Child Donor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Birth Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Person Interviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Relationship to Birth Mother

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

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| **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.”** |
| ❑ *Check if the Uniform DRAI for the Birth Mother is the only DRAI that will be completed. This circumstance occurs only when the child donor has not left the hospital since birth. See Question #27.* |  |
| **2a.** Did you (she\*) have a family physician or a specialist? **2b**. Did you (she\*) use a medical facility such as a clinic or urgent care center? | ❑No ❑Yes ❑No ❑Yes  | 2a(i). When was your/her\* last visit?2a(ii). Why?2a(iii). Provide any contact information (e.g., name, group, facility, phone number, etc.):2b(i). When was your (her)\* last visit?2b(ii). Why? 2b(iii). Provide any contact information (e.g., name, group, facility, phone number, etc.): |  |
| **3.** Did you/she\* recently have any symptoms such as:**3a**. a fever?**3b.** cough?**3c.** diarrhea? **3d.** swollen lymph nodes or glands in the neck, armpits or groin?  **3e.** weight loss?**3f.** a rash? **3g**. sores in the mouth or on the skin?**3h.** night sweats? | ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes  | *If any answer in question 3. is “yes,”* ask “when” *this occurred and* “describe symptoms and reasons,” *if known.* 3a(i). When? 3a(ii). Describe the fever and reasons.3b(i). When? 3b(ii). Describe the cough and reasons.3c(i). When? 3c(ii). Describe diarrhea and reasons.3d(i). When? 3d(ii). Describe swollen lymph nodes or glands and reason.3e(i). When? 3e(ii). Describe how much weight loss and reason(s).3f(i). When? 3f(ii). Describe the rash and reasons.g(i). When? 3g(ii). Describe the sores and reasons.3h(i). When? 3h(ii). Describe night sweats and reasons. |  |

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| **4.** In the past **12 months** were you (was she\*) in lockup, jail, prison, or any juvenile correctional facility? | ❑No ❑Yes  | 4a. How long? 4b. Where? |  |
| **5.** In the past **12 months** were you (was she\*) bitten or scratched by any pet, stray, farm, or wild animal? | ❑No ❑Yes  | 5a. What kind of animal? 5b. When?5c. Did you (she\*) receive any medical treatment?❑No ❑Yes *If yes,*  5c(i). By whom?5d. Was the animal suspected of having rabies?❑No❑Yes5e. Was the animal quarantined or tested?❑No ❑Yes5e(i). Which one?*If yes to tested,* 5e(ii). What was the result? |  |
| **6.** In the past **12 months** were you (was she\*) told by a healthcare professional that you/she\* had a West Nile virus infection? | ❑No ❑Yes  | 6a. When were you (was she\*) diagnosed? *If this occurred within the past 4 months ask:* 6a(i). What was the name of the doctor/clinic? |  |
| **7.** In the past **12 months** did you/she\* have any shots or immunizations, such as for the flu, MMR, yellow fever, hepatitis B, etc.? | ❑No ❑Yes  | 7a. When? 7b. What kind was it?*If smallpox/vaccinia is named, ask these questions:*7b(i). Did you/she\* experience any symptoms or complications such as a rash, fever, muscle aches, headaches, nausea, or eye involvement?  ❑No  ❑Yes *If yes,*  7b(i)a. When did these symptoms resolve?7b(ii). Did the scab fall off or was it picked off?  7b(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.”** |  |
| **8.** In the past **12 months** did you/she\* get a tattoo, touch up of an old tattoo, or permanent makeup?  | ❑No ❑Yes  |  8a. Were shared or non-sterile instruments, needles or ink used?❑No ❑Yes |  |
| **9.** In the past **12 months** did you/she\* have acupuncture, ear or body piercing? | ❑No ❑Yes  |  9a. Were shared or non-sterile instruments or needles used?❑No ❑Yes  |  |
| **10.** In the past **12 months** did you/she\* live with a person who has hepatitis? | ❑No ❑Yes  | 10a. What type of hepatitis did **that person** have?10b. 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 |  |
| **11.** In the past **12 months** did you/she\* come into contact with someone else’s blood? | ❑No ❑Yes  | 11a. Describe what happened and when:11b. Was the other person involved known to have had, or suspected of having, HIV or hepatitis?❑No❑Yes |  |
| **12.** In the past **12 months** did you/she\* have an accidental needle-stick? | ❑No ❑Yes  | 12a. Describe what happened and when:12b. Was the needle contaminated with blood from someone known to have had, or suspected of having, HIV or hepatitis? ❑No ❑Yes |  |
| **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 questions about sexual history.** |  |
| **13.** In the past **12 months** did you/she\* have a sexually transmitted infection such as syphilis, gonorrhea, chlamydia, or genital ulcers, herpes, or genital warts?  | ❑No ❑Yes  | 13a. What was it? |  |
| **For the next part, sexual activity and sex refer to any method of sexual contact including vaginal, anal, and oral.****I will read each question and you should answer to the best of your knowledge with a “Yes” or “No.”** |  |
| **14.** The following questions relate to the past **5 years**: **14a.** Did you/she\* have sex in exchange for money or drugs?**14b.** Did you/she\* have sex with a person who has had sex in exchange for money or drugs?**14c.** Did you/she\* have sex with a male who had sex with another male?**14d.** Did you/she\* have sex with a person who used a needle to inject drugs that were not prescribed by their own doctor?**14f.** Did you/she\* have sex with a person who had a positive test for, or was suspected of having, Hepatitis B, Hepatitis C, or HIV?   | ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes  | 14a(i). When?14b(i). When?14c(i). When?14d(i). When?14f(i). Which virus and when?14f(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 |  |
| **16.** Did you/she\* **EVER** use or take drugs, such as steroids, cocaine, heroin, amphetamines, or anything **NOT** prescribed by your/her\* 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? |  |
| **17a.**Did you/she\* **EVER** have a transplant or medical procedure that involved being exposed to live cells, tissues or organs from an animal?**17b.**Did you/she\* live with, or have sex with, a person who had? | ❑No ❑Yes ❑No ❑Yes  | 17a(i). Explain:17b(i). Explain: |  |
| **19.** Did you/she\* **EVER** travel or live outside of the United States or Canada? | ❑No ❑Yes  | 19a. Where?19b. When and for how long?*If international travel or residency is extensive, be aware of query regarding vaccinations or other shots (within the past 12 months) at question #7.* |  |

