	MTF Donor Number

Donor Name/ID: ______________________ Recovery Agency Donor ID Number: ______________

Person Interviewed: ______________________ Relationship to Potential Donor: ______________

Person Conducting Interview and Completing this Form: ______________________

Print Name Title Signature

Date of Interview: ____________ Location of Interview: ______________________

Do you feel you know the deceased well enough to answer questions regarding the medical/social history? ☐ Yes ☐ No

The interviewee should be instructed to answer all questions YES or NO, "to the best of your knowledge"
The interviewer should comment and elaborate on all questions marked "Yes"

1. Has the potential donor:		
a. Been hospitalized in the past two years? (Include/list any serious illnesses, infections, or surgical procedures)	☐ No	☐ Yes, hospital(s): ______________ Why and when? ______________
b. Been treated by a physician in the past two years or have a family physician?	☐ No	☐ Yes, physician name/contact information and RE: ______________
c. Taken any medications, vitamins or supplements on a regular basis or recently? Please list.	☐ No	(Meds) ______________
d. Been treated in a mental institution in the past two years?	☐ No	☐ Yes, facility/explain: ______________
2. Did the potential donor ever use non-prescribed drugs, "street" drugs, or other substances, e.g., cocaine, marijuana, steroids, inhalants?	☐ No	☐ Yes (Include what, how much and when? By what route?) ______________
3. Did the potential donor use tobacco products and/or alcohol?	☐ No	☐ Yes, explain ______________
4. Has the potential donor ever been exposed to toxic substances (e.g., lead, pesticides, or other) that led to symptoms and/or illness requiring treatment?	☐ No	☐ Yes, explain ______________
a. What was the potential donor's occupation?		Occupation: ______________
5. Was the potential donor born in a country other than the United States?	☐ No	☐ Yes (Provide details including country of birth, whether donor is a resident of the US, number of years in the US): ______________

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Question	No	Yes
6. Did the potential donor take anti-malarial medication(s)?	☐ No	☐ Yes, explain: ______
a. Did the potential donor ever travel outside of the United States? If no, please move to question 7; if yes, please answer the following:	☐ No	☐ Yes
b. Describe where and when the potential donor traveled outside of the United States.		Where and when (why/how long): ______
c. Did the potential donor:		
c.1 Spend 5 years or more cumulatively in Europe from 1980 until present (including time spent in the UK** from 1980 through 1996; also see TM -6 for list of European countries)?	☐ No	☐ Yes ______
c.2 Spend 3 months or more cumulatively in the United Kingdom (UK**) from the beginning of 1980 through the end of 1996?	☐ No	☐ Yes ______
c.3 Receive any transfusion of blood or blood components in the United Kingdom** and/or France between 1980 and present?	☐ No	☐ Yes ______
** UK includes England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, and the Falkland Islands		
d. Was the potential donor:		
d.1 - A current or former US military member -	☐ No	☐ Yes ______
d.2 - A current or former US civilian military employee -	☐ No	☐ Yes ______
d.3 - A dependent of a current or former US military member or civilian military employee –	☐ No	☐ Yes ______
d.4 – A resident at a military base(es) in Northern Europe (Germany, UK**, Belgium, and the Netherlands) for 6 or more months cumulatively from 1980 through 1990?	☐ No	☐ Yes ______
d.5 – and/or a resident elsewhere in Europe (Greece, Turkey, Spain, Portugal, and Italy) for 6 or more months cumulatively from 1980 through 1996?	☐ No	☐ Yes ______
7. Was the potential donor suspected to have and/or diagnosed with:		(For any "yes" response, provide details including when, symptoms, when they started/stopped, any treatment)
a.1 Malaria?	☐ No	☐ Yes ______
a.2 Chagas disease?	☐ No	☐ Yes ______
a.3 SARS (Severe Acute Respiratory Syndrome)?	☐ No	☐ Yes ______
a.4 WNV (West Nile Virus)?	☐ No	☐ Yes ______
a.5 Any communicable infectious disease not mentioned above (list): ______	☐ No	☐ Yes ______

