

## QUESTIONNAIRE FOR DONORS OF BLOOD AND BLOOD COMPONENTS

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

Donor's first name, surname \_\_\_\_\_

YES NO

1. Are you feeling good?		
2. Have you ever 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 ever been vaccinated or have paid a visit to a dentist during the last month?		
4. Have you ever read about and are aware of AIDS, hepatitis and safe sex, and that are partner may get hepatitis even if he/she has never had jaundice?		
5. Have you had during the last 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 hemophilia?		
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 relationship 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 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 components 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 ever been treated with any preparations made from human or animal organs?		
14. Have you been held in custody or in any penitentiary 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? When, where and how long?		
18. Have you ever have you ever gone abroad? When, 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?		
• COVID-19 (Coronavirus infection)?		
20. If you had COVID-19 (a coronavirus infection), when did you recover from it?		
21. Do you have a risky job?		
22. Have you ever refused to donate blood?		
23. Have you ever been rejected as a blood donor?		
24. What would you like to donate?		
• Blood?		
• Plasma?		
• Platelets?		
• Erythrocytes?		
• 2 units of erythrocytes?		

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.

Donor \_\_\_\_\_

The doctor of the Blood Center \_\_\_\_\_

Signature, date

Signature, date