Draft

Donor InSight

Questionnaire

Draft

1. Background information

The questions below ask you about your personal situation. For each question, fill in the square that most applies to you, or write the answer in the space provided.

1 What is today's date?

day ☐☐ month ☐☐ year 2☐☐☐

2 What is your date of birth?

day ☐☐ month ☐☐ year 1☐☐☐

3 Are you male or female?

- ☐ male
- ☐ female

4 What is your height?

☐☐☐ centimetres

5 What is your weight?
(If you are pregnant, give your weight before becoming pregnant)

☐☐☐ kilos

6 Has your weight changed in the past 2 years?
(*Exclude weight gained during pregnancy)*

- ☐ yes, it has increased
- ☐ yes, it has decreased
- ☐ my weight keeps changing
- ☐ no, it has stayed the same

7 Are you right-handed or left-handed?

- ☐ right-handed
- ☐ left-handed
- ☐ left-handed at birth, now right-handed
- ☐ right-handed at birth, now left-handed

8 What is your marital status?

- ☐ unmarried (never married)
- ☐ married or registered partnership
- ☐ divorced
- ☐ widow / widower

9 What is your home situation?

- ☐ I live alone
- ☐ I am a single parent with children
- ☐ I live with my husband / wife / partner
- ☐ I live with my husband / wife / partner and children
- ☐ I live with my parents / relatives / friends
- ☐ other:_ _

10 Do you have children?

- ☐ yes, under the age of 18
- ☐ yes, both under and over the age of 18
- ☐ yes, over the age of 18
- ☐ no

11 What is your ethnic background?
(*If your parents are of a different ethnic background, indicate any of these that apply to you*)

- ☐ Dutch
- ☐ Surinamese
- ☐ Antillean
- ☐ Moroccan
- ☐ Turkish
- ☐ African (other than Moroccan)
- ☐ Asian (other than Turkish)
- ☐ Arabic
- ☐ Indonesian
- ☐ other: _____

12 What is the highest education level that you have completed?

- ☐ none
- ☐ primary school
- ☐ lower vocational education
- ☐ secondary education
- ☐ secondary vocational education
- ☐ higher secundary education
- ☐ higher vocational education
- ☐ university

13 Are you currently in paid employment?

- ☐ yes
- ☐ no (*go to question 15*)

14 How many hours per week are you contracted to work?
(*Do not include travel time*)

☐☐ hours (*go to question 16*)

15 If you are not currently in paid employment, to which of the following groups do you belong?
(*Indicate any of these that apply to you*)

- ☐ student (without a part-time job)
- ☐ housekeeper
- ☐ unemployed / AAW / WIA / AWW
- ☐ early retirement
- ☐ retired
- ☐ other:_ _

16 What is your **net** monthly income?
(*This is the amount that is deposited to your bank account every month by your employer or issuing authority*)

- ☐ less than €500.00
- ☐ €501.00 - €1,000.00
- ☐ €1,001.00 - €1,500.00
- ☐ €1,501.00 - €2,000.00
- ☐ €2,001.00 - €2,500.00
- ☐ €2,501.00 - €3,000.00
- ☐ more than €3,000.00
- ☐ not sure / prefer not to say

17 Are you following a course of studies?

- ☐ yes, full-time
- ☐ yes, part-time
- ☐ no

18 How much time on average do you spend on travelling every day?
(*Include the total amount of time travelling to your paid job and/or study*)

☐☐ hours ☐☐ minutes

19 Are you active as a volunteer in an organization?
(*Volunteer work means work for which you do not receive a salary or wages*)

- ☐ yes
- ☐ no

20 In what type of housing do you live?

- ☐ detached house
- ☐ semi-detached house
- ☐ terraced house
- ☐ corner house
- ☐ apartment / flat / studio
- ☐ student residence/ student flat

21 Are you the owner of your home, or do you rent it?

- ☐ I am the owner
- ☐ I rent my home

22 Do you have a religious faith?

- ☐ yes, Roman Catholic
- ☐ yes, Dutch Reformed
- ☐ yes, Reformed
- ☐ yes, Protestant
- ☐ yes, Muslim
- ☐ yes, other:_____
- ☐ no

23 Please indicate your political preference.

- ☐ very left
- ☐ moderate left
- ☐ neither left nor right
- ☐ moderate right
- ☐ very right
- ☐ no opinion
- ☐ prefer not to say

24 Everyone over 18 in the Netherlands receives a form from the Ministry of Public Health to indicate their choice as to organ donation. Have you completed and returned this form?

