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| Donor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle LastPerson Interviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Relationship Contact Information: \_\_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Address City State Zip The interview was conducted: by telephone ❑ in person ❑Person Interviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Relationship  Contact Information: \_\_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Address City State Zip The interview was conducted: by telephone ❑ in person ❑Person conducting interview and completing this form: Print Name Signature Date/Time  |
| **I want to advise you of the sensitive and personal nature of some of these questions. They are similar to those asked when someone donates blood. We ask these questions for the health of those who may receive her/his\* gift of donation. I will read each question and you will need to answer to the best of your knowledge with a “Yes” or “No.”** |
| 1. What was her/his\* date of birth?
 | *Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Interviewer calculates the donor’s age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *If ≤18 months old, complete the Uniform DRAI (Birth Mother) in addition to this form.*
* *If <5 years old, ask question 1a:*

1a. Within the past 12 months, was she/he\* breastfed or was she/he\* fed breast milk from another person?❑No ❑Yes *If yes, ask:*1a(i). Who provided the breast milk? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * *If this is the birth mother, complete the Uniform DRAI (Birth Mother) in addition to this form.*

*Check which Uniform DRAI form(s) will be completed:*❑ *Uniform DRAI (Child Donor ≤12 years old)*❑ *Uniform DRAI (Birth Mother)* |
| **3.** Did she/he\* have any illnesses or ongoing problems with health, such as:**3c.** a disease of the brain or a neurological disease?**3d.** diabetes? | ❑No❑Yes❑No❑Yes  | *If any answer in question 3. is “yes,” further questioning is required.*3c(i). Explain:3d(i). For how many years? 3d(ii). Was it treated?❑No ❑Yes  *If yes,*3d(ii)a. How? |
| **4a.** Did she/he\* have a pediatrician, a family physician, or a specialist? **4b**. Did she/he\* use a medical facility such as a clinic or urgent care center? | ❑No ❑Yes ❑No ❑Yes  | 4a(i). When was her/his\* last visit?  4a(ii). Why?  4a(iii). Who do they see or where do they go? *Provide any contact information (e.g., name, group, facility, phone number, etc.):* 4b(i). When was her/his\* last visit?  4b(ii). Why?  4b(iii). Who do they see or where do they go? *Provide any contact information (e.g., name, group, facility, phone number, etc.):*  |
| **5a.** Did she/he\* take any prescription medication recently or on a regular basis? **5b.** Did she/he\* take any non-prescribed medication or dietary supplements? | ❑No ❑Yes ❑No ❑Yes  | 5a(i). What was it and/or what was it used for?  5b(i). What was it and/or what was it used for?    |
| **6.** Did she/he\* recently have any symptoms such as:**6a**. a fever?**6b.** cough?**6c.** diarrhea?**6d.** swollen lymph nodes or glands in the neck, armpits or groin? **6e.** weight loss? **6f.** a rash? **6g**. sores in the mouth or on the skin?**6h.** night sweats?**6i.** severe headache?**6j.** rapid decline in mental functions, such as behaving differently than normal? **6k.** rapid decline in physical functions, such as moving differently than normal?  | ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes  | *If any answer in question 6. is “yes,”* ask “when” *this occurred and* “*describe symptoms and reasons,” if known.* 6a(i). When? 6a(ii). Describe the fever and reasons.  6b(i). When? 6b(ii). Describe the cough and reasons. 6c(i). When? 6c(ii). Describe diarrhea and reasons. 6d(i). When? 6d(ii). Describe swollen lymph nodes or glands and reasons.   6e(i). When? 6e(ii). Describe how much weight loss and reason(s). 6f(i). When? 6f(ii). Describe the rash and reasons.6g(i). When? 6g(ii). Describe the sores and reasons.  6h(i). When? 6h(ii). Describe night sweats and reasons.  6i(i). When? 6i(ii). Describe the severe headache and reasons. 6j(i). When? 6j(ii). Describe rapid decline in mental functions and reasons.  6k(i). When? 6k(ii). Describe decline in physical functions and reasons.  |
