



QUESTIONNAIRE FOR BLOOD DONORS

Questionnaire for blood donors

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 **Basic information 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 "Basic information for blood donors")? yes no

CURRENT HEALTH STATE

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. Have you taken any medications in the past 4 weeks?..... yes no
Specify:
7. Have you had a tick bite in the past 4 weeks? yes no
8. Do you sweat a lot at night; do you experience increased body temperature, or swollen lymph nodes? yes no
9. Have you lost any weight lately without any obvious reason? yes no
10. Are you treated or under observation for any disease (including infectious one)? yes no
Specify:
11. Do you take any medications regularly? (list all of them, incl. e.g. aspirin, hormonal contraceptive pills, etc.) yes no
Specify:



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CHANGES IN HEALTH STATE

In the past 6 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
Where and when:
15. Inoculation, vaccination? yes no
What kind:
16. Do you work in risk (infectious, harmful) environment? yes no
Specify (infection, radiation, chemical hazards etc.):

In the past 12 months:

17. Have you been treated for any sexually transmitted disease? yes no
Specify:
18. Have you been in prison / correctional facility?..... yes no
19. Have you been in contact (sexual intercourse, household contact) with anyone suffering from infective jaundice (hepatitis), AIDS, or other infectious disease, or with a person with history of intravenous drug abuse? yes no
20. Have you been out of CZE (in tropical or subtropical areas in particular)? yes no
Where (also include short-term stays and tours):
21. **For women:** Are you pregnant or have you been pregnant in the past year?..... 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 facility? yes no
25. Have you ever been excluded from donation? yes no
Specify the reason:

PERSONAL HEALTH HISTORY (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



GENERAL UNIVERSITY HOSPITAL IN PRAGUE

Faculty Transfusion Department

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33. Disease of bones and/or joints (arthritis, rheumatic fever, osteomyelitis, etc.)? yes no
34. Cancer/tumour disease? yes no
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 (incl. blood transfusion in Great Britain)? 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

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.)

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 AB0 blood group and Rh, and selected antigens with low frequency..... **yes no**

I also 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**

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

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



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I give my consent to the presence of persons preparing for their prospective occupation, including

inspection of my health records. **yes no**

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

I give my consent to the processing of my personal data in the above manner. **yes no**

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 have read the "Basic information for blood donors" and understood its contents. To the effect of the "Basic information for blood donors", I hold 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 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 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.

In on **Donor's signature**

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