

DONOR PRESCREENING RISK FACTOR QUESTIONNAIRE

To: Prospective donor

It is important that you answer each question asked. If your answer is "I don't know", then check the column under "?". If you have a comment or question regarding the question asked, please note it in the column marked "Comments or Questions". Please list below a telephone number at which you can be reached between 8:30 AM and 4:30 PM.

Potential Donor Applicant Name (Printed)

If you are interested in becoming an anonymous egg (oocyte) donor, how did you learn about RMIA's donor oocyte program? _____

Mailing address (for application packet): _____

Phone #(s): _____

Email: _____

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Name of Interviewer (Printed)	Signature of Interviewer	Date
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Reviewed by Clinic Physician	Date
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RMIA Screening Questions

1. What is your current age? _____ What is your date of birth? ____/____/____
 Have you had a previous live birth (circle answer)? Yes/No

2. What is your height (in inches)? _____ What is your weight (in pounds)? _____

3. Do you smoke (circle answer)? No/Yes If no, go to #4.

If yes, how many cigs/packs per day? _____

If yes, are you willing and able to stop smoking if and when you are accepted as a donor through the time of the egg retrieval? Yes/No

4. Are you adopted (circle answer)? No/Yes If no, go to FDA Screening Questions.

If yes, do you have family medical history information for both parents (circle answer)? Yes/No

If yes (i.e., you are adopted and have family medical history information for both parents), go to FDA Screening Questions.

If no (i.e., you are adopted and do not have family medical history information for both parents), to what ethnic group do you belong (circle answer below)?

white, non-Hispanic white, Hispanic black, non-Hispanic black, Hispanic

Asian or Pacific Islander, non-Hispanic Asian or Pacific Islander, Hispanic Native American

FDA Screening Questions

Question	Y e s	N o	?	Comments or Questions	RMIA use only
1. Have you injected drugs for a non-medical reason in the last 5 years, including intravenous, intramuscular and subcutaneous?					
2. Have you received human-derived clotting factor concentrates for hemophilia or a related clotting disorder?					
3. In the past 5 years, have you engaged in sex in exchange for money or drugs?					
4. In the past 12 months, have you had sex with anyone who would answer <u>yes</u> to any of questions 1, 2, or 3?					
5. <i>Female</i> : In the past 12 months, have you had sex with a man who has had sex with another man in the past 5 years? <i>Male</i> : Have you had sex with another male in the past 5 years, even once?					

Question	Y e s	N o	?	Comments or Questions	RMIA use only
6. In the past 12 months, have you had sex with a person who has HIV infection (including a positive or reactive test for HIV virus), hepatitis B infection or clinically active (symptomatic) hepatitis C infection?					
7. In the past 12 months, have you been exposed to known or suspected HIV, hepatitis B and/or hepatitis C infected blood through percutaneous inoculation (e.g., needlestick) or through contact with an open wound, non-intact skin or mucous membrane?					
8. In the past 12 months, have you had an accidental needlestick, sharp instrument injury, contact with human blood, serum or plasma in the eye, mucus membranes (lips, interior of nose) or sores?					
9. In the past 12 months, have you have you lived with (resided in the same dwelling) another person who has hepatitis B or clinically active (symptomatic) hepatitis C infection?					
10. In the past 12 months, have you been in juvenile detention, lock-up, jail or prison for more than 72 consecutive hours?					
11. In the past 12 months, have you undergone tattooing, ear piercing or body piercing?				If no, go to question 12.	
11a. Did you have a tattoo in the past 12 months? If yes, when?				If no, go to question 11c.	
11b. Were sterile procedures (sterile disposable instruments and single-use inks) used?					
11c. Did you have ear, skin or body piercing performed in the past 12 months?				If no, go to question 12.	
11d. Were sterile disposable instruments used?					
12. After age 11, have you had a diagnosis of clinical, symptomatic viral hepatitis?				If no, go to question 13.	
12a. Was the hepatitis identified as hepatitis A, Epstein-Barr Virus (EBV) or cytomegalovirus (CMV)?					
13. Have you, your sexual partner(s) or any member of your household ever had a transplant or medical procedure that involved being exposed to live cells, tissues or organs from an animal?				If no, proceed to question 14.	
13a. Was this you or your sexual partner(s)?					
13b. If the person referred to in question 12 was a member of your household, were you exposed to that individual's blood, saliva or other body fluids (e.g., through deep kissing, shared toothbrushes, razors, or needles, or through open wounds or sores)?					
14. Have you been diagnosed with or suspected to have West Nile Virus infection (based on symptoms and/or laboratory results or confirmed WNV found in your blood)?					
15. Have you ever received growth hormone made from human pituitary glands?					

Question	Y e s	N o	?	Comments or Questions	RMIA use only
16. Have you ever received a dura mater (brain covering) graft?					
17. Have you or any of your blood relatives been diagnosed with Creutzfeldt-Jakob disease (CJD) or any variant thereof?					
18. Have you been diagnosed with dementia or any degenerative or demyelinating disease of the central nervous system or other neurological disease of unknown etiology?					
19. Within the past 8 weeks, have you had a smallpox vaccination or had close contact with the vaccination site of anyone else? (<i>Examples of close contact include touching the site, the bandages covering the site or handling bedding, towels or clothing that has been in contact with an unbandaged vaccination area or scab.</i>)				If no, proceed to question 20.	
19a. Did candidate have vaccination?				If no go to 19c.	
19b. Did scab separate/fall off by itself?					
19c. If you had close contact with a vaccination recipient, have you had any new skin rash or sore since the time of contact?				Answer "no" if you did not have close contact with vaccination recipient. If no, go to 19e.	
19d. Did scab separate/fall off by itself?					
19e. Did you have any illness or complications from your vaccination or from your close contact with someone who was vaccinated?					
20. In the past 12 months have you had or been treated for syphilis, chlamydia or gonorrhea?					
21. In the past year have you had any shots or vaccinations ?				If yes, go to question 22. If no, go to question 23.	
22. What shot(s) or vaccination(s) did you have?					
23. From 1980 through 1996, were you a member of the US military, a civilian military employee or a dependent of a military member or civilian military employee?				If no, proceed to question 24.	
23a. Did you reside at a U.S. military base in Germany, Belgium, or The Netherlands for 6 months or more cumulatively from 1980 through 1990?					
23b. Did you reside at a U.S. military base in Greece, Turkey, Spain, Portugal or Italy for 6 months or more cumulatively from 1980 through 1996?					

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Question	Y e s	N o	?	Comments or Questions	RMIA use only
24. Since 1980, have you ever lived in or traveled to Europe (Includes Albania, Austria, Belgium, Bulgaria, Bosnia-Herzegovina, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Liechtenstein, Luxembourg, Macedonia, The Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain Sweden, Switzerland and Yugoslavia) or the U.K. (Includes England, Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar and the Falkland Islands).				If no, questionnaire completed.	
24a. From the beginning of 1980 through the end of 1996 did you spend time that adds up to 3 months or more in the U.K. (Includes England, Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar and the Falkland Islands ?					
24b. Since 1980 have you received a transfusion of blood or blood components in the U.K. or France?					
24c. Since 1980 have you spent time that adds up to 5 years or more in Europe (including time spent in the U.K. between 1980 and 1996)?					