| **7.** Did she/he\* have contact with anyone who had a smallpox vaccination? | ❑No ❑Yes  | 7a. Was **that person** vaccinated within the past 2 months?❑No ❑Yes *If yes,*7a(i). Did she/he\* have contact with this person which includes touching the vaccination site, handling bandages that cover it, or handling bedding, clothing, or any other material that came in contact with the vaccination site?❑No ❑Yes *If yes,*7a(i)a. Did she/he\* experience any symptoms or complications such as a rash, fever, muscle aches, headaches, nausea, or eye involvement? ❑No ❑Yes *If yes,* 7a(i)a(i). Explain:   |
| **8.** Was she/he\* **EVER** bitten or scratched by any pet, stray, farm, or wild animal? | ❑No ❑Yes | 8a. What kind of animal? 8b. When?8c. Did she/he\* receive any medical treatment?❑No ❑Yes *If yes,*  8c(i). By whom?8d. Was the animal suspected of having rabies?❑No❑Yes8e. Was the animal quarantined or tested?❑No ❑Yes8e(i). Which one?*If yes to tested,* 8e(ii). What was the result? |
| **9.** Were you **EVER** told by a healthcare professional that she/he\* had a West Nile virus infection? | ❑No ❑Yes | 9a. When was she/he\* diagnosed? *If this occurred within the past 4 months ask:*9a(i). What was the name of the doctor/clinic? |
| **10.** Did she/he\* have any shots or immunizations, such as for the flu, MMR, chickenpox, rotavirus, etc.? | ❑No ❑Yes | 10a. When was the last time?  10b. What kind was it?  *If smallpox/vaccinia is named, ask these questions:*10b(i). Did she/he\* experience any symptoms or complications such as a rash, fever, muscle aches, headaches, nausea, or eye involvement? ❑No ❑Yes *If yes,*10b(i)a. When did these symptoms resolve?  10b(ii). Did the scab fall off or was it picked off?   10b(ii)a. When?   |
| **This is a reminder these are standard questions we ask in every interview.** **Answer to the best of your knowledge with a “Yes” or “No.”** |
| **11.** Did she/he\* **EVER** get a tattoo?  | ❑No ❑Yes  | 11a. When? *If in the past 12 months, ask these questions:* 11b. Were shared or non-sterile instruments, needles or ink used?❑No ❑Yes  |
| **12.** Did she/he\* **EVER** have acupuncture, ear or body piercing? | ❑No ❑Yes  | 12a. When?  *If in the past 12 months, ask these questions:* 12b. Were shared or non-sterile instruments or needles used?❑No ❑Yes  |
| **13a.** Did she/he\* **EVER** live with, or was she/he\* cared for by, a person who has hepatitis? | ❑No ❑Yes  | 13a(i). Describe what happened and when.   *If in the past 12 months, ask these questions:* 13a(ii). What type of hepatitis did **that person** have?  13a(iii). Was that person sick from the virus during that time, such as having abdominal pain, joint pain, exhaustion, fever, nausea, vomiting, diarrhea, or yellowing of the eyes or skin?❑No ❑Yes  |
| **14.** Did she/he\* **EVER** come into contact with someone else’s blood? | ❑No ❑Yes  | 14a. Describe what happened and when:  14b. Was the other person involved known to have had, or suspected of having, HIV or hepatitis?❑No ❑Yes  |
| **15.** Did she/he\* **EVER** have an accidental needle-stick? | ❑No ❑Yes  | 15a. Describe what happened and when:  15b. Was the needle contaminated with blood from someone known to have had, or suspected of having, HIV or hepatitis? ❑No ❑Yes  |
| **16.** Was she/he\* **EVER** given or did she/he\* use drugs, such as steroids, cocaine, heroin, amphetamines, or anything **NOT** prescribed by her/his\* doctor? | ❑No ❑Yes  | 16a. What was it?16c. When was it last used? 16d. Were needles used?❑No ❑Yes  *If no,* 16d(i). How was it taken? |
| **17.** Did she/he\* **EVER** have any kind of surgery? | ❑No ❑Yes  | 17a. What kind?17b. Where?17c. When? |
| **18.** Did she/he\* **EVER** travel or live outside of the United States or Canada? | ❑No ❑Yes  | 18a. Where?18b. When and for how long?18c. Did she/he\* **EVER** receive a blood transfusion or other medical treatment outside of the United States or Canada? ❑No ❑Yes *If yes,* 18c(i). What occurred (which one)? 18c(ii). Describe where and when:*If international travel or residency is extensive, be aware of query regarding vaccinations or other shots (within the past 12 months) at question #10.*  |
| **19a.**Did she/he\* **EVER** have a transplant or medical procedure that involved being exposed to live cells, tissues or organs from an animal?**19b.** Did she/he\* live with a person who had? | ❑No ❑Yes ❑No ❑Yes  | 19a(i). Explain:19b(i). Who was it? |
| **20.** Did she/he\* **EVER** have a positive or reactive test for:**20b.** the HIV/AIDS virus?**20c.** hepatitis?**20d.** HTLV-I or HTLV-II? | ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes |  20b(i). Explain:   20c(i). Explain:20d(i). Explain: |
| **21.** Did she/he\* **EVER** have liver disease or hepatitis? | ❑No ❑Yes  | 21a. What kind? 21b. When?  |

