



### DONOR QUESTIONNAIRE

These questions must be answered honestly and truthfully. They protect you and patients receiving blood. Your answers will be treated confidentially and will be used for the requirements of blood transfusion service only.

1.	Have you donated blood in the past?	Yes	No
2.	Have you ever been rejected to donate blood?	Yes	No
3.	Do you feel healthy and capable of donating blood today?	Yes	No
4.	Have you had enough sleep?	Yes	No
5.	Have you had something to eat today?	Yes	No
6.	Do you have a hazardous occupation or are you engaged in a hazardous hobby?	Yes	No
7.	Are you currently taking any medication??	Yes	No
8.	Are you currently taking aspirin; or have you taken it in the previous five days?	Yes	No
9.	Have you ever been hospitalized or treated at the hospital?	Yes	No
10.	Are you currently on sick leave or under any medical investigation?	Yes	No
11.	Have you had tooth extraction within past 7 days?	Yes	No
12.	Have you had flue, cold or body temperature exceeding 38, or have you been treated with antibiotics in the past 7 days?	Yes	No
13.	Have you been vaccinated in the previous 12 months?	Yes	No
14.	Did you have a sudden weight loss or were you on a diet in the past 6 months?	Yes	No
15.	Have you had a tick bite that needed professional medical assistance?	Yes	No
16.	Have you ever been treated for epilepsy, diabetes, asthma, tuberculosis, infarct, stroke, cancer or malaria?	Yes	No
17.	Have you ever suffered from some chronic diseases: heart, lungs, kidneys, liver, stomach, intestines, joints, muscles, nervous system, blood and blood vessels?	Yes	No
18.	Have you ever had problems with thyroid or pituitary glands, or have been treated with hormones?	Yes	No
19.	Do you have allergies or skin alterations?	Yes	No
20.	Do you spontaneously bruise or bleed long after the injury?	Yes	No
21.	<b>In the past six months</b> , did you: a) have surgery or received blood transfusion? b) traveled outside Serbia or lived abroad? c) have acupuncture, body/ear piercing or tattoo?	Yes Yes Yes	No No No
22.	Did you consume alcoholic drinks in the past 6 hours?	Yes	No
23.	<b>Forms of various risky behavior and conditions:</b> a) Have you ever had hepatitis B or C? b) Do you think you might have been infected with HIV? c) Have you ever used intravenous drugs? d) Have you ever used body building preparations (steroids)? e) Have you ever taken money or drugs for sexual services?	Yes Yes Yes Yes Yes	No No No No No
24.	<b>Did you have sexual intercourses in the past six months:</b> a) with an HIV positive person? b) with a person having hepatitis B or C? c) with a person who <b>ever</b> received money or drugs in exchange for sexual services? d) with a person who <b>ever</b> used intravenous drugs? e) with a person whose previous sexual behavior is not familiar to you? f) Did you have anal sexual contacts in the past six months?	Yes Yes Yes Yes Yes Yes	No No No No No No

#### Questions for female donors

25.	Are you pregnant?	Yes	No
26.	Are you having period at the moment?	Yes	No
27.	Did you have an abortion or miscarriage in the past six month?	Yes	No
28.	Did you have pregnancy or delivery in the past six months?	Yes	No

#### Donor's consent

**I filled blood / blood component donation questionnaire and I confirm credibility of data**

- To my knowledge, I have not been exposed to the risk of any infection
- I was told that my blood will be tested to the presence of transfusion transmissible disease markers.
- I give my consent to be notified if additional testing is required
- I am certain that my blood will be used in the best way and for the best purposes and I am proud to be able to help someone

**I confirm that I was given the information by the physician in charge regarding (Annex 1 of the Blood Donors Rule Book) :**

- Possibility to abstain from blood or blood component donation before the donation process starts, as well as possibility to refuse to donate blood, i.e. possibility to withdraw consent at any time during blood donation
- Purpose of blood or blood component donation
- Common risks and possible reactions during blood collection, scope of blood testing
- protection of personal data
- that I was given satisfactory answers to all questions

**I have agreed to donate blood or blood component and given written consent for blood or blood component donation.**

**THANK YOU FOR YOUR BLOOD DONATION**

DONOR'S SIGNATURE \_\_\_\_\_

NB:

- ◆ Abstained from blood donation
- ◆ Refused to donate blood
- ◆ Donor's consent withdrawn

DONOR'S SIGNATURE \_\_\_\_\_