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Question	No	Yes
b. Did the potential donor have close contact with someone with SARS or suspected to have SARS?	☐ No	☐ Yes, explain (include when): ______
8. In the past twelve months, was the potential donor bitten by or have close contact with an animal that could have carried the rabies virus (e.g., dogs, mice, rats, bats, squirrels, raccoons, etc.)?	☐ No	☐ Yes, please describe: ______
9. Has the potential donor ever received blood transfusions or blood products?	☐ No	☐ Yes, explain (include when): ______
10. Was the potential donor ever refused as a blood donor or told not to donate?	☐ No	☐ Yes, explain (include when and reason): ______
11. Did the potential donor ever receive a human or animal organ or tissue transplant (e.g., bone, cornea, skin, heart, kidney, dura mater, Epicel™)?	☐ No	☐ Yes, explain (include what kind and when): ______
a. Ever have intimate contact with a person who received an organ or tissue transplant from an animal?	☐ No	☐ Yes, explain (include what kind and when): ______
12. Did the potential donor have any of the following:		(**For yes responses,** provide details such as body site, when, by whom, and how many)
a. Tattoo?	☐ No	☐ Yes ______
b. Body piercing?	☐ No	☐ Yes ______
c. Acupuncture?	☐ No	☐ Yes ______
d. Accidental needle stick?	☐ No	☐ Yes ______
e. For tattoo(s), describe location and content.		Tattoo(s) description(s): ______
f. For a yes response to a, b, and/or c above that occurred in the preceding 12 months: were shared and/or contaminated needles, ink, or instrumentation known to have been used?	☐ No	☐ Yes ______
13. In the preceding 12 months, was the potential donor vaccinated or immunized for any reason?	☐ No	☐ Yes ______
a. Any in the preceding 8 weeks?	☐ No	☐ Yes (document what and when) ______
b. Was the potential donor vaccinated for Hepatitis B?	☐ No	☐ Yes
14. Was the potential donor vaccinated for smallpox?	☐ No	☐ Yes (Document when, status of vaccination site, and any known complications from the vaccination) ______
a. Did the potential donor have close physical contact with a recipient of the smallpox vaccine?	☐ No	☐ Yes, explain ______
15. Was the potential donor ever given human pituitary-derived growth hormone?	☐ No	☐ Yes, explain including when ______

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Question	No	Yes
16. Did the potential donor have any history of:		
a. Heart disease?	☐ No	☐ Yes ____
b. High blood pressure?	☐ No	☐ Yes ____
c. Chest pain?	☐ No	☐ Yes ____
d. Varicose veins and/or vein stripping?	☐ No	☐ Yes, explain ____
17. Did the potential donor:		(Please explain any yes response)
a. Have any type of liver disease or hepatitis?	☐ No	☐ Yes ____
b. Have any history of jaundice?	☐ No	☐ Yes ____
c. Ever have a positive test for hepatitis?	☐ No	☐ Yes ____
d. Live with and/or have close contact with a person(s) diagnosed with viral hepatitis in the preceding 12 months?	☐ No	☐ Yes ____
18. Did the potential donor have any kidney related disease(s) and/or kidney dialysis treatments?	☐ No	☐ Yes, explain (For dialysis treatments, include when/how long): ____
19. Did the potential donor have a history of:		
a. Digestive or intestinal problems?	☐ No	☐ Yes ____
b. Bloody stools?	☐ No	☐ Yes ____
c. Recent weight loss?	☐ No	☐ Yes, explain including how much and reason ____
20. Did the potential donor:		
a. Have a history of diabetes?	☐ No	☐ Yes ____
b. If yes, did he/she require medication?	☐ No	☐ Yes (include name of medication and length of treatment if any) ____
21. Did the potential donor have any history of:		
a. Lung disease?	☐ No	☐ Yes ____
b. Tuberculosis (TB)?	☐ No	☐ Yes ____
c. Treatment for TB?	☐ No	☐ Yes (include what and when) ____
d. A positive skin test for TB?	☐ No	☐ Yes (explain including if there was follow-up, what, and when) ____
22. Has the potential donor:		
a. Ever had cancer?	☐ No	☐ Yes (explain including type and when) ____
b. Ever received radiation therapy or drugs for cancer?	☐ No	☐ Yes ____
c. Ever had skin cancer?	☐ No	☐ Yes (explain including when, type, and treatment) ____