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| **23.** Did she/he\* **EVER** have cancer? | ❑No ❑Yes  | 23a. What type?23b. When was it diagnosed?23c. Describe when and where surgery, radiation, or chemotherapy occurred:23d. Was the cancer considered cured?❑No ❑Yes *If yes,*23d(i). When? |
| **24.** Did she/he\* **EVER** have any eye problems, procedures, or surgery?  | ❑No ❑Yes  | *If yes to eye problems:*24a. What kind of eye problems? *If yes to eye surgery or procedures:*24b. What kind of surgery or procedure was performed and why? 24c. Which eye(s)?❑ left ❑ right ❑ unknown 24d. What is the name and/or phone number of her/his\* eye doctor or eye clinic?    |
| **25.** Did she/he\* or **any** of her/his\* relatives have Creutzfeldt-Jakob disease, which is also called CJD or variant CJD? | ❑No ❑Yes  | 25a. Who did? *If a relative,*25a(i). Is this person a blood relative? *(Note: The definition of blood relative is a person who is related through a common ancestor and not by marriage or adoption)*❑No ❑Yes *If yes,*25a(ii). Which blood relative?25b. Is there a physician, relative, or other person who can provide more information*? (document discussion)*   |
| **As I described before, I want to remind you of the sensitive and personal nature of some of these questions. For medical and health reasons, we are required to ask these questions about all potential donors. For the next part, a sexual act refers to any method of sexual contact including vaginal, anal, and oral.** |
| **26.** Did she/he\* **EVER** have an infection such as syphilis, gonorrhea, chlamydia, or genital ulcers, herpes, or genital warts? | ❑No ❑Yes  | 26a. What was it?26b. How was it treated?26c. How long ago? |
| **27.** Do you have any reason to believe that she/he\* was **EVER** involved in a sexual act, or was sexually assaulted or abused? | ❑No ❑Yes  | 27a. How long ago?27b. Was any sexual act in exchange for money or drugs? ❑No ❑Yes**The following questions are about any person with whom sexual contact occurred. I will read each question and you should answer to the best of your knowledge with a “Yes” or “No.”**27c. Was the person male or female? ❑Female ❑Male *If male,*27c(i). Was this person known to have sex with another male?❑No ❑Yes *If yes,*27c(ii). When were they known to have sex with another man? 27d. Were they a person who has had sex in exchange for money or drugs? ❑No ❑Yes *If yes,*27d(i). When were they known to have had sex in exchange for money or drugs?27e. Were they a person who used a needle to inject drugs that were not prescribed by their own doctor? ❑No ❑Yes*If yes,*27e(i). When were they known to have used a needle to inject drugs not prescribed by their own doctor? 27g. Were they a person who had a positive test for, or was suspected of having, Hepatitis B, Hepatitis C, or HIV?❑No ❑Yes *If yes,*27g(i) Which virus? 27g(ii). Was that person sick from the virus during that time, such as having abdominal pain, joint pain, exhaustion, fever, nausea, vomiting, diarrhea, or yellowing of the eyes or skin?❑No ❑Yes 27h. Were they a person who received a transplant or medical procedure that involved being exposed to live cells, tissues or organs from an animal?❑No ❑Yes *Note to interviewer: Question 27i., the HIV-1 Group O Risk Question, must be asked if the test kit being used for HIV-1* ***Ab*** *testing is not labeled to include HIV-1 Group O.* *Check here if question 27i. was skipped*. ❑27i. Were they a person who was born in or lived in any country in Africa?❑No ❑Yes *If yes,*27i(i). What country were they from? |
| **28.** *If donor’s age is 6 to 12 years (inclusive), ask:* Was she/he\* **EVER** in lockup, jail, prison, or any juvenile correctional facility? | ❑N/A❑No ❑Yes | *(donor’s age is <6 years)*28a. When?28b. How long? 28c. Where? |

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| ***FINAL QUESTIONS*** |
| **33.** Are there other medical conditions you are aware of that we have not discussed? | ❑No ❑Yes  | 33a. Describe: |
| **34.** Do you now have any concerns that her/his\* donation should not proceed? | ❑No ❑Yes | 34a. Can you share your concerns? |
| **35.** Regarding these questions, are there other people, including healthcare professionals, who may provide additional information? | ❑No ❑Yes  | 35a. Name(s) and contact information: |
| **36.** Do you have any questions about these questions?  | ❑No ❑Yes  | 36a. Document: |
| **ADDITIONAL NOTES** |
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