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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.”** |
| **4a.** Did she/he\* have 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). 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). Provide any contact information (e.g., name, group, facility, phone number, etc.):  |

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| **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?  | ❑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**. sores in the mouth or on the skin?**6h.** night sweats?**6i.** severe headache?**6j.** rapid decline in mental ability?**6k.** seizures?**6l.** tremors? **6m.** difficulty walking? | ❑No❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes  | 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 ability and reasons.6k(i). When? 6k(ii). Describe seizures and reasons.6l(i). When? 6l(ii). Describe tremors and reasons.6m(i). When? 6m(ii). Describe difficulty walking and reasons. |
| **8.** Did she/he\* know anyone who had a smallpox vaccination? | ❑No ❑Yes | 8a. Was **that person** vaccinated within the past two months?❑No❑Yes*If yes,*8a(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,*8a(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,*  8a(i)a(i). Explain: |
| **9.** In the past **12 months** was she/he\* in lockup, jail, prison, or any juvenile correctional facility? | ❑No ❑Yes | 9a. How long?  |
| **10.** In the past **12 months** was she/he\* bitten or scratched by any pet, stray, farm, or wild animal? | ❑No ❑Yes | 10a. What kind of animal? 10b. When?10c. Did she/he\* receive any medical treatment?❑No ❑Yes *If yes,*  10c(i). By whom?10d. Was the animal suspected of having rabies?❑No❑Yes10e. Was the animal quarantined or tested?❑No ❑Yes10e(i). Which one?*If yes to tested,* 10e(ii). What was the result? |
| **11.** In the past **12 months** was she/he\* told by a healthcare professional that they had a West Nile virus infection? | ❑No ❑Yes | 11a. When was she/he\* diagnosed? *If this occurred within the past 4 months ask:*11a(i). What was the name of the doctor/clinic? |
| **12.** In the past **12 months** did she/he\* have any shots or immunizations, such as for the flu, MMR, yellow fever, hepatitis B, etc.? | ❑No ❑Yes | 12a. When? 12b. What kind was it?*If smallpox/vaccinia is named, ask these questions:*12b(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,*  12b(i)a. When did these symptoms resolve?12b(ii). Did the scab fall off or was it picked off?  12b(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.”** |
| **13.** In the past **12 months** did she/he\* get a tattoo, touch up of an old tattoo, or permanent makeup?  | ❑No ❑Yes |  13a. Were shared or non-sterile instruments, needles or ink used?❑No ❑Yes |
| **14.** In the past **12 months** did she/he\* have acupuncture, ear or body piercing? | ❑No ❑Yes  |  14a. Were shared or non-sterile instruments or needles used?❑No ❑Yes |
| **15a.** In the past **12 months** did she/he\* live with a person who has hepatitis? | ❑No ❑Yes | 15a(i). What type of hepatitis did **that person** have?15a(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 |

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| **16.** In the past **12 months** did she/he\* come into contact with someone else’s blood? | ❑No ❑Yes | 16a. Describe what happened and when:16b. Was the other person involved known to have had, or suspected of having, HIV or hepatitis?❑No❑Yes |
| **17.** In the past **12 months** did she/he\* have an accidental needle-stick? | ❑No ❑Yes | 17a. Describe what happened and when:17b. 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 these questions about all potential donors. Next, I will ask you about her/his\* sexual history.** |
| **18.** In the past **12 months** did she/he\* have a sexually transmitted infection such as syphilis, gonorrhea, chlamydia, or genital ulcers, herpes, or genital warts? | ❑No ❑Yes | 18a. What was it? |

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| **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.”** |
| **19.** In the past **5 years** was she/he\* sexually active, even once? | ❑No❑Yes | *If yes, complete the following questions (19a. to 19g.)***For the following set of questions, think about the past 5 years:**19a. Did she/he\* have sex in exchange for money or drugs?❑No❑Yes*If yes,*19a(i). When?19b. **MALE DONOR only:** Did he have sex with another male?❑ (N/A) Donor is Female ❑No ❑Yes*If yes,*19b(i). When? 19c. Did she/he\* have sex with a person who has had sex in exchange for money or drugs?❑No ❑Yes*If yes,*19c(i). When? 19d. **FEMALE DONOR only:** Did she have sex with a male who had sex with another male?❑ (N/A) Donor is Male ❑No ❑Yes*If yes,*19d(i). When? 19e. Did she/he\* have sex with a person who used a needle to inject drugs that were not prescribed by their own doctor?❑No ❑Yes*If yes,*19e(i). When?  19g. Did she/he\* have sex with a person who had a positive test for, or was suspected of having, Hepatitis B, Hepatitis C, or HIV?❑No ❑Yes*If yes,*19g(i). Which virus and when?19g(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 |
| **21.** Did she/he\* **EVER** use or take drugs, such as steroids, cocaine, heroin, amphetamines, or anything **NOT** prescribed by her/his\* doctor? | ❑No ❑Yes | 21a. What was it?21c. When was it last used? 21d. Were needles used?❑No❑Yes *If no,* 21d(i). How was it taken? |
| **22a.** Did she/he\* **EVER** have a transplant or medical procedure that involved being exposed to live cells, tissues or organs from an animal?**22b.** Did she/he\* live with, or have sex with, a person who had? | ❑No ❑Yes❑No ❑Yes | 22a(i). Explain:22b(i). Explain: |

