

# Donor questionnaire

Thank you for coming to give blood today.

Your donation today could save the lives of up to three people. The questions on this form help the Blood Service provide safe blood and blood products to those in need.

## About these questions

We will ask you some questions about your general health to help us to decide if it is safe for you to give blood today and, if so, the best type of donation for you.

All of these questions are important, and you need to answer each one honestly and the best you can. This is important to ensure your safety and the safety of patients who receive the blood products. There are severe penalties, including fines and imprisonment, for giving false or misleading information.

If you have any questions, please discuss them with the staff member who interviews you.

## Blood testing

Your donation is tested primarily to ensure the safety of the person who receives it. **You should not rely on this testing for your own personal health screening purposes.** When a collection is unsuccessful, the samples **will not** be tested.

**In some cases samples cannot be tested for technical reasons.** When this occurs your donation will not be used.

Before being given to patients, all donations are tested for hepatitis B, hepatitis C, HIV (AIDS virus), HTLV (human T-lymphotropic virus) and syphilis. If your blood tests positive or shows a significantly abnormal result, we will notify you.

You have the option to change your mind about donating blood at any time. Simply tell a staff member if you wish to leave.

## Privacy statement

Your answers and anything you tell us in the interview are **CONFIDENTIAL**. The personal information collected on this form allows the Blood Service to register and retain you as a blood donor. All information collected will be handled in the strictest confidence in accordance with the Privacy Act 1988 (Commonwealth).

For more information, please ask for our Privacy Policy.

## Every time you donate

You should bring photo ID or your donor card.

Please fill in the declaration section of this form but do not initial or sign until you have completed the interview!

### In the 24 hours before

- Drink plenty of fluids, especially in warm weather.

### In the 3 hours before

- Drink 3 good-sized glasses of water/juice.
- Have something to eat – savoury and salty foods are best.
- Avoid strenuous exercise

## For your records

A staff member will enter your details below:

Donor ID number:

Date:   /   /

Haemoglobin g/L:

The Blood Service acceptable ranges for haemoglobin are:

### Whole blood donors:

Females 120 to 165 g/L and males 130 to 185 g/L

### Plasma and platelet donors:

Females 115 to 165 g/L and males 125 to 185 g/L

Blood Pressure (mmHg/mmHg):





# Information about the risks of donating blood

## Blood donation is extremely safe

However, problems can occasionally happen during or after a donation. These problems are uncommon, but we require you to read this information so that, if they do occur, you will know what to do.

**Please note: All equipment used in blood collection is sterile, used once only and then discarded.**

If you have any concerns or are feeling anxious ask a staff member for assistance.

### Feeling faint and fainting

Fainting is caused by a reflex which slows your pulse and lowers your blood pressure for a short time.

A very small number of blood donors, about 1 in 100, may feel faint (dizzy, light headed, hot, sweaty or unwell) during or straight after their donation. A much smaller number, about 1 in 1000, actually faint (lose consciousness).

Some donors may also feel faint or faint after leaving the blood donor centre.

### On the day

What you eat and drink before donating is important for your safety, see the guidelines on page 1.

### Reducing the chance of fainting

#### While you are in the centre

- Drink one glass of water prior to donating.
- If you usually have low blood pressure and feel faint when you stand up suddenly, please tell us before you donate.
- During your donation tense and relax your inner thigh and abdominal muscles to help maintain an optimal blood flow - ask a staff member for more information.
- Spend at least 15 to 20 minutes in the refreshment area after donating and have a cool drink to allow your blood volume to adjust.

#### For the 6 hours after you leave

- Keep drinking plenty of cool fluids.
- Avoid alcoholic and hot drinks.
- Avoid standing for long periods.
- Do not do strenuous exercise or have a hot shower.

