Donor Risk Assessment Interview
Birth Tissue

Birth Mother's Name:

_____
First Middle Last

Contact Information:

_____ _____ _____ _____
Phone Address City State ZIP

The interview was conducted: by telephone ❑ in person ❑
Interpreter Name:_____ N/A: ❑

Person conducting interview and completing this form:

Name: _____ Signature: _____ Date: _____

I want to advise you of the sensitive and personal nature of some of these questions.
They are similar to those asked when someone donates blood.
We ask these questions for the health of those who may receive your gift of donation.

1. Where were you born?		
2a. Do you have a family physician, obstetrician, or a specialist?	❑No ❑Yes	2a(i). When was your last visit? 2a(ii). Why? 2a(iii). Provide any contact information (e.g., name, group, facility, phone number, etc.):
2b. Did you use a medical facility such as a clinic or urgent care center?	❑No ❑Yes	2b(i). When was your last visit? 2b(ii). Why? 2b(iii). Provide any contact information (e.g., name, group, facility, phone number, etc.):
3a. Have you taken any prescription medication recently or on a regular basis?	❑No ❑Yes	3a(i). What was it and/or what was it used for? *If a steroid, such as prednisone:* 3a(ii). How long? 3a(iii). What was the dose?

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3b. Have you taken any non-prescribed medication or dietary supplements?	❑No ❑Yes	3b(i). What was it and/or what was it used for?
4. Did you recently have any symptoms such as:		
4a. a fever?	❑No ❑Yes	4a(i). When? 4a(ii). Describe the fever and reasons.
4b. cough?	❑No ❑Yes	4b(i). When? 4b(ii). Describe the cough and reasons.
4c. diarrhea?	❑No ❑Yes	4c(i). When? 4c(ii). Describe diarrhea and reasons.
4d. swollen lymph nodes or glands in the neck, armpits, or groin?	❑No ❑Yes	4d(i). When? 4d(ii). Describe swollen lymph nodes or glands and reasons.
4e. weight loss?	❑No ❑Yes	4e(i). When? 4e(ii). Describe how much weight loss and reasons.
4f. a rash?	❑No ❑Yes	4f(i). When? 4f(ii). Describe the rash and reasons.
4g. sores in the mouth or on the skin?	❑No ❑Yes	4g(i). When? 4g(ii). Describe the sores and reasons.
4h. night sweats?	❑No ❑Yes	4h(i). When? 4h(ii). Describe night sweats and reasons.

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5. Do you know anyone who had a smallpox vaccination	❑No ❑Yes	5a. Was **that person** vaccinated within the past two months? ❑No ❑Yes 5a(i). Did you have contact with this person which includes touching the vaccination site, handling bandages that cover it, or handling bedding, clothing, or any other material that came in contact with the vaccination site? ❑No ❑Yes 5a(ii). Did you experience any symptoms or complications such as a rash, fever, muscle aches, headaches, nausea, or eye involvement? ❑No ❑Yes 5a(iii). Explain:
6. Have you ever been told by a healthcare professional you were infected with the Zika Virus?	❑No ❑Yes	6a. Was it during this pregnancy? ❑No ❑Yes
7. In the past **12 months,** were you bitten or scratched by any pet, stray, farm, or wild animal?	❑No ❑Yes	7a. What kind of animal? 7b. When? 7c. Did you receive any medical treatment? ❑No ❑Yes 7c(i). By whom? 7d. Was the animal suspected of having rabies? ❑No ❑Yes 7e. Was the animal quarantined or tested? ❑No ❑Yes 7e(i). Which one? *If yes to tested,* 7e(ii). What was the result?