MEDICAL SOCIAL HX

		MTF Donor Number

Question	No	Yes
23. Did the potential donor have a history of any of the following autoimmune diseases:		
a. Systemic lupus erythematosus (SLE)?	☐ No	☐ Yes ______
b. Polyarteritis nodosa?	☐ No	☐ Yes ______
c. Sarcoidosis?	☐ No	☐ Yes ______
d. Other (List): ______	☐ No	☐ Yes ______
24. Did the potential donor suffer from any type of neurologic or brain disease such as:		
a. Alzheimer's?	☐ No	☐ Yes ______
b. Encephalitis?	☐ No	☐ Yes ______
c. Degenerative neurological disease?	☐ No	☐ Yes ______
d. Multiple Sclerosis (MS)?	☐ No	☐ Yes ______
e. ALS (Lou Gehrig's Disease)?	☐ No	☐ Yes ______
f. History of brain tumor?	☐ No	☐ Yes ______
g. Seizures?	☐ No	☐ Yes ______
h. Periods of confusion or recent memory loss?	☐ No	☐ Yes ______
i. Unsteady walking?	☐ No	☐ Yes ______
j. Sudden unexplained anxiety or personality changes?	☐ No	☐ Yes ______
k. Visual changes?	☐ No	☐ Yes ______
l. Hallucinations?	☐ No	☐ Yes ______
m. Has the potential donor or any of the donor's blood relatives had Creutzfeldt-Jakob Disease (CJD)?	☐ No	☐ Yes, explain ______
n. Or been told they were at risk for CJD?	☐ No	☐ Yes, explain ______
25. Did the potential donor have any medical diagnosis of:		(**If yes,** please explain including when as well as any treatment and/or medications)
a. Rheumatoid arthritis?	☐ No	☐ Yes ______
b. Other arthritis?	☐ No	☐ Yes ______
c. Osteoporosis?	☐ No	☐ Yes ______
d. Osteomyelitis?	☐ No	☐ Yes ______
e. Broken bones?	☐ No	☐ Yes ______
f. Was the potential donor physically active (i.e., exercise regularly, take walks, participate in sports)	☐ No	☐ Yes ______
26. Did the potential donor have a history of skin infections such as leprosy, eczema, dermatitis, psoriasis, or inflammatory skin diseases?	☐ No	☐ Yes ______
CURRENT CRITERIA FOR ASSESSING RISK BEHAVIOR for HIV (Human Immunodeficiency Virus) and **VIRAL HEPATITIS**		
27. In the preceding twelve months has the potential donor had or been treated for any sexually transmitted disease such as syphilis, gonorrhea, genital herpes or venereal warts?	☐ No	☐ Yes (Please explain including what, when, and any treatment) ______

