

DONOR QUESTIONNAIRE

These questions must be answered honestly and truthfully. They protect you and patients receiving blood. Your answers will be treated confidentially and will be used for the requirements of blood transfusion service only.

1.	Have you ever voluntarily donated blood?	Y	N
2.	Have you ever been rejected to donate blood?	Y	N
3.	Do you feel healthy and capable of donating blood today?	Y	N
4.	Have you had enough sleep?	Y	N
5.	Have you had something to eat today?	Y	N
6.	Do you have a hazardous occupation or are you engaged in a hazardous hobby?	Y	N
7.	Are you currently taking any medication?	Y	N
8.	Are you currently taking aspirin; or have you taken it in the previous five days?	Y	N
9.	Have you ever been hospitalized or treated at the hospital or are you currently on sick leave or under any medical investigation?	Y	N
10.	Have you had tooth extraction within past 7 days?	Y	N
11.	Have you had flue, cold or body temperature exceeding 38, or have you been treated with antibiotics in the past 7 days?	Y	N
12.	Have you been vaccinated in the previous 12 months?	Y	N
13.	Did you have a sudden weight loss or were you on a diet in the past 6 months?	Y	N
14.	Have you had a tick bite that needed professional medical assistance?	Y	N
15.	Have you ever been treated for epilepsy, diabetes, asthma, tuberculosis, infarct, stroke, cancer or malaria?	Y	N
16.	Have you ever suffered from some chronic diseases: heart, lungs, kidneys, liver, stomach, intestines, joints, muscles, nervous system, blood and blood vessels?	Y	N
17.	Have you ever had problems with thyroid or pituitary glands, or have been treated with hormones?	Y	N
18.	Do you have allergies or skin alterations?	Y	N
19.	Do you spontaneously bruise or bleed long after the injury?	Y	N
20.	In the past six months, did you: a) have surgery or received blood transfusion? b) travel outside Serbia or live abroad? c) have acupuncture, piercing or tattoo?	Y Y Y	N N N
21.	Did you consume alcoholic drinks in the past 6 hours?	Y	N
22.	Forms of various risky behavior and conditions: a) have you ever had hepatitis (jaundice) A, B or C? b) do you think you might have been infected with HIV? c) have you ever used intravenous drugs? d) have you ever used body building preparations (steroids)? e) have you ever taken money or drugs for sexual services?	Y Y Y Y Y	N N N N N
23.	Did you have sexual intercourses in the past six months: a) with an HIV positive person? b) with a person having hepatitis (jaundice) B or C? c) with a person who ever received money or drugs in exchange for sexual services? d) with a person who ever used intravenous drugs? e) with a person whose previous sexual behavior is not familiar to you? f) did you have anal sexual contacts in the past six months?	Y Y Y Y Y Y	N N N N N N

Questions for female donors

24.	Are you pregnant?	Y	N
25.	Are you having period at the moment?	Y	N
26.	Did you have an abortion or delivery in the past six month?	Y	N
		Y	N

Donor's consent

<i>I filled blood / blood component donation questionnaire and I declare that:</i>	
I have not been exposed to the risk of any infection	
I have been informed that my blood will be tested to the presence of transfusion transmissible diseases markers	
I have been informed about the possibility to abstain from blood or blood component donation before the donation process starts, as well as of the possibility to refuse to donate blood, i.e. about the possibility to withdraw my consent at any time during blood donation procedure	
I give my consent and I agree to continue the blood or blood component donation procedure	
I have been informed about the purpose of blood or blood component donation	
I have been acquainted with the usual risks and possible reactions during blood collection, as well as with the range of blood testing to be performed	
I have been informed about the protection of personal data	
I have been given the opportunity to ask questions	
I have been given satisfactory answers to all questions	
I have given true information to the best of my knowledge and I confirm the credibility of given data	

THANK YOU FOR YOUR BLOOD DONATION

DONOR'S SIGNATURE _____

NB:

- ◆ Abstained from blood donation
- ◆ Refused to donate blood
- ◆ Donor's consent withdrawn

Donor's signature _____

