

**BLOOD DONOR QUESTIONNAIRE**

<b>Name:</b>	degree:	<b>Date:</b>
<b>Birth Register Number:</b>		Number of arrival:

Please fill in the data below responsibly and completely. **Circle the correct answer!**

Please read carefully the **"BLOOD DONOR INSTRUCTIONS"** before filling the questionnaire in.

1. Have you acquainted with the information about risk behavior from the point of view of blood donation and do you understand it ? ..... yes no
2. Do you belong to a group temporarily or permanently excluded from blood donation ? ..... yes no  
(see "BLOOD DONOR INSTRUCTIONS")
3. Are you going to donate blood or its components for the first time ? ..... yes no
4. Do you tolerate blood taking well ? ..... yes no
5. Do you donate in another medical facility ? ..... yes no
6. Have another transfusion department ever refused you as a blood donor ? ..... yes no  
Reasons: .....
7. Does your profession or hobby require increased physical exercise or demands for attention ? ..... yes no  
(professional driver, pilot, work in heights, mountaineering, diving, etc.)

**CURRENT HEALTH CONDITION**

8. Do you feel healthy ? ..... yes no
9. Do you take any medicaments regularly ? ..... yes no  
(please cite all of them, including e.g. aspirin, oral contraception)  
What: .....
10. Have you taken any medicaments during the last 4 weeks ? ..... yes no  
What: .....
11. Do you sweat excessively during night, do you observed elevated temperature, swollen nodes? .. yes no
12. Have you been losing weight recently without any obvious cause ? ..... yes no
13. Are you treated or observed for any disease (including infections) ? ..... yes no
14. Have you suffered any disease during the last 4 weeks (cold, diarrhea etc.) ? ..... yes no
15. Have you undergone tooth extraction or a minor surgery during the last 7 days ? ..... yes no
16. Have you had a tick bite during the last 4 weeks ? ..... yes no

**CHANGES IN THE HEALTH CONDITION**

17. Have you undergone **during the past 4 months:**
  - a. A surgery, injuries treated in a hospital, stay in a hospital, intravenous application of medicaments ? ..... yes no
  - b. Endoscopic examination or introduction of a catheter, contact with another. person's blood (through an injury or mucous membrane) ? ..... yes no
  - c. Transplantation, or have you received blood transfusion ? ..... yes no
  - d. Treatment for a venereal disease ? ..... yes no
  - e. Tattooing, acupuncture, ears perforation, piercing ? ..... yes no
  - f. Vaccination ? ..... yes no
If yes, what and when: .....
18. Have you been in a close contact (in the family, at work) with a patient suffering hepatitis, AIDS, another infectious disease, or with a person abusing intravenous / intramuscular drugs ? ..... yes no  
What disease: .....
19. Have you traveled abroad during the past 6 months ? ..... yes no  
Where? (Including for a short time, tourism): .....
20. Do you work in dangerous environment (infectious, harmful to death) ? ..... yes no  
What (infection, radiation, chemical risks etc.) ? .....
21. Have you been vaccinated against rabies or type B hepatitis after exposure to infection? ..... yes no

## **DISEASES EXPERIENCED IN THE PAST, ANAMNESIS**

### **Have you experienced any of the following diseases/conditions?**

22. Hepatitis, tuberculosis, a venereal disease (syphilis, gonorrhea, AIDS), other contagious diseases (inf. mononucleosis, tick encephalitis, brucellosis, tularemia, toxoplasmosis, listeriosis, borreliosis, typhus, paratyphoid fever, malaria, babesiosis, kala-azar, leishmaniasis, Chagas disease, leprosis, Q fever, HTLV I/II virusinfection) or carriership of these infections ..... yes no
23. Diseases of heart and vessels, high or low blood pressure ..... yes no
24. Blood diseases (anemia, hemorrhagic diathesis, polycythemia, thalassemia, etc.) ..... yes no
25. Digestive tract diseases (ulcer disease, pancreatitis, enteritis, etc.) ..... yes no
26. Endocrine glands diseases (diabetes, metabolic disorders, thyroid gland etc.) ..... yes no
27. Kidney diseases (inflammations, calculi, colic, etc.) ..... yes no
28. Breathing organs diseases (asthma, emphysema, chronic lung disease etc.) ..... yes no
29. Diseases of bones and joints (arthritis, rheumatic fever, osteomyelitis, etc.) ..... yes no
30. Tumors ..... yes no
31. Nervous system diseases, eye diseases (spasms, epilepsy, sclerosis multiplex, glaucoma) ..... yes no
32. Immune disorders, severe allergies, dermal diseases ..... yes no
33. Surgeries and major injuries, transplantations ..... yes no  
What, when: .....
34. Blood transfusions (when and where) ? ..... yes no
35. Have you ever taken the following medicaments (see "BLOOD DONOR INSTRUCTIONS"):  
isotretinoin (Accutane), etretinate (Tegison), aciretin (Neotigason), finasteride (Proscar, Propecia), dutasteride (Duodart) ? ..... yes no
36. Mental diseases (depression, psychosis, etc.) ..... yes no
37. Have you ever been treated for alcoholism or drug addiction ? ..... yes no
38. Have you ever used illegal intravenous / intramuscular drugs ? ..... yes no
39. Were you born abroad or have you lived abroad for a long time ? ..... yes no  
Where, when: .....
40. For women:            Number of pregnancies .....            Last pregnancy in (year): .....

### **I confirm I have not concealed any important facts and all data given are correct (concealment of facts that could endanger health or life of the patient receiving transfusion are punishable in accordance with the law).**

I have acquainted with the "Blood Donor Instructions", and I understand its content. I consider myself as a convenient donor whose blood should not endanger the recipient's health within the meaning of the "Blood Donor Instructions".

I have been instructed about the course of blood taking and the risks related thereto and I agree with blood taking. I have been instructed that I have the right to ask questions regarding blood taking and to withdraw from blood taking anytime. I have been instructed about the possibility of discrete self-disqualification. I also agree that my blood shall be examined using all necessary tests, including AIDS test, and in the event, that the collected blood or any of its components cannot be used for transfusion, it is used for health care, research, teaching or quality control. I have been instructed that I will be informed in the case of unsatisfactory laboratory examination results. I declare that I have not come to donate blood because of AIDS examination.

I agree that my personal data and my health state data shall be recorded subject to obligatory confidentiality pursuant to the law in force, and that they shall be used within the transfusion service (e.g. reference laboratories for infectious diseases, register of excluded blood donors, register of blood donors with unusual blood group etc.) subject to medical secret principles.

I agree that my personal data may be disclosed to the Czech Red Cross for the purposes of donors' awards.

I agree that medicaments made from my blood (or serum) may be used for treatment of patients in accordance with medical, ethical and humanitarian principles within the legislation in force only in case they comply with the requirements of their safety and quality. In the case of excess of medicaments manufactured in the Czech Republic, I agree with their export for the purposes of treatment of patients in other countries.

I am aware that I should have a rest for at least 30 minutes after blood taking before I participate actively in the road traffic.

Date .....

Donor's signature .....

### **EVALUATION OF THE QUESTIONNAIRE BY A PHYSICIAN**

Satisfies <input type="checkbox"/>	Dissatisfies <input type="checkbox"/>	Dissatisfactory because of: .....
Date:		Physician's signature: