Your logo

Uniform Donor Risk Assessment Interview
Birth Mother

Your address

Child Donor's Name: _____
First Middle Last

Birth Mother's Name: _____
First Middle Last

Person Interviewed: _____
Name Relationship to Birth Mother

Contact Information: __(____)_____
Phone Address City State Zip

The interview was conducted: by telephone ❑ in person ❑

Person conducting interview and completing this form:

_____
Print Name Signature Date/Time

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 her/his* gift of donation. I will read each question and you will need to answer to the best of your knowledge with a "Yes" or "No."

❑ *Check if the Uniform DRAI for the Birth Mother is the only DRAI that will be completed. This circumstance occurs only when the child donor has not left the hospital since birth.*

1. Where were you (was she*) born?		
2a. Did you (she*) have a family physician or a specialist?	❑No ❑Yes	2a(i). When was your/her* last visit? 2a(ii). Why? 2a(iii). Provide any contact information (e.g., name, group, facility, phone number, etc.):

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2b. Did you (she*) use a medical facility such as a clinic or urgent care center?	❑No ❑Yes	2b(i). When was your (her)* last visit? 2b(ii). Why? 2b(iii). Provide any contact information (e.g., name, group, facility, phone number, etc.):
3. Did you/she* recently have any symptoms such as:		*If any answer in question 3. is "yes,"* ask "when" *this occurred <u>and</u>* "describe symptoms and reasons," *if known.*
3a. a fever?	❑No ❑Yes	3a(i). When? 3a(ii). Describe the fever and reasons.
3b. cough?	❑No ❑Yes	3b(i). When? 3b(ii). Describe the cough and reasons.
3c. diarrhea?	❑No ❑Yes	3c(i). When? 3c(ii). Describe diarrhea and reasons.
3d. swollen lymph nodes or glands in the neck, armpits or groin?	❑No ❑Yes	3d(i). When? 3d(ii). Describe swollen lymph nodes or glands and reason.
3e. weight loss?	❑No ❑Yes	3e(i). When? 3e(ii). Describe how much weight loss and reason(s).
3f. a rash?	❑No ❑Yes	3f(i). When? 3f(ii). Describe the rash and reasons.

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3g. sores in the mouth or on the skin? **3h.** night sweats?	❑No ❑Yes ❑No ❑Yes	3g(i). When? 3g(ii). Describe the sores and reasons. 3h(i). When? 3h(ii). Describe night sweats and reasons.
4. Were you (was she*) **EVER** in lockup, jail, prison, or any juvenile correctional facility?	❑No ❑Yes	4a. When? 4b. Where? 4c. For how long?
5. In the past **12 months** were you (was she*) bitten or scratched by any pet, stray, farm, or wild animal?	❑No ❑Yes	5a. What kind of animal? 5b. When? 5c. Did you (she*) receive any medical treatment? ❑No ❑Yes *If yes,* 5c(i). By whom? 5d. Was the animal suspected of having rabies? ❑No ❑Yes 5e. Was the animal quarantined or tested? ❑No ❑Yes 5e(i). Which one? *If yes to tested,* 5e(ii). What was the result?

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6. In the past **12 months** were you (was she*) told by a healthcare professional that you/she* had, or were suspected of having, a West Nile virus infection?	❑No ❑Yes	6a. When were you (was she*) diagnosed? *If this occurred within the past 4 months ask:* 6a(i). What was the name of the doctor/clinic?
7. In the past **12 months** did you/she* have any shots or immunizations, such as for the flu, COVID-19, MMR, yellow fever, hepatitis B, smallpox, etc.?	❑No ❑Yes	7a. When? 7b. What kind was it? *<u>If smallpox/vaccinia is named</u>, ask these questions:* 7b(i). Did you/she* experience any symptoms or complications such as a rash, fever, muscle aches, headaches, nausea, or eye involvement? ❑No ❑Yes *If yes,* 7b(i)a. When did these symptoms resolve? 7b(ii). Did the scab <u>fall off</u> or was it <u>picked off</u>? 7b(ii)a. When?
This is a reminder these are standard questions we ask in every interview. Answer to the best of your knowledge with a "Yes" or "No."		
8. In the past **12 months** did you/she* get a tattoo, touch up of an old tattoo, or permanent makeup?	❑No ❑Yes	8a. Were shared or non-sterile instruments, needles or ink used? ❑No ❑Yes 8b. Was the procedure performed outside of the United States or Canada? ❑No ❑Yes *If yes,* 8b(i). Where?

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9. In the past **12 months** did you/she* have acupuncture, ear or body piercing?	❑No ❑Yes	9a. Were shared or non-sterile instruments or needles used? ❑No ❑Yes 9b. Was the procedure performed outside of the United States or Canada? ❑No ❑Yes *If yes,* 9b(i). Where?
10. In the past **12 months** did you/she* live with a person who has hepatitis?	❑No ❑Yes	10a. What type of hepatitis did **<u>that person</u>** have? 10b. 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
11. In the past **12 months** did you/she* come into contact with someone else's blood?	❑No ❑Yes	11a. Describe what happened and when: 11b. Was the other person involved known to have had, or suspected of having, HIV or hepatitis? ❑No ❑Yes
12. In the past **12 months** did you/she* have an accidental needle-stick?	❑No ❑Yes	12a. Describe what happened and when: 12b. 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.		

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13. In the past **12 months** did you/she* have a sexually transmitted infection such as syphilis, gonorrhea, chlamydia, genital ulcers, herpes, or genital warts?	❑No ❑Yes	13a. What was it?
For the next part, sexual activity and sex refer to any method of sexual contact including vaginal, anal, and oral. **I will read each question and you should answer to the best of your knowledge with a "Yes" or "No."**		
14. The following questions relate to the past **5 years**:		
14a. Did you/she* have sex in exchange for money or drugs?	❑No ❑Yes	14a(i). When?
14b. Did you/she* have sex with a person who has had sex in exchange for money or drugs?	❑No ❑Yes	14b(i). When?
14c. Did you/she* have sex with a male who had sex with another male?	❑No ❑Yes	14c(i). When?
14d. Did you/she* have sex with a person who used a needle to inject drugs that were not prescribed by their own doctor?	❑No ❑Yes	14d(i). When?
14e. Did you/she* have sex with a person who had a positive test for, or was suspected of having, Hepatitis B, Hepatitis C, or HIV?	❑No ❑Yes	14e(i). Which virus and when? 14e(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

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15. Did you/she* **EVER** use or take drugs, such as steroids, cocaine, heroin, amphetamines, or anything **NOT** prescribed by your/her* doctor?	❑No ❑Yes	15a. What was it? 15b. How often and how long was it used? 15c. When was it last used? 15d. Were needles used? ❑No ❑Yes *If no,* 15d(i). How was it taken?
16a. Did you/she* **EVER** have a transplant or medical procedure that involved being exposed to <u>live</u> cells, tissues or organs from an animal? **16b.**Did you/she* live with, or have sex with, a person who had?	❑No ❑Yes ❑No ❑Yes	16a(i). Explain: 16b(i). Explain:
17. Were you (was she*) **EVER** refused as a blood donor or told not to donate?	❑No ❑Yes	17a. What was the reason?
18. Did you/she* **EVER** travel or live outside of the United States or Canada?	❑No ❑Yes	18a. Where? 18b. When and for how long? *If international travel or residency is extensive, be aware of query regarding vaccinations or other shots (within the past 12 months) at question #7.*

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19. Did you/she* **EVER** have a positive or reactive test for:		
19a. the HIV/AIDS virus?	❑No ❑Yes	19a(i). Explain:
19b. hepatitis?	❑No ❑Yes	19b(i). Explain:
19c. HTLV-I or HTLV-II?	❑No ❑Yes	19c(i). Explain:
19d. *T. cruzi* or told you have (she* has) Chagas' disease?	❑No ❑Yes	19d(i). Explain:
20. Did you/she* **EVER** have liver disease or hepatitis?	❑No ❑Yes	20a. What kind? 20b. When?
21. Did you/she* **EVER** have malaria?	❑No ❑Yes	21a. When? 21b. Where were you (was she*) treated?
22. Were you (was she*) **EVER** told by a healthcare professional she/he* was infected with the Ebola Virus?	❑No ❑Yes	22a. When was she/he* diagnosed?

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23. Were you (was she*) **EVER** treated with dialysis?	❑No ❑Yes	23a. If treated with dialysis, was it peritoneal dialysis or hemodialysis? 23b. When?
24. Did she/he* **EVER** live in a homeless shelter?	❑No ❑Yes	24a. When? 24b. Describe the situation 24c. How long?
25a. Did she/he* **EVER** have tuberculosis?	❑No ❑Yes	25a(i). When was she/he* diagnosed? 25a(ii) Did she/he* receive treatment? ❑No ❑Yes *If yes, when, and how long?*
25b. Did she/he* **EVER** have a positive skin or blood test for tuberculosis?	❑No ❑Yes	25b(i). What test was positive and when? 25b(ii). Did she/he* receive treatment? ❑No ❑Yes *If yes*, when, and how long?
25c. Did she/he* **EVER** live with or spend time with a person who had tuberculosis?	❑No ❑Yes	25c(i) Describe the circumstances 25c(ii) When?

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Final Questions		
26. Do you (Does she)* have other medical conditions that we have not discussed?	❑No ❑Yes	26a. Describe:
27. Regarding these questions about you/her*, are there other people, including healthcare professionals, who may provide additional information?	❑No ❑Yes	27a. Name(s) and contact information:
28. Do you have any questions about these questions?	❑No ❑Yes	28a. Document:
Note to interviewer: Questions 29-32 must be asked if the child donor has not left the hospital since birth and a "Uniform DRAI - Child donor ≤12 years old" will not be completed. Check here if these questions are skipped ❑.		
29. Did **any** of your child's relatives have Creutzfeldt-Jakob disease, which is also called CJD?	❑No ❑Yes	29a. Who did? 29a(i). Is this person a blood relative? *(Note: The definition of blood relative is a person who is related through a common ancestor and not by marriage or adoption)* ❑No ❑Yes *If yes,* 29a(i)a. Which blood relative?
30. 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	30a. What were you told by a physician?

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31. Did you **EVER** use or take growth hormone?	❑No ❑Yes	31a. When was it used? 31b. What kind was it?
32. Did you **EVER** have any kind of surgery?	❑No ❑Yes	32a. What kind? 32b. Where? 32c. When?
*Note to interviewer: Questions 33a & 33b, 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* ❑.		
33a. Did you/she* **EVER** have sex with a person who was born in or lived in a country in Africa?	❑No ❑Yes	33a(i). When was the person born, or when did the person live, in Africa? *If since 1977:* 30a(ii). What country in Africa were they from?
33b. Did you/she* **EVER** travel to a country in Africa?	❑No ❑Yes	33b(i). When? *If since 1977:* 33b(i)a. What country in Africa? 33b(i)b. Did you/she* receive a blood transfusion or other medical treatment while in Africa? ❑No ❑Yes *If yes, explain:*

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Additional Notes

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