



# Donor Health & Lifestyle Questionnaire for Regular Donors

Please read carefully and complete before donating by placing a tick ✓ in the appropriate box. If you are uncertain of any answer, leave the box blank and speak in confidence with a health care professional. A 'yes' answer to some questions may still mean that you will be eligible to donate.

**NEVER GIVE BLOOD TO GET A TEST FOR HIV OR HEPATITIS IF YOU DO YOU RISK INFECTING OTHER PEOPLE**

Your **COMPLETE HONESTY** in answering all questions is essential for the safety of patients who receive your blood. **ALL INFORMATION YOU PROVIDE IS CONFIDENTIAL.**

**Are you:** Yes No

1. Well and healthy at present?

2. Having any treatment from a doctor, dentist, nurse or any other health care professional?

3. Involved in a hazardous occupation or hobby (e.g. bus driving, diving etc.)?

**In the past 48 hours have you:** Yes No

4. Taken an anti-inflammatory?

**In the past 5 days have you:** Yes No

5. Taken aspirin or any tablet with aspirin in it?

**In the past 4 weeks have you:** Yes No

6. Been in contact with anyone with an infectious disease?

7. Taken any tablets or medicines other than the pill or HRT for the menopause?

8. Had treatment with Proscar, Propecia, Roaccutane, Isotrex, Retin-A or Zorac?

**In the past 8 weeks have you:** Yes No

9. Had a vaccination?

**In the past 4 months have you:** Yes No

10. Had acupuncture?

11. Had ear, face or body piercing?

12. Had a tattoo or cosmetic treatment that involved piercing the skin?

13. Suffered a needlestick-injury, human bite or a blood splash into your eyes, nose or mouth or onto broken skin?

14. Had an endoscopy (scope)?

15. Been in close contact with a person with hepatitis?

**Have you EVER:** Yes No

16. Received a blood transfusion?

17. Had or been treated for syphilis or gonorrhoea?

18. Taken care of or handled monkeys or their body fluids?

**Since 01 January 1980 have you:** Yes No

19. Had any operation, eye surgery, laser eye treatment or root canal treatment in the UK?

*UK includes Northern Ireland, England, Scotland, Wales, the Channel Islands and the Isle of Man.*

**Since your last donation have you:** Yes No

20. Attended a doctor or a dentist?

21. Had any illness?

22. Had any medical tests or investigations?

23. Had an operation or any surgery?

24. Been prescribed any tablets or medicines or any other treatments by your doctor?

25. Had jaundice or hepatitis?

26. Had a sexually transmitted infection?

27. Been told that any of your relatives had Creutzfeldt-Jakob Disease (CJD)?

**After your last donation did you:** Yes No

28. Faint or have any problems?

**Since your last donation have you:** Yes No

29. Been outside Ireland or the UK for any reason e.g. business or holidays?

30. Had malaria or an unexplained fever or an illness which you could have picked up while travelling?

**If you are female:** Yes No

31. Have you been pregnant in the past 12 months or are you pregnant at present?

32. Have you received a donated egg or embryo since 01 January 1980?

**33. For all Donors:** Yes No

• Are you giving blood **JUST** to be tested for HIV or hepatitis?

• Do you or your partner have HIV?

• Do you or your partner or close household contacts have hepatitis B or hepatitis C?

• Have you **EVER** injected or have you been injected with non-prescribed drugs - **EVEN ONCE OR A LONG TIME AGO?** This includes body building drugs.

• Have you **EVER** been given money or drugs for sex?

• **IF YOU ARE MALE,** have you **EVER** had oral or anal sex with another male - with or without a condom or other form of protection?

**If the answer to any of the above is Yes or if you are in any doubt you must tick Yes and must NOT donate.**

**34. In the past 12 months, have you had:** Yes No

• Sex with anyone who has HIV or hepatitis?

• Sex with anyone who has **EVER** been given money or drugs for sex?

• Sex with anyone who may **EVER** have had sex in parts of the world where HIV is very common? This includes Africa and South East Asia.

• Sex with anyone who has **EVER** injected or who has been injected with non-prescribed drugs, **EVEN ONCE OR A LONG TIME AGO?** This includes body building drugs.

• Sex with anyone with Haemophilia or other blood clotting disorder who has **EVER** been treated with Clotting Factor Concentrates?

• **IF YOU ARE FEMALE:** Sex with a male who has **EVER** had oral or anal sex with another male, with or without a condom or other form of protection? **All the above apply even if a condom or other form of protection was used.**

**In the past 12 months:** Yes No

• Have you been imprisoned?

• Have you snorted Cocaine or any other Drug?

**If the answer to any of the above is Yes, or if you are in any doubt you must tick Yes and must NOT donate for 12 months.**

**35. Would you like to speak in confidence with our Doctor or Nurse?** Yes No