### What to do if you feel faint

#### Do not drive for at least 6 hours after you have recovered.

Immediately sit or lie down as flat as possible to avoid falling, then:

- If you are still in the donor centre, tell a staff member
- Stay lying down for around 30 minutes or until you feel well again.
- While lying down, tense your inner thigh and abdominal muscles for 5 seconds, then relax. Repeat this 5 times a minute for 5 minutes.
- Sit up for at least 5 minutes before you stand up.
- Drink plenty of cool fluids (at least 2 good sized glasses) and have a savoury snack before you leave the donor centre.
- **Do not drive** for at least 6 hours after you've recovered because there is a risk that you may faint while you are driving.

If you feel faint while driving, slow down and stop the car as soon as it is safe to do so. Remain in the car, and lay your seat as flat as possible.

Do not get out of your car as fainting beside a road can be dangerous.

Do not attempt to drive again. Call 000 for an ambulance.

### Bruising and bleeding

Small bruises at the needle site are not unusual, but generally cause very few problems and disappear within a week. Larger bruises or bleeding from the needle site are rare.

To reduce the risk of bruising and bleeding at the needle site:

- Avoid using your donation arm to eat and drink while at the donor centre.

- Be careful when putting on a jacket after donating.
- Avoid lifting or carrying anything with your donation arm for 30 minutes.
- Keep the bandage on your arm for 2 hours.
- Minimise heavy lifting for 24 hours.

If you develop a bruise that causes discomfort, an icepack and/or a mild pain reliever such as paracetamol may help (**do not** use aspirin or other anti-inflammatory medication like ibuprofen). Always wrap ice or ice packs in cloth and apply for a maximum of 20 minutes at a time, 3-4 times a day.

If you start bleeding from the needle site, apply pressure and lift your arm above your shoulder, keeping your elbow straight, for 15 minutes.

Please phone the Blood Service on 13 14 95 if you have any bleeding or bruising so we can help.

### Iron levels and blood donation

Your red blood cells are rich in iron, which means blood donation results in iron loss. If the amount of iron in your body falls too low, you may become iron deficient. This may lead to:

- Tiredness and/or difficulty concentrating.
- Low haemoglobin levels (anaemia).

Before donating, you'll be given a haemoglobin screening test. This is not a direct measure of iron levels so does not detect all cases of iron deficiency, but it ensures we do not take blood from you if you have a low haemoglobin level. If your haemoglobin is below our guidelines, we'll need to delay your donation and may refer you to your doctor.

To help replace the iron loss associated with donation, and prevent iron deficiency and anaemia, we recommend you have a healthy dietary intake of iron rich foods. This may not be sufficient for all donors, especially teenagers and women of childbearing age.

If you are trying to become pregnant you should try to build and maintain healthy iron stores to support the increased iron requirements of pregnancy.

If you have concerns about your iron levels or would like further information, talk to a staff member and/or your general practitioner.

You can also find more information in our brochure *Why iron and haemoglobin are important*.

### Uncommon events

- Nerve irritation - sometimes the donation needle may irritate a nerve. This may cause pain which is normally only momentary. If any pain persists please advise a staff member immediately. Pressure on a nerve may also cause temporary numbness of the forearm.
- Needle inserted into an artery – if this happens the needle will be removed and pressure applied.
- Infection or formation of a blood clot (thrombosis) – this may lead to redness, tenderness or swelling.
- Increase in pulse rate or a sensation of tightness or pain in the chest.

If you have any of these symptoms or other concerns whilst in the donor centre, please let a staff member know immediately. If you develop symptoms after leaving the donor centre and require urgent medical attention, go to a hospital or see a doctor so the problem can be assessed.

If you're not sure whether you should seek medical attention, please call us on 13 14 95 for advice. If you do see a doctor, please call and let us know the outcome.

# A New and returned donors

## Please complete this section only if:

- you are a new donor, or
- you have not donated within the last 2 years.

Otherwise, proceed to section B.

**Please complete using a pen (not pencil) by placing a cross or a tick in the relevant box. Do not circle. If you make a mistake, cross it out and write your initials next to the correction.**

| Have you:   |                              |                             | Comments (staff use only) |
|---|------------------------------|-----------------------------|---------------------------|
| 1. Ever volunteered to donate blood before?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NP                        |
| If yes – where? _____ When? _____   |                              |                             |                           |
| 2. Ever been advised not to give blood?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NP                        |
| 3. Ever suffered from anaemia or any blood disorder?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A4                        |
| 4. Ever had a serious illness, operation or been admitted to hospital?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A5                        |
| 5. Ever been pregnant (including miscarriage and termination of pregnancy)? I am male <input type="checkbox"/>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N5                        |
| 5a. If your answer is “Yes” – have you been pregnant in the last 9 months?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 79                        |
| 6. Had a neurosurgical procedure involving the head, brain or spinal cord between 1972 and 1989?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A6                        |
| 7. Ever received a transplant or graft (organ, bone marrow, cornea, dura mater, bone, etc.)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A7                        |
| 8. Received injections of human growth hormone for short stature or human pituitary hormone for infertility prior to 1986?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A8                        |
| 9. Ever suffered from a head injury, stroke or epilepsy?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A9                        |
| 10. Ever had a heart or blood pressure problem, chest pain, rheumatic fever or a heart murmur?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B0                        |
| 11. Ever had a bowel disease, stomach or duodenal problems or ulcers?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B1                        |
| 12. Ever had kidney, liver or lung problems including tuberculosis (TB)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B2                        |
| 13. Ever had diabetes, a thyroid disorder or an autoimmune disease e.g. rheumatoid arthritis or lupus?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B3                        |
| 14. Ever had cancer of any kind including melanoma?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B4                        |
| 15. Ever had malaria, Ross River fever, Q fever, leptospirosis or Chagas' disease?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B5                        |
| 16. Ever had jaundice (yellow eyes/skin) or hepatitis?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | M9                        |
| 17. Ever had treatment with the medication TIGASON (Etretinate) or NEOTIGASON (Acitretin)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B9                        |
| <b>Travel questions:</b>  |                              |                             |                           |
| 18. What was your country of birth? _____   |                              |                             | M1                        |
| 19. Have you ever been outside Australia?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N0                        |
| <b>If your answer to question 19 is 'No' please go straight to Section B on the next page</b>   |                              |                             |                           |
| 20. Have you spent a continuous period of 6 months or more outside Australia at any stage of your life?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N1                        |
| 21. Have you been outside Australia in the last 3 years?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | B7                        |
| 22. Have you ever received a transfusion or injection of blood or blood products outside Australia?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N2                        |
| 23. From 1 January 1980 through to 31 December 1996 inclusive, have you spent (visited or lived) a total time which adds up to 6 months or more in England, Scotland, Wales, Northern Ireland, the Channel Islands, the Isle of Man, or the Falkland Islands? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | M8                        |

## All donors please complete this section

Please complete using a pen (not pencil) by placing a cross or a tick in the relevant box. Do not circle.  
If you make a mistake, cross it out and write your initials next to the correction.

|   |                                    |                              | Comments (staff use only)   |    |
|---|------------------------------------|------------------------------|-----------------------------|----|
| 1. Are you feeling healthy and well?  | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | C0                          |    |
| 2. In the next 3 days, do you intend to participate in any activity which would place you or others at risk of injury if you were to become unwell after donating, such as: Driving public transport, operating heavy machinery, underwater diving, piloting a plane or other activities? | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | C2                          |    |
| <b>In the last week, have you:</b>  |                                    |                              |                             |    |
| 3. Had dental work, cleaning, fillings or extractions?  | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | C4                          |    |
| 4. Taken any aspirin, pain killers or anti-inflammatory preparations?   | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | C5                          |    |
| 5. Had any cuts, abrasions, sores or rashes?  | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | C6                          |    |
| 6. Had a gastric upset, diarrhoea, abdominal pain or vomiting?  | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | C7                          |    |
| <b>Since your last donation, have you – or if you are a new donor, have you in the last 12 months:</b>  |                                    |                              |                             |    |
| 7. Been unwell, or seen a doctor or any other health care practitioner, had an operation (surgical procedure) or any tests/investigation?   | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | C9                          |    |
| 8. Had chest pain/angina or an irregular heartbeat?   | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | D0                          |    |
| 9. Taken tablets for acne or a skin condition?  | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | D1                          |    |
| 10. Taken any other medication, including regular or clinical trial medication?   | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | D2                          |    |
| 11. Worked in an abattoir?  | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | D3                          |    |
| 12. Had a sexually transmitted infection e.g. gonorrhoea, syphilis or genital herpes?   | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | D5                          |    |
| 13. Had any immunisations/vaccinations including as part of a clinical trial?   | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | D6                          |    |
| 14. Had shingles or chickenpox?   | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | D7                          |    |
| 15. Do you know of anyone in your family who had or has:  | Yes <input type="checkbox"/>       | No <input type="checkbox"/>  | D8                          |    |
| <ul style="list-style-type: none"> <li>• Creutzfeldt-Jakob disease (CJD)?</li> <li>• Gerstmann-Straussler-Scheinker syndrome (GSS)?</li> <li>• Fatal familial insomnia (FFI)?</li> </ul>  |                                    |                              |                             |    |
| <b>If you have completed Section A today, please go to Section C on the next page.</b>  |                                    |                              |                             |    |
| <b>Since your last donation, have you:</b>  |                                    |                              |                             |    |
| 16. Been pregnant (including miscarriage and termination of pregnancy)?   | I am male <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | C1 |
| 16a. If your answer is "Yes" – have you been pregnant in the last 9 months?   |                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 74 |
| 17. Been outside Australia?   |                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | M4 |
| <b>If your answer to question 17 is 'No' please go to Section C</b>   |                                    |                              |                             |    |
| 18. Received a transfusion or injection of blood or blood products outside Australia?   |                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | M2 |

## All donors please complete this section

There are some people who **MUST NOT** give blood as it may transmit infections to those who receive it. To determine if your blood will be safe to be given to people in need, we would like you to answer some questions. These questions are a vital part of our efforts to eliminate diseases from the blood supply. All of the questions are important to answer. Answer each question on the form as honestly as you can and to the best of your knowledge.

**THERE ARE PENALTIES INCLUDING FINES AND IMPRISONMENT FOR ANYONE PROVIDING FALSE OR MISLEADING INFORMATION.**

All donations of blood are tested for the presence of hepatitis B and C, HIV (AIDS virus), HTLV and syphilis. If your blood test proves positive for any of these conditions, or for any reason the test shows a significantly abnormal result, you will be informed.

**Please complete using a pen (not pencil) by placing a cross or a tick in the relevant box. Do not circle. If you make a mistake, cross it out and write your initials next to the correction.**

| To the best of your knowledge, have you EVER:  |                                      |  | Comments (staff use only) |
|--|--------------------------------------|--|---------------------------|
| 1. Thought you could be infected with HIV or have AIDS?  | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | E2                        |
| 2. "Used drugs" by injection or been injected, <b>even once</b> , with drugs not prescribed by a doctor or dentist?              | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | E3                        |
| 3. Had treatment with clotting factors such as factor VIII or factor IX?   | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | E4                        |
| 4. Had a test which showed you had hepatitis B, hepatitis C, HIV or HTLV?  | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | E5                        |
| <b>In the last 12 months have you:</b>   |                                      |  |                           |
| 5. Had an illness with both a rash AND swollen glands, with or without a fever?  | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | E1                        |
| 6. Engaged in sexual activity with someone you might think would answer "yes" to any of questions 1-5?                           | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | E6                        |
| 7. Had sexual activity with a new partner who currently lives or has previously lived overseas?                                  | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | E7                        |
| 8. Had sex (with or without a condom) with a man who you think may have had oral or anal sex with another man?                   | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | F0                        |
| 9. Had male to male sex (that is, oral or anal sex) with or without a condom?  | I am female <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | E9                        |
| 10. Been a male or female sex worker (e.g. received payment for sex in money, gifts or drugs)?                                   | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | F1                        |
| 11. Engaged in sexual activity with a male or female sex worker?   | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | F2                        |
| 12. Been imprisoned in a prison or been held in a lock-up or detention centre?   | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | F6                        |
| 13. Had a blood transfusion?   | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | F7                        |
| 14. Had (yellow) jaundice or hepatitis or been in contact with someone who has?  | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | F8                        |
| <b>In the last 6 months have you:</b>  |                                      |  |                           |
| 15. Been injured with a used needle (needlestick)?   | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | F3                        |
| 16. Had a blood/body fluid splash to eyes, mouth, nose or to broken skin?  | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | F4                        |
| 17. Had a tattoo (including cosmetic tattooing), body and/or ear piercing, electrolysis or acupuncture (including dry-needling)? | Yes <input type="checkbox"/>         | No <input type="checkbox"/>                              | F5                        |

# Donor declaration (continued)

## This declaration is to be initialled and signed in the presence of a Blood Service staff member (Please read the following conditions)

Thank you for answering these questions. If you are uncertain about any of your answers, please discuss them with your interviewer.

We would like you to initial and sign this declaration in the presence of your interviewer (a Blood Service staff member) to show that you have understood the information on this form and have answered the questions in the declaration to the best of your knowledge.

Your donation is a gift to the Blood Service to be used to treat patients. In some circumstances, your donation may be used by the Blood Service or other organisations for the purposes of research, teaching, quality assurance or the making of essential diagnostic reagents (including commercial reagents).

A part of your donation will also be stored in our Blood Sample Archive for possible future testing and research; samples that are no longer required will be destroyed. Approval from an appropriate Human Research Ethics Committee is required before any research is undertaken on your donation or any part of it.

You may be asked by the Blood Service to undergo further testing which you have the option to decline.

Should you become aware of any reason why your blood should not be used for transfusion after your donation, please call us on 13 14 95.

In particular, notify us immediately if:

- You develop a cough, cold, diarrhoea or other infection within a week after donating, or
- You are diagnosed or hospitalised with a serious infection within two months of donating.

### Donor

#### Acknowledgement of responsibilities and risks (NB: Please initial and sign only in the presence of the interviewer)

I agree to have blood taken from me under the conditions above and:

- I have been provided with "Information about the risk of donating blood" on page 2 of this questionnaire. I have read and understood this information and have had the opportunity to ask questions. I accept the risks associated with donation and agree to follow the instructions of the Blood Service staff to minimise these risks
- I declare that I have understood the information on this form and answered the questions in the declaration honestly and to the best of my knowledge. I understand that there are penalties, including fines and imprisonment, for providing false or misleading information.

Please initial

Please initial

#### Please print:

Surname/family name \_\_\_\_\_ Given name \_\_\_\_\_

Date of birth   /   /

#### Please ONLY sign in the presence of the interviewer

Signature \_\_\_\_\_ Date   /   /

### Staff witness (please print)

Donor identity verified Yes ☐ No ☐ Checked spelling of name Yes ☐ NA ☐ Supplementary questions answered Yes ☐ NA ☐

Surname/family name \_\_\_\_\_ Given name \_\_\_\_\_

Signature \_\_\_\_\_ Time \_\_\_\_\_ Date   /   /

Donation number \_\_\_\_\_

### Office Use Only

NOTES – please make all annotations clear. Please initial and date.

Tick if N/A ☐

Date   /   /      Initial

Haemoglobin – Testing Capillary Hb  g/L  Initials

Blood Pressure Reading  mmHg/mmHg  Initials

Donor Height  cm  Initials

Donor Weight  kg  Initials