- ☐ yes
- ☐ no (*go to question 26*)
- ☐ do not remember (*go to question 26*)

25 What was your decision?

- ☐ I am not offering my organs for donation
- ☐ I am offering all of my organs for donation
- ☐ I am donating some of my organs
- ☐ I am leaving the choice to my relatives
- ☐ I do not remember

2. Donorship

The next set of questions is about donating blood or plasma. If you have just become a donor and have not yet given blood, skip these questions and move on to question 37.

26 Have you ever been unable to donate due to:

a. low haemoglobin (Hb)?
- ☐ yes
- ☐ no

b. irregular pulse rate?
- ☐ yes
- ☐ no

c. high blood pressure?
- ☐ yes
- ☐ no

d. low blood pressure?
- ☐ yes
- ☐ no

27 Is it easy to draw blood from you?
- ☐ yes
- ☐ no
- ☐ do not know

28 From which of your arms is blood usually taken?
- ☐ left
- ☐ right
- ☐ sometimes left, sometimes right

29 Are there physical signs by which you feel that it is time to give blood again?
(*Indicate any of these that apply to you*)
- ☐ yes, namely
  - ☐ headache
  - ☐ tiredness
  - ☐ other:_ _
- ☐ no

30 Are there physical symptoms in the first few days after giving blood by which you notice that you have given blood?
(*Indicate any of these that apply to you*)
- ☐ yes, positive effects, namely:
  - ☐ less tiredness
  - ☐ less dizziness
  - ☐ less headache
  - ☐ other:_ _
- ☐ yes, negative effects, namely:
  - ☐ more tiredness
  - ☐ more dizziness
  - ☐ more headache
  - ☐ other: _
- ☐ no

31 Have you ever not answered an invitation to donate blood?

- ☐ yes
- ☐ no *(go to question 33)*

32 What is most often the reason?
(*Indicate any of these that apply to you*)

- ☐ work or study
- ☐ physical complaints / illness
- ☐ holiday / stay abroad
- ☐ sport / hobby
- ☐ forgot
- ☐ no time
- ☐ no inclination
- ☐ other: _____

33 Have you ever become unwell during or just after giving blood?

- ☐ yes ☐ times
  The last time was in (year) ☐☐☐☐
- ☐ no

34 Did you have any side effects during or immediately after the **last** time you gave blood?
(*Indicate any of these that apply to you*)

- ☐ yes, bruises
- ☐ yes, fainting
- ☐ yes, tingling
- ☐ yes, stiffness
- ☐ yes, other: _____
- ☐ no

35 Please indicate how much you agree with the following statements.
Place a cross in one of the five squares in each row

I find giving blood:

		1	2	3	4	5	
a.	negative	☐	☐	☐	☐	☐	positive
b.	good	☐	☐	☐	☐	☐	bad
c.	not worthwhile	☐	☐	☐	☐	☐	worthwhile
d.	pleasant	☐	☐	☐	☐	☐	unpleasant
e.	annoying	☐	☐	☐	☐	☐	nice
f.	unappealing	☐	☐	☐	☐	☐	appealing

36 Please indicate how much you agree with the following statements.
1=completely disagree; 2=disagree; 3=neither agree nor disagree; 4=agree; 5=completely agree