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| **23.** Was she/he\* **EVER** told by a physician that she/he\* had a disease of the brain or a neurological disease such as Alzheimer’s, Parkinson’s, multiple sclerosis, or epilepsy? | ❑No ❑Yes | 23a. What was she/he\* told by a physician? |
| **25.** Did she/he\* **EVER** have any kind of surgery? | ❑No ❑Yes | 25a. What kind?25b. Where?25c. When? |
| **26.** Did she/he\* **EVER** travel or live outside of the United States or Canada? | ❑No ❑Yes | 26a. Where?26b. When and for how long?26c. Did she/he\* **EVER** receive a blood transfusion or other medical treatment outside of the United States or Canada? ❑No ❑Yes *If yes,* 26c(i). What occurred (which one)? 26c(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 #12.* |
| **27.** Was she/he\* **EVER** a U.S. military member, a civilian military employee, or a dependent of either? | ❑No ❑Yes | 27a. Did she/he\* ever live or work on a U.S. military base outside the United States?❑No ❑Yes*If yes,*27a(i). In which country or countries?27a(ii). When?*If this occurred between 1980 and 1996 in Europe:* 27a(ii)a. How long? *(estimate total time)* *If in the military in the past 12 months, be aware of query regarding vaccinations or other shots at question #12.* |
| **28.** Did she/he\* **EVER** use or take growth hormone? | ❑No ❑Yes | 28a. When was it used?28b. What kind was it? |
| **29.** Did she/he\* **EVER** have a positive or reactive test for:**29a.** the HIV/AIDS virus?**29b.** hepatitis?**29c.** HTLV-I or HTLV-II? | ❑No ❑Yes ❑No ❑Yes ❑No ❑Yes  | 29a(i). Explain:29b(i). Explain:29c(i). Explain: |
| **30.** Did she/he\* **EVER** have liver disease or hepatitis? | ❑No ❑Yes | 30a. What kind?30b. When? |
| **32.** Did she/he\* **EVER** have cancer? | ❑No ❑Yes | 32a. What type? 32b. When was it diagnosed?32c. Describe when and where surgery, radiation, or chemotherapy occurred:32d. Was the cancer considered cured?❑No ❑Yes *If yes,* 32d(i). When? |
| **36.** Did she/he\* EVER have diabetes? | ❑No ❑Yes | 36a. For how many years?36b. Was it treated?❑No ❑Yes*If yes,*36b(i). How? |
| **42.** Did she/he\* **EVER** have any eye problems, procedures, or surgery? | ❑No ❑Yes | *If yes to eye problems:*42a. What kind of eye problems?*If yes to eye surgery or procedures:*42b. What kind of surgery or procedure was performed and why?42c. Which eye(s)?❑ left ❑ right❑ unknown42d. What is the name and/or phone number of her/his\* eye doctor or eye clinic? |

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| **43.** Did she/he\* or **any** of her/his\* relatives have Creutzfeldt-Jakob disease, which is also called CJD or variant CJD? | ❑No ❑Yes | 43a. Who did? *If a relative,* 43a(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,* 43a(i)a. Which blood relative?43b. Is there a physician, relative, or other person who can provide more information*? (document discussion)* |
| ***FINAL QUESTIONS*** |
| **45.** Are there other medical conditions you are aware of that we have not discussed? | ❑No ❑Yes | 45a. Describe: |
| **46.** Do you now have any concerns that her/his\* donation should not proceed? | ❑No ❑Yes | 46a. Can you share your concerns? |
| **47.** Regarding these questions, are there other people, including healthcare professionals, who may provide additional information? | ❑No ❑Yes | 47a. Name(s) and contact information: |
| **48.** Do you have any questions about these questions? | ❑No ❑Yes | 48a. Document: |
| **Note to Interviewer: Question 49, 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 skipped ❑.** |
| **49.** Did she/he\* EVER have sex with a person who was born in or lived in any country in Africa? | ❑No ❑Yes | *If yes,*49a. When was the person born, or when did the person live, in Africa?*If since 1977:*49a(i). What country were they from?  |
| **ADDITIONAL NOTES** |
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