MEDICAL SOCIAL HX

	MTF Donor Number

Question	No	Yes
28. Was the potential donor born in or live in Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger, or Nigeria after 1977?	☐ No	(Please explain yes responses including what country and when) ☐ Yes ______ ______
a. Did the potential donor:		
a.1 Have sexual contact with anyone who was born or lived in Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger, or Nigeria after 1977?	☐ No	☐ Yes ______ ______
a.2 Receive a blood transfusion or any medical treatment that involved blood in Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Niger, or Nigeria after 1977?	☐ No	☐ Yes (Explain including what country, when, and treatment received) ______ ______
29. Has the potential donor recently exhibited or experienced:		
a. Unexplained weakness, fatigue, or flu-like symptoms such as persistent cough, cold, shortness of breath, swollen lymph nodes for greater than one month?	☐ No	☐ Yes ______
b. Nausea, vomiting, persistent diarrhea?	☐ No	☐ Yes ______
c. Night sweats or fever >100.5˚ F. for greater than 10 days?	☐ No	☐ Yes ______
d. Blue or purple spots on the skin or mucous membranes?	☐ No	☐ Yes ______
e. Significant weight loss or opportunistic (unusual) infections?	☐ No	☐ Yes ______
f. Unexplained persistent white spots or unusual blemishes in the mouth?	☐ No	☐ Yes ______
30. Has the potential donor ever had a positive test for HIV?	☐ No	☐ Yes ______
31A. <u>Male Donors</u>: Has the potential donor had sexual relations with another male in the preceding 5 years?	☐ No	☐ Yes ______ ☐ Female
31B. <u>Female Donors</u>: Has the potential donor had sexual relations with a male(s) who has had sex with another male(s) in the preceding 5 years?	☐ No	☐ Yes ______ ☐ Male
32. Has the potential donor used a needle to inject drugs into the vein, muscle, or under the skin for a non-medical reason in the preceding 5 years?	☐ No	☐ Yes ______
a. Or had sexual relations with such an individual in the preceding 12 months?	☐ No	☐ Yes ______
33. Has the potential donor received human-derived clotting factor concentrates for hemophilia or related clotting disorders in the preceding 5 years?	☐ No	☐ Yes ______
a. Or had sexual relations with such an individual in the preceding 12 months?	☐ No	☐ Yes ______
34. Has the potential donor engaged in sex in exchange for money or drugs in the preceding 5 years?	☐ No	☐ Yes ______
a. Or had sexual relations with such an individual in the preceding 12 months?	☐ No	☐ Yes ______

MEDICAL SOCIAL HX

	MTF Donor Number

Question	No	Yes
35. Was the potential donor exposed to known or suspected viral hepatitis or HIV-infected blood through accidental needle stick or through contact with an open wound, non-intact skin, or mucous membrane in the preceding 12 months?	☐ No	☐ Yes ______
36. Has the potential donor had sex in the preceding 12 months with any person known or suspected to have viral hepatitis or HIV infection?	☐ No	☐ Yes ______
37. Has the potential donor ever:		**(If yes,** please explain including when, how long, why)
a. Been an inmate (confined to juvenile detention, lockup, jail, or prison) for more than 72 consecutive hours?	☐ No	☐ Yes ______
b. Been released from any of these facilities in the preceding 12 months?	☐ No	☐ Yes ______
PEDIATRIC DONORS		
38A. Was the potential donor 18 months of age or less?	☐ No	☐ Yes
38B. If less than 5 years of age, was the child breast-fed within the preceding 12 months?	☐ No	☐ Yes ______
NOTE: If the answer to either question 38A or 38B is yes, a separate Medical History and Behavioral Risk Assessment questionnaire must be completed for the birth mother to determine if a pediatric donor was born to a mother with or at risk for HIV or viral hepatitis infection - this includes a potential donor one month (28 days) of age or less (See TM -6 for additional information)		
EYE DONORS		
39. Did the potential donor have a history of diseases, infections, or surgeries involving the eyes?	☐ No	☐ Yes ______
a. Glaucoma?	☐ No	☐ Yes ______
b. Cataracts?	☐ No	☐ Yes ______
c. Corneal disease?	☐ No	☐ Yes ______
d. Laser surgery?	☐ No	☐ Yes ______
e. Radial keratotomy?	☐ No	☐ Yes ______
f. Did the potential donor have an eye physician?	☐ No	☐ Yes ______
ALL DONORS		
40. Having answered many questions about medical diseases and behavioral risk factors, do you now have any concerns that it might not be safe to proceed with organ or tissue donation?	☐ No	☐ Yes ______
41. Are there other individuals that may provide additional information regarding any of these questions? **If yes**, please provide contact information.	☐ No	☐ Yes **Name:** ______ **Telephone:** ______ **Relationship:** ______

MEDICAL SOCIAL HX

ADDITIONAL COMMENTS (Please refer to question numbers when appropriate)