

**QUESTIONNAIRE FOR BLOOD DONORS****ONLY FOR READ**

Family name:	Title:	Donation number (do not fill in)
First name:	Insurance number:	

Please enter all the data fully and responsibly in and honestly answer all the following questions. **Please circle the correct answer each time.**

Please, before answering, read carefully **"Edification for blood donors"**.

1.	Have you read and understood the information of risk behaviour concerning your eligibility as a blood donor?	yes	no
2.	Do you fall into any group of risk behaviour? See "Edification for blood donors".	yes	no

CURRENT HEALTH CONDITION

3.	Are you in good health?	yes	no
4.	Have you suffered from any disease in the past 4 weeks? (including common cold, diarrhoea, etc.)	yes	no
5.	Have you undergone a surgical or dental treatment in the past 7 days?.	yes	no
6.	Do you take any medications regularly (pills, drops, ointments, injections)? List all of them, incl. e.g. aspirin, hormonal contraceptive pills, etc.	yes	no
	Specify:		
7.	Have you taken any medications in the past 4 weeks (pills, drops, ointments, injections)?	yes	no
	Specify:		
8.	Have you had a tick bite in the past 4 weeks?	yes	no
9.	Do you sweat a lot at night; do you experience increased body temperature, or swollen lymph nodes?	yes	no
10.	Have you lost any weight lately without any obvious reason?	yes	no
11.	Are you treated or under observation for any disease (including infectious one)?	yes	no

CHANGES IN HEALTH CONDITION IN THE PAST 4-12 MONTHS

In the past 4 months, have you undergone any of following?

12.	Transplantation, surgery, any treatment in hospital, intravenous drug application, endoscopy, injury by injection needle or contact with blood (through a wound or mucous membrane)?	yes	no
	Which of the above:	When:	
13.	Blood transfusion?	yes	no
14.	Acupuncture, tattoo or piercing?	yes	no
	When:		



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15.	Inoculation, vaccination?	yes	no
	What kind:		
16.	Do you work in risk (harmful) environment (risk of infection, radiation, chemical hazards etc.)?	yes	no
17.	Have you been in prison / detention center?	yes	no
18.	Have you been in contact (sexual intercourse, household contact) with anyone suffering from infective jaundice (hepatitis), HIV/AIDS, or other infectious disease, or with a person with history of intravenous drug abuse?	yes	no
19.	Have you been out of the Czech Republic in the past 6 months?	yes	no
	Where (also include short-term stays and tours):		
20.	Have you been treated for any sexually transmitted disease at any time in the past?	yes	no
	Specify:		
21.	For women: Are you pregnant or have you been pregnant in the past 6 months?	yes	no

PREVIOUS DONATIONS

22.	Is it your first donation of blood or blood components? If so, do not answer questions 23 and 24.	yes	no
23.	Did you have any complications after your last donation (e.g. fainting, collapse, major haematoma etc.)?	yes	no
24.	Do you simultaneously attend donor sessions at another health care department?	yes	no
25.	Have you ever been excluded from donation?	yes	no
	Specify the reason:		

DISEASES SINCE THE BIRTH UP TO THE PRESENT DAY

Have you ever had:

26.	Infectious diseases: Hepatitis, HIV infection (AIDS), HTLV I/II infection, sexually transmitted disease (syphilis, gonorrhoea), tuberculosis, glandular fever(mononucleosis), tick-borne encephalitis, brucellosis, tularaemia, toxoplasmosis, listeriosis, Lyme disease, malaria, babesiosis, leishmaniosis (Kala-Azar), Chagas disease, Q-fever, typhus, typhoid, paratyphoid, etc.)?	yes	no
27.	Cardiovascular disease (heart or vessel disease, high or low blood pressure)?	yes	no
28.	Blood disease (anaemia, haemophilia, polycythaemia, thalassaemia, etc.)?	yes	no
29.	Gastrointestinal disease (peptic ulcer, pancreatitis, colitis, etc.)?	yes	no
30.	Endocrine gland disease (diabetes, thyroid gland disease, metabolic disorder, etc.)?	yes	no
31.	Kidney disease (inflammation, kidney stones, renal colic, etc.)?	yes	no
32.	Respiratory disease (asthma, emphysema, chronic bronchitis, etc.)?	yes	no
33.	Disease of bones and/or joints (arthritis, rheumatic fever, osteomyelitis, etc.)?	yes	no
34.	Cancer/tumour disease?	yes	no