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| **20.** Did you/she\* **EVER** have a positive or reactive test for:**20a.** the HIV/AIDS virus?**20b.** hepatitis? | ❑No ❑Yes ❑No ❑Yes  | 20a(i). Explain:20b(i). Explain: |  |
| **21.** Did you/she\* **EVER** have liver disease or hepatitis? | ❑No ❑Yes  | 21a. What kind?21b. When? |  |
| *Final Questions* |  |
| **24.** Do you (Does she)\* have other medical conditions that we have not discussed? | ❑No ❑Yes | 24a. Describe: |  |
| **25.** Regarding these questions about you/her\*, are there other people, including healthcare professionals, who may provide additional information? | ❑No ❑Yes | 25a. Name(s) and contact information: |  |
| **26.** Do you have any questions about these questions?  | ❑No ❑Yes | 26a. Document: |  |
| *Note to interviewer: Question 27 must be asked if the child donor has not left the hospital since birth and a “Uniform DRAI - Child donor ≤12 years old” will not be completed. Check here if this question is skipped ❑.* |  |
| **27.** Did **any** of your child’s relatives have Creutzfeldt-Jakob disease, which is also called CJD? | ❑No ❑Yes | 27a. Who did? 27a(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,* 27a(i)a. Which blood relative? |  |
| *Note to interviewer: Questions 28a & 28b, the HIV-1 Group O Risk Questions, 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 these questions are skipped* ❑. |  |
| **28a.** Did you/she\* **EVER** have sex with a person who was born in or lived in a country in Africa?**28b.** Did you/she\* **EVER** travel to a country in Africa?  | ❑No ❑Yes❑No ❑Yes | 28a(i). When was the person born, or when did the person live, in Africa? *If since 1977:* 28a(ii). What country in Africa were they from?28b(i). When? *If since 1977:* 28b(i)a. What country in Africa?28b(i)b. Did you/she\* receive a blood transfusion or other medical treatment while in Africa?❑No ❑Yes*If yes, explain:* |  |
| **Additional Notes**  |  |
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