		completely disagree				completely agree
		1	2	3	4	5
a.	My partner thinks I should continue giving blood as long as my health allows it.	☐	☐	☐	☐	☐
	☐ does not apply, I do not have a partner					
b.	I find it inconvenient to give blood time after time.	☐	☐	☐	☐	☐
c.	I feel morally obliged to give blood.	☐	☐	☐	☐	☐
d.	Being a blood donor is an important part of who I am.	☐	☐	☐	☐	☐
e.	If I wanted to, I would be able to continue giving blood as long as my health allows it.	☐	☐	☐	☐	☐
f.	When I receive an invitation to give blood, I consider it a matter of course to do so.	☐	☐	☐	☐	☐
g.	I would feel sorry if I could no longer give blood.	☐	☐	☐	☐	☐
h.	It is always enjoyable at the blood bank; the atmosphere there is pleasant.	☐	☐	☐	☐	☐
i.	My family and friends think that I should continue giving blood as long as my health allows it.	☐	☐	☐	☐	☐
j.	I am planning to continue giving blood as long as my health allows it.	☐	☐	☐	☐	☐
k.	Being a blood donor means more to me than just giving blood.	☐	☐	☐	☐	☐
l.	I will continue to be a blood donor until it is no longer possible for me to donate.	☐	☐	☐	☐	☐
m.	The staff at the blood bank is professional and reliable.	☐	☐	☐	☐	☐
n.	I would feel guilty if I did not give blood.	☐	☐	☐	☐	☐
o.	Not giving blood is actually against my principles.	☐	☐	☐	☐	☐
p.	When I receive an invitation from the blood bank, I automatically go to give blood.	☐	☐	☐	☐	☐
q.	I think that I will continue to give blood as long as my health permits it.	☐	☐	☐	☐	☐
r.	The staff at the blood bank is always friendly to me.	☐	☐	☐	☐	☐

3. Lifestyle

37 How many times a week do you consume the following foods?

	food	never	less than 1 day a week	1-2 days a week	3-5 days a week	(almost) every day
a.	milk products (*e.g., milk, yogurt, pudding, cheese, cream cheese*)	☐	☐	☐	☐	☐
b.	fruit	☐	☐	☐	☐	☐
c.	vegetables	☐	☐	☐	☐	☐
d.	whole-wheat products (*e.g., brown bread, muesli, breakfast cereals*)	☐	☐	☐	☐	☐
e.	meat, meat products	☐	☐	☐	☐	☐
f.	fish	☐	☐	☐	☐	☐

38 Do you ever drink coffee?
(*Do not include decaffeinated coffee*)

☐ yes
☐ no *(go to question 40)*

39 How many cups of coffee do you drink on average **every day**?
(*Do not include decaffeinated coffee*)

☐ 1 - 2 cups
☐ 3 - 4 cups
☐ 5 - 6 cups
☐ 7 cups or more

40 Do you ever drink alcoholic beverages?

☐ yes
☐ no (*go to question 44*)

41 How many days a week have you had an alcoholic beverage in **the past year**?

☐ less than 1 day a week (*go to question 44*)
☐ 1 - 2 days a week
☐ 3 - 5 days a week
☐ (almost) every day

42 How many glasses of alcoholic beverages and of what sort did you drink in total in **the last week from Monday to Thursday**?

☐☐ glasses of beer
☐☐ glasses of white wine
☐☐ glasses of red wine
☐☐ glasses of port, sherry, vermouth
☐☐ glasses of strong drink (*e.g. whisky, vodka*)

43 How many glasses of alcoholic beverages and of what sort did you drink in total **last weekend from Friday to Sunday**?

☐☐ glasses of beer

☐☐ glasses of white wine

☐☐ glasses of red wine

☐☐ glasses of port, sherry, vermouth

☐☐ glasses of strong drink (*e.g. whisky, vodka*)

44 Do you smoke?

☐ yes

☐ no, but I used to smoke

I stopped when I was ☐☐ years old

☐ no, I have never smoked (*go to question 48*)

45 Wat do, or did, you smoke?

☐ only cigarettes or hand-rolled cigarettes

☐ only cigars or a pipe (*go to question 48*)

☐ both

46 How many cigarettes do, or did, you smoke on average **every day**?

☐☐

☐ I smoke, or smoked, less than 1 cigarette a day

47 How many years in total have you smoked **cigarettes?**
(*Do **not** include periods in which you did **not** smoke*)

☐☐

48 How often are you physically active **during your work or your daily activities**?

☐ seldom

☐ once in a while

☐ regularly

☐ often

49 How often are you physically active **in your leisure time**?

☐ seldom

☐ once in a while

☐ regularly

☐ often

50 How often do you ride a bicycle?
(*In this and the next question, include cycling to and from work, school, shops, etc., as well as recreational cycling. Do not include cycle racing or mountainbiking as a sport. You can include these in question 54.*)

- ☐ never (*go to question 52*)
- ☐ less than once a week (*ga naar vraag 52*)
- ☐ 1 - 2 times a week
- ☐ 3 - 4 times a week
- ☐ 5 - 6 times a week
- ☐ every day

51 How many hours do you ride a bicycle on average **every week**?

☐☐ hours ☐☐ minutes

52 How often do you go for a walk?

- ☐ never (*go to question 54*)
- ☐ less than once a week (*go to question 54*)
- ☐ 1 - 2 times a week
- ☐ 3 - 4 times a week
- ☐ 5 - 6 times a week
- ☐ every day

53 How many hours do you go for a walk on average **every week**?

☐☐ hours ☐☐ minutes

54 How often do you engage in sports activities?
(Do not include recreational cycling, walking and fishing and activities such as playing chess, checkers, and cards. Cycle racing and mountainbiking are to be included.)