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35.	Nervous system disease, eye disease, mental disorder (convulsions, epilepsy, multiple sclerosis, depression, psychosis, etc.)?	yes	no
36.	Surgery and/or any major injury, transplantation, blood transfusion (in any country)?	yes	no
	Specify: _____	When: _____	
37.	Have you had dura mater, cornea or eardrum implanted?	yes	no
38.	Allergy, immunological or skin disease?	yes	no
	Specify: _____		
39.	Have you or anyone in your family had Creutzfeld-Jacob Disease or its variant (vCJD)? (It is a rare disease of the central nervous system, popularly called "mad cow disease", which can be passed in affected families or caused by presence of prions, infectious proteins that enter the human body by ingestion of infected animal tissue).	yes	no
40.	Have you ever taken the following medication: isotretinoin (e.g. Roaccutane, Accutane), etretinat (e.g. Tegison, Tigason), acitretin (e.g. Neotigason), finasterid (e.g. Proscar, Propecia, Penester, Mostrafin, Finex), dutasterid (e.g. Avodart), etc.?	yes	no
41.	Have you ever been treated with growth hormone or human pituitary gland extract?	yes	no
42.	Have you ever been treated for alcoholism or drug addiction?	yes	no
43.	Have you ever abused drugs (particularly intravenous drugs)?	yes	no
44.	Were you born, or have you lived abroad?	yes	no
45.	Have you spent a cumulative total of 6 months or more in Great Britain or France between 1980 and 1996?	yes	no
46.	Do you have an occupation or hobby demanding physical effort or increased alertness (professional driving, flying an aircraft, work at heights, scuba diving, rock-climbing, etc.)?	yes	no
47.	Have you ever used antimalarial drugs? (preventive use, self-treatment)?	yes	no

Informed consents:

You have the right to refuse your below consent or to withdraw it at any time.

1.	If I meet the conditions of inclusion in the National Register of the Blood Donors with Rare Blood Group Characteristics, I agree that my personal data will be recorded in the register to the following extent: blood donor's ID code, the record of ABO blood group and Rh, and selected antigens with low frequency.	yes	no
2.	I agree that my personal data (to the extent of first name and family name, title, home address, my health insurance company, phone number, e-mail address, and number of blood donations) will be communicated to the authorised representatives of the Czech Red Cross for the purposes of appreciation of blood donors.	yes	no
3.	For scientific and educational purposes, it is essential that the health professionals of the General University Hospital have access to your health records and can make excerpts and copies. The data used in such a case can only be published in an anonymized form that will not reveal your identity. I give my consent to the processing of my personal data in the above manner.	yes	no
4.	The General University Hospital is an educational and scientific institution; under the supervision of medical professionals, persons preparing for their prospective occupation (such as students	yes	no



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<p>and trainees) carry out their practice here. Their training would not be possible without your co-operation. Therefore we ask for your understanding, patience and consent so that these persons can inspect your health records and be present during the health service concerning you. I give my consent to the presence of persons preparing for their prospective occupation, including inspection of my health records.</p>		
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I declare that I did not withhold any relevant facts and that all information I gave is true to the best of my knowledge. (Withholding any facts that may endanger the transfusion recipient's health or life is punishable by law.)

I agree that if meet the criteria of inclusion in the National Register according to Act #372/2011 coll., particularly in the National Register of Persons Permanently Deferred from Blood Donation, the General University Hospital will be obliged to keep my personal details in a registry to the extent provide by law. (In case of the National Register of Persons Permanently Deferred from Blood Donation: insurance ID number, first name and family name, the reason for deferring and the facility that deferred the person, the donor's phone number).

I have read the "EDIFICATION FOR BLOOD DONORS" and understood its contents. To the effect of the "EDIFICATION FOR BLOOD DONORS", **I consider myself for a suitable donor whose blood will not endanger the recipient's health.**

I have been fully informed about the blood donation procedure as well as the possible risks associated with it, and I agree with the donation. I have been informed that I am free to ask questions concerning the donation procedure and have the right to withdraw my consent to blood donation at any time. I confirm that I received a satisfactory answer to any question I had asked. I was informed about the possibility of discrete self-exclusion. I agree that my blood can be examined by all necessary tests, including the test for HIV/AIDS, and that in case of inadequate results it can be used within health care for other purposes than transfusion.

I was informed that in case of inadequate results of laboratory tests I will receive the information. I am aware of the necessity to rest for at least 30 minutes after donation, and only then take part in road traffic.

Further, I declare that I didn't come to give blood with the intention to be tested for HIV/AIDS.

I give my consent to the blood donation and I agree that blood components prepared from my blood (or my plasma) can be used in accordance with medical, ethical and humanitarian principles for therapy of patients under the terms of the current law only if blood components meet the requirements of safety and quality. In case of oversupply of medicinal preparations made with blood components in the Czech Republic, I agree with their export for medicinal purposes in other countries.

Date..... **Donor's signature**

Vyhodnocení dotazníku	
osobou odpovědnou za propuštění dárce k odběru	
<input type="checkbox"/> Vyhovuje	Nevyhovuje <input type="checkbox"/>
Nevyhovuje pro:	
Datum:	Razítko a podpis odpovědné osoby