

National Blood Transfusion Service Questionnaire for Blood Donors

Read this questionnaire carefully. It is to be answered with the doctor during the medical examination.

What encouraged you to come and donate blood? (To be discussed with the medical doctor).

Personal History

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1) Did you need to see a doctor recently? (Over the past year or since your last blood donation) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Medicines: a) did you start taking any medicines recently, or since your last blood donation?
Do you take any regular medicines or any pills which have not been prescribed by a doctor? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you awaiting any blood results or any other results of other investigations? Do you have a pending doctor's appointment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Over the past two weeks have you had: a Cold? Allergies? Fever? Hay Fever? Asthma? Did you need to use any inhalers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Did you have any diarrhoea over the past month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Did you suffer from more serious illness in the past? Example: heart, kidney, liver or lung problems, sexually transmitted diseases, haematological diseases, infective or hereditary diseases? Are you diabetic using insulin? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Have you ever needed to undergo an operation, endoscopy, or any other procedure in hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Did you take any vaccination recently? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Did you ever need a blood transfusion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Did you ever suffer from chest pains, shortness of breath or fainting episodes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) (For women) Are you menstruating at present? Is there any possibility that you are pregnant?
Did you have any pregnancies over the past year, or since your last blood donation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Have you ever lived abroad? Have you lived in the United Kingdom for a cumulative period of six months (or more) between 1980 and 1996? | <input type="checkbox"/> | <input type="checkbox"/> |

Lifestyle

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1) Did you ever have contact with needles/syringes? Example, intravenous drug use, electrolysis, acupuncture, tattoos, body piercing, needle stick injuries? Have you ever shared needles with anybody else? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Have you ever made use of recreational drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Sexual contacts:- | | |
| a) Have you had a new/different sexual partner over the past six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Do you have more than one partner? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) (For men) Did you ever engage in sexual contact with men? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Did you ever accept payment for sex in money or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) To the best of your knowledge, do you have, or have you had, a partner who falls within any of the above-mentioned categories? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Were you ever imprisoned? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Have you been abroad over the past year? In Europe or elsewhere? Going abroad soon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Do you have a hazardous job or hobby? | <input type="checkbox"/> | <input type="checkbox"/> |

The blood you are donating will be tested for the blood group and infectious diseases (Hepatitis B, Hepatitis C, HIV and Syphilis). Please note that even though rigorous testing is done on the blood, there is always a slight chance of infections not being detected with the current technology. This is why it is of the utmost importance that you are sincere when answering the questions above. If the blood being donated were to be used on your loved ones, would you be comfortable?..... YES NO

If you have any queries on any of the questions above, please ask the doctor who will be examining you.

Always be honest. Rest assured that all the information given will be kept strictly confidential and none of it will be divulged to anyone without your permission. Thank you once again.

Registration Officer

Blood Group	First Timer	Weight (bag)	Type of bag	Weigher	Signature of Nurse
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Declaration of the donor

I declare that I have read, understood and filled in the questionnaire **alone** **with the doctor** . I give permission that all necessary tests are performed, including that of HIV, on the blood that I am going to donate. I agree that I have been **informed enough** on the procedure and risks of a blood donation and I could have asked for more information. I also accept that my name could be included in the **confidential file of deferrals**.

Donor's signature

Name of donor (Block letters)

To give blood: Eligible

NOT Eligible

Date

Medical Doctor's Signature

Weight: _____ **Temperature:** _____ **Height:** _____ **CBC:** _____

Signature of Officer at pre-donation

The **National Blood Transfusion Service** operates under the following laws; The Human Blood and Blood Components Act 2005; EU Directive 2002/98EC and EU Directive 2004/33EC. All data is collected and processed in strictly in accordance to the Data Protection Act 2001, the Human Blood and Blood Components Act 2005, other subsidiary legislation and the Privacy Policy of the Department, a copy of which is available on demand. The sensitive data* we are requesting is required for the purpose of this applicant ion. You are not obliged to give this information if you do not wish to. However, you should be aware that, should you not provide such information, the department cannot process this form. You are entitled to see the information, related to you, should you ask for it in writing and we endeavor to satisfy this request in a reasonable time. Any communications are to be addressed to the **Data Controller – National Blood Transfusion Service**.

* Sensitive Data refers to data, which can reveal race or ethnic or origin, political opinions, religious or philosophical beliefs, membership of a trade union, health or sex life.

Hgb Lab Bar- Code Number
TEST 1

Hgb1 _____

Hgb Lab Bar- Code Number
TEST 2

Hgb2 _____

Hgb Lab Bar- Code Number
TEST 3

Hgb3 _____