- ☐ never (*go to question 56*)
- ☐ less than once a week (*go to question 56*)
- ☐ 1 - 2 times a week
- ☐ 3 - 4 times a week
- ☐ 5 - 6 times a week
- ☐ every day

55 How many hours do you spend on sports activities on average **every week**?

☐☐ hours ☐☐ minutes

56 Have you visited Turkey or any other non-European country in the past year?

- ☐ yes, I visited: _____
- _____
- _____
- _____
- _____
- ☐ no (*go to question 59*)

57 Did you have any vaccinations before you left?
(Such as vaccinations against hepatitus, yellow fever, etc.)

- ☐ yes (*go to question 59*)
- ☐ no
- ☐ don't remember (*go to question 59*)

58 Why did you not have any vaccinations?
(*Indicate any of these that apply to you*)

- ☐ I did not think it was necessary
- ☐ it was not required for the country to which I was going
- ☐ previous vaccinations were still effective
- ☐ I did not have the time
- ☐ I did not think of it
- ☐ another reason

59 Please indicate how much you agree with the following statements.
1=completely disagree; 2=disagree; 3=neither agree nor disagree; 4=agree; 5=completely agree

		completely disagree				completely agree
		1	2	3	4	5
a.	In general, most people can be trusted.	☐	☐	☐	☐	☐
b.	You can not be careful enough when you are dealing with other people.	☐	☐	☐	☐	☐
c.	I prefer to work towards my own wellbeing than towards the wellbeing of others.	☐	☐	☐	☐	☐
d.	I try to work towards the wellbeing of society.	☐	☐	☐	☐	☐
e.	I am not very interested in helping others.	☐	☐	☐	☐	☐
f.	It is important to me that I help others.	☐	☐	☐	☐	☐
g.	I think it is important to help the poor and the needy.	☐	☐	☐	☐	☐

4. Health and illness

60 Please indicate what you think of the following statements.
1=completely untrue; 2=mostly untrue; 3=neither true nor untrue; 4=mostly true; 5=completely true

	completely untrue				completely true
	1	2	3	4	5
a. I seem to get ill more easily than other people.	☐	☐	☐	☐	☐
b. I am just as healthy as other people I know.	☐	☐	☐	☐	☐
c. I expect my health to get worse in the coming years.	☐	☐	☐	☐	☐
d. My health is excellent.	☐	☐	☐	☐	☐

61 Have you been in contact with your GP about any of your health complaints in the past **3 months**?

☐ yes
☐ no

62 Have you undergone any medical treatment by a medical specialist in the past **12 months**? *(outpatient clinic, hopital stay)*

☐ yes
☐ no

63 Have you ever had a blood transfusion?

☐ yes ☐☐ times
☐ no (*go to question 65*)
☐ do not know (*go to question 65*)

64 In which year did you last have a blood transfusion?

☐☐☐☐

65 Which medicines or vitamin supplements do you now use or have you used in the past on a regular basis for **at least half a year**?

	Medicine / vitamin supplement	**yes, now**	**yes, ever**	**no, never**
a.	medicines for cardiovascular diseases (*e.g., for chest pain*)	☐	☐	☐
b.	diuretics	☐	☐	☐
c.	blood-diluting medicines	☐	☐	☐
d.	medicines for high blood pressure	☐	☐	☐
e.	medicines for high cholesterol levels	☐	☐	☐
f.	medicines for diabetes	☐	☐	☐
g.	sleeping pills	☐	☐	☐
h.	tranquillizers	☐	☐	☐
i.	antidepressives	☐	☐	☐
j.	medicines for asthma or chronic bronchitis	☐	☐	☐
k.	medicines for rheumatic disorders	☐	☐	☐
l.	painkillers	☐	☐	☐
m.	vitamin supplements	☐	☐	☐
n.	folic acid	☐	☐	☐
o.	vitamin A	☐	☐	☐
p.	vitamin B complex	☐	☐	☐
q.	vitamin C	☐	☐	☐
r.	fish oil	☐	☐	☐
s.	iron preparations (*iron pills*)	☐	☐	☐
t.	calcium	☐	☐	☐