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8. In the past **12 months,** were you told by a healthcare professional that you had, or were suspected of having, a West Nile virus infection?	❑No ❑Yes	8a. When were you diagnosed? *If this occurred within the past 4 months,* 8a(i). What was the name of the doctor/clinic?
9. In the past **12 months,** did you have any shots or immunizations, such as for the flu, COVID-19, MMR, yellow fever, hepatitis B, smallpox, etc.?	❑No ❑Yes	9a. When? 9b. What kind was it? *<u>If smallpox/vaccinia is named</u>, ask these questions:* 9c. Did you experience any symptoms or complications such as a rash, fever, muscle aches, headaches, nausea, or eye involvement? ❑No ❑Yes 9c(i). When did these symptoms resolve? 9c(ii). Did the scab <u>fall off</u> or was it <u>picked off</u>? 9c(iii). When?
10. In the past **12 months,** did you get a tattoo, touch up of an old tattoo, or permanent makeup?	❑No ❑Yes	10a. Were shared or non-sterile instruments, needles, or ink used? ❑No ❑Yes 10b. Was the procedure performed outside of the United States or Canada? ❑No ❑Yes 10b(i). Where?
11. In the past **12 months,** did you have acupuncture, ear, or body piercing?	❑No ❑Yes	11a. Were shared or non-sterile instruments or needles used? ❑No ❑Yes 11b. Was the procedure performed outside of the United States or Canada? ❑No ❑Yes 11b(i). Where?
12. In the past **12 months,** did you live with a person who has hepatitis?	❑No ❑Yes	12a. What type of hepatitis did **<u>that person</u>** have? 12b. Was that person sick from the virus during that time, such as having abdominal pain, joint pain, exhaustion, fever, nausea, vomiting, diarrhea, or yellowing of the eyes or skin? ❑No ❑Yes

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13. In the past **12 months,** did you come into contact with someone else's blood?	❑No ❑Yes	13a. Describe what happened and when: 13b. Was the other person involved known to have had, or suspected of having, HIV or hepatitis? ❑No ❑Yes
14. In the past **12 months,** did you have an accidental needle-stick?	❑No ❑Yes	14a. Describe what happened and when: 14b. Was the needle contaminated with blood from someone known to have had, or suspected of having, HIV or hepatitis? ❑No ❑Yes
As I described before, I want to remind you of the sensitive and personal nature of some of these questions. For medical and health reasons, we are required to ask questions about sexual history.		
15. In the past **12 months,** did you or your partner have a sexually transmitted infection such as syphilis, gonorrhea, chlamydia, genital ulcers, herpes, HPV, or genital warts?	❑No ❑Yes	15a. Who was it? 15b. What was diagnosed? 15c. When was it diagnosed? 15d. If treated for syphilis, provide contact information for healthcare professional (e.g., name, group, facility, phone number) where record of successful treatment can be located.
For the next part, sexual activity and sex refer to any method of sexual contact including vaginal, anal, and oral.		
16. The following questions relate to the past **5 years**:		
16a. Did you have sex in exchange for money or drugs?	❑No ❑Yes	16a(i). When?
16b. Did you have sex with a person who has had sex in exchange for money or drugs?	❑No ❑Yes	16b(i). When?
16c. Did you have sex with a male who had sex with another male?	❑No ❑Yes	16c(i). When?

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16d. Did you have sex with a person who used a needle to inject drugs that were not prescribed by their own doctor?	❑No ❑Yes	16d(i). When?
16e. Did you have sex with a person who had a positive test for, or was suspected of having, Hepatitis B, Hepatitis C, or HIV?	❑No ❑Yes	16e(i). Which virus and when? 16e(ii). Was that person sick from the virus during that time, such as having abdominal pain, joint pain, exhaustion, fever, nausea, vomiting, diarrhea, or yellowing of the eyes or skin? ❑No ❑Yes
17. Did you **EVER** use or take drugs, such as steroids, cocaine, heroin, amphetamines, or anything **NOT** prescribed by your doctor?	❑No ❑Yes	17a. What was it? 17b. How often and how long was it used? 17c. When was it last used? 17d. Were needles used? ❑No ❑Yes *If no,* 17d(i). How was it taken?
18a. Did you **EVER** have a transplant or medical procedure that involved being exposed to <u>live</u> cells, tissues, or organs from an animal?	❑No ❑Yes	18a(i). Explain:
18b. Did you live with, or have sex with, a person who had?	❑No ❑Yes	18b(i). Explain:
19. Were you **EVER** told by a physician that you had a disease of the brain or a neurological disease such as Alzheimer's, Parkinson's, multiple sclerosis, or epilepsy?	❑No ❑Yes	19a. What were you told by a physician?
20. Were you **EVER** refused as a blood donor or told not to donate?	❑No ❑Yes	20a. What was the reason?

