?
- has haemophilia?
6. Have you ever taken any narcotic drugs, in particular injective drugs?
7. Have you ever had any sexual intercourse for money or drugs?
8. Question for men:
- have you ever had any sexual relations with other men?
9. Question for women:
- do you think that your sexual partner could have any sexual relations with other men as well?
10. Over the past 12 months, have you:
- undergone any medical check-up or an operation?
- had your ears pierced, had a tattoo done or have you undergone any acupuncture treatment?
- had any blood transfusion?
11. Question for women:
- are you (have you been over the past 12 months) pregnant?
12. Do you have any relatives who have Creutzfeldt-Jakob (CJD) disease?
13. Have you been treated with any preparations made from human or animal organs?
14. Have you been held in custody or in any penal institution over the past 12 months?
15. Have you had any contact with persons infected with the Human Immunodeficiency Virus or hepatitis viruses (in family, at work or among friends)?
16. Where were you born?
17. Have you ever lived abroad? Where and how long?
18. Have you ever travelled abroad? Where and how long?
19. Have you ever had:
- jaundice, malaria, tuberculosis, rheumatic fever?
- heart and vascular diseases, heightened blood pressure?
- allergy, asthma?
- neural diseases, have you ever had convulsions or consciousness disorders?
- chronic diseases (diabetes, malicious diseases, ulcer)?
- blood diseases?
- sexually transmitted diseases?
20. Do you have a risky job?
21. Have you ever refused to give blood donation or its components?
22. Have you ever been rejected for your blood donation or its components?
23. What would you like to donate:
- blood?
- plasma?
- thrombocytes?
- red blood cells?
- two units of red blood cells?

Hereby I confirm that I have read and understood the presented educational material and that I have had an opportunity to ask questions and have received appropriate answers to all of the questions asked; and on the basis of the presented information, I agree to continue the process of donating blood or its components. I ensure that all the information provided above is correct to the best of my knowledge.

Signature, date

The Doctor of the Blood Center

Signature, date