66 Which of the following diseases or disorders have you ever had, as diagnosed by a medical doctor? Please indicate your age at the time of diagnosis.

	disease	**yes**	**no**	**age**
a.	cancer	☐	☐	☐☐

If you answered yes, in which organ? (*If in more than one organ, please indicate the organ in which the cancer first developed*)

☐ lung ☐ breast
☐ bladder ☐ prostate
☐ large bowel ☐ other: _____

	disease	yes	no	age
b.	heart attack / myocardial infarction	☐	☐	☐☐
c.	stroke (cerebral infarction / cerebral haemhorrage)	☐	☐	☐☐
d.	thrombotic leg	☐	☐	☐☐
e.	pulmonary embolism	☐	☐	☐☐
f.	aneurysm	☐	☐	☐☐
g.	raised blood pressure	☐	☐	☐☐
h.	raised cholesterol levels	☐	☐	☐☐
i.	diabetes	☐	☐	☐☐
j.	osteoporosis	☐	☐	☐☐
k.	rheumatic disease	☐	☐	☐☐
l.	enlarged prostate	☐	☐	☐☐
m.	thyroid abnormality	☐	☐	☐☐
n.	liver disease	☐	☐	☐☐
o.	kidney disease	☐	☐	☐☐
p.	asthma	☐	☐	☐☐
q.	bronchitis	☐	☐	☐☐
r.	COPD	☐	☐	☐☐
s.	sexually transmitted disease	☐	☐	☐☐
t.	fertility problem	☐	☐	☐☐
u.	haemochromatosis (bronze diabetes)	☐	☐	☐☐
v.	skin disease (e.g., psoriasis, eczema)	☐	☐	☐☐
w.	allergy - hay fever, house dust mite, pollen	☐	☐	☐☐
	- foods	☐	☐	☐☐
	- metals / solvents	☐	☐	☐☐

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5. Family composition and medical history

Questions 67 to 74 are about family members and their medical history. If a question does not apply to you, please indicate this by marking a cross in the corresponding square provided just under the question.

67 Please give the dates your **father and mother** were born and whether they are deceased.

	date of birth			deceased?	age at death
	day	month	year		
father	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
mother	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐

68 If you have **brothers and/or sisters**, please give their dates of birth and whether they are deceased.

☐ ***does not apply, I have no brothers or sisters***

		date of birth			deceased?	age at death
		day	month	year		
1	☐ brother ☐ sister	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
2	☐ brother ☐ sister	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
3	☐ brother ☐ sister	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
4	☐ brother ☐ sister	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
5	☐ brother ☐ sister	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
6	☐ brother ☐ sister	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
7	☐ brother ☐ sister	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
8	☐ brother ☐ sister	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
9	☐ brother ☐ sister	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐

69 If you have **children**, please give their dates of birth and whether they are deceased.

☐ ***does not apply, I have no children***

		date of birth			deceased?	age at death
		day	month	year		
1	☐ son ☐ daughter	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
2	☐ son ☐ daughter	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
3	☐ son ☐ daughter	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
4	☐ son ☐ daughter	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
5	☐ son ☐ daughter	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
6	☐ son ☐ daughter	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
7	☐ son ☐ daughter	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
8	☐ son ☐ daughter	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐
9	☐ son ☐ daughter	☐☐	☐☐	☐☐☐☐	☐ yes ☐ no	☐☐☐

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70 Please indicate which **family members (parents, brothers / sisters, children)** have, or have had, cancer. Include the year of birth of these family members.

☐ ***does not apply, none of my family members has cancer or has ever had cancer in the past***

example

family member with cancer	**year of birth**	**in which organ?** (If more than one organ, please give the organ in which the cancer started)
☒ father		☒ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☐ mother		☒ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☐ brother ☒ sister	1970	☒ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☒ brother ☐ sister	1965	☒ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other: Liver
☐ brother ☐ sister		☒ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☐ brother ☐ sister		☒