

DONOR QUESTIONNAIRE

These questions must be answered honestly and carefully. They protect you and any patients receive
Your answers will be treated confidentially and will be used for informational purpose only

1.	Have you donated blood in the past?	YES	NO
2.	Have you ever been rejected to donate blood?	YES	NO
3.	Are you feeling healthy and capable to donate blood today?	YES	NO
4.	Have you had enough sleep?	YES	NO
5.	Have you had something to eat today?	YES	NO
6.	Do you have a hazardous occupation or take a part in a hazardous hobby?	YES	NO
7.	Are you currently taking any medication?	YES	NO
8.	Are you currently taking Aspirin; or in the past five days ?	YES	NO
9.	Have you ever been hospitalized or treated at the hospital?	YES	NO
10.	Are you currently in sick leave or under any medical investigation?	YES	NO
11.	Have you had recently tooth extraction?	YES	NO
12.	In the past 7-10 days have you had a cold or any other respiratory infection or had to take antibiotics?	YES	NO
13.	Have you had vaccination recently?	YES	NO
14.	Did you loose weight in the past 6 months?	YES	NO
15.	Have you had a tick bite that you needed to ask for professional help?	YES	NO
16.	Have you ever had any of the following: epilepsy, diabetes, asthma, tuberculosis, cancer or malaria?	YES	NO
17.	Have you ever had any problems with your: heart, lungs, kidneys, stomach, intestines, joints, muscles, nervous system, blood or blood vessels?	YES	NO
18.	Have you ever received a growth hormone or dura mater (brain covering) transplant. Have any of your relatives had Creutzfeldt-Jakobs disease ("mad cow" disease)?	YES	NO
19.	Do you have any allergies?	YES	NO
20.	Do you bleed or bruise easily?	YES	NO
21.	In the past six months : a) Have you had surgery or received a blood transfusion? b) Have you lived or traveled outside of Serbia in the six months? c) Have you had acupuncture, body/ear piercing or tatooning?	YES	NO
22.	Have you had a alcohol drink in the past six hours?	YES	NO
23.	Questions referring to all blood donors – Risk behaviour: a) Have you ever had hepatitis B or C? b) Have you had sexual contact with anyone who might have HIV/AIDS? c) Have you ever used intravenous drugs, medications without prescription or body building preparations? (answer with yes, even if it was only once) d) Have you ever had a sexual contact with anyone and took money or drugs or other payment for sex? Have you had sexual contact in the past six months : a) with the person who is HIV/AIDS positive? b) with the person who carries hepatitis B or C, or had hepatitis before? c) with the person who ever took money or drugs or other payment for sex? d) with the person who ever used intravenous drugs? e) with the person who lived outside of Serbia and travels frequently? f) with the person who had anal sexual contact ? g) with the person who's sexual past is not familiar to you? h) have you had anal sexual contact in the past six months?	YES YES YES YES Don't know Don't know Don't know Don't know Don't know Don't know Don't know Don't know	NO NO NO NO NO NO NO NO NO NO NO NO

Questions for female donors

24.	Are you pregnant?	YES	NO
25.	Do you have period at this time?	YES	NO
26.	Have you had abortion or miscarriage in the last 6 months?	YES	NO
27.	Have you had pregnancy or labor in the past six months?	YES	NO

PLEASE READ THE DECLARATION BELOW:

- ◆ Today I have read and understood all questions. **To the rest of my knowledge my health information is correct.**
- ◆ To the best of my knowledge I was not exposed to risk of an infection.
- ◆ I consent to my blood being tested for blood groups and evidence of some infection.
- ◆ In consenting to gie blood I understand I will be notified if additional testing is needed.
- ◆ In consenting to give blood I understand it will be used for the benefit of others and I am proud to be able to help someone.

THANK YOU FOR BLOOD DONATED

Blood donor signature _____