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21. Did you **EVER** have any kind of surgery?	❑No ❑Yes	21a. What kind? 21b. Where? 21c. When?
22. Did you **EVER** travel or live outside of the United States or Canada?	❑No ❑Yes	22a. Where? 22b. When and for how long? 22c. Did you **EVER** receive a blood transfusion or other medical treatment outside of the United States or Canada? ❑No ❑Yes *If international travel or residency is extensive, be aware of query regarding vaccinations or other shots (within the past 12 months) at question #9.* *Travel history should be reviewed for vCJD, MTB, and other travel risk factors.*
23. Were you **EVER** a U.S. military member, a civilian military employee, or a dependent of either?	❑No ❑Yes	23a. Did you ever live or work on a U.S. military base outside the United States? ❑No ❑Yes 23a(i). In which country or countries? 23a(ii). When? *If this occurred between 1980 and 1996 in Europe:* 23a(ii)a. How long? *(estimate total time)* *If in the military in the past 12 months, be aware of query regarding vaccinations or other shots at question #9.*
24. Did you **EVER** use or take growth hormone?	❑No ❑Yes	24a. When was it used? 24b. What kind was it?
25. Did you **EVER** have a positive or reactive test for: **25a.** the HIV/AIDS virus?	❑No	25a(i). Explain:

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25b. hepatitis?	❑Yes ❑No ❑Yes	25b(i). Explain:
25c. HTLV-I or HTLV II?	❑No ❑Yes	25c(i). Explain:
25d. *T. cruzi* or told you have Chagas' disease?	❑No ❑Yes	25d(i). Explain:
26. Did you **EVER** have liver disease or hepatitis?	❑No ❑Yes	26a. What kind? 26b. When?
27. Did you **EVER** have malaria?	❑No ❑Yes	27a. When? 27b. Where were you treated?
28. Did you **EVER** have cancer?	❑No ❑Yes	28a. What type? 28b. When was it diagnosed? 28c. Describe when and where surgery, radiation, or chemotherapy occurred: 28d. Was the cancer considered cured? ❑No ❑Yes 28d(i). When?
29. Did you **EVER** have diabetes?	❑No ❑Yes	29a. For how many years? 29b. Was it treated? ❑No ❑Yes 29b(i). How?

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30a. Did you **EVER** have kidney disease, kidney stones, or frequent kidney infections?	❑No ❑Yes	30a(i). What did you have? 30a(ii). When?
30b. Were you **EVER** treated with dialysis?	❑No ❑Yes	30b(i). If treated with dialysis, was it peritoneal dialysis or hemodialysis? 30b(ii). When?
31. Did you **EVER** have tuberculosis?	❑No ❑Yes	31a. When were you diagnosed? 31b. Did you receive treatment? ❑No ❑Yes 31b(i). When and how long?
32. Did you **EVER** have a positive skin or blood test for tuberculosis?	❑No ❑Yes	32a. What test was positive and when?
33. Did you **EVER** live with or spend time with a person who had tuberculosis?	❑No ❑Yes	33a. Describe the circumstances. 33b. When?
34. Did you **EVER** live in a homeless shelter?	❑No ❑Yes	34a. When? 34b. Describe the situation. 34c. For how long?

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35. Were you **EVER** in lockup, jail, prison, or any juvenile correctional facility?	❑No ❑Yes	35a. When? 35b. Where? 35c. For how long?
36. Did **any** of your newborn's blood relatives have Creutzfeldt-Jakob disease, which is also called CJD? A blood relative is someone who is related by birth rather than through marriage or another relationship, such as adoption.	❑No ❑Yes	36a. Who did?
*Note to interviewer: Questions 37a & 37b, the HIV-1 Group O Risk Questions, must be asked if the test kit being used for HIV-1 **Ab** testing is not labeled to include HIV-1 Group O. Check here if these questions are skipped.* ❑		
37a. Did you **EVER** have sex with a person who was born in or lived in a country in Africa?	❑No ❑Yes	37a(i). When was the person born, or when did the person live, in Africa? *If since 1977:* 37a(i)a. What country in Africa were they from?
37b. Did you **EVER** travel to a country in Africa?	❑No ❑Yes	37b(i). When? If since 1977: 37b(i)a. What country in Africa? 37b(i)b. Did you receive a blood transfusion or other medical treatment while in Africa? ❑No ❑Yes Explain:
38. Do you need any clarification about these questions, or do you have any concerns that this donation should not proceed?	❑No ❑Yes	38a. Explain:

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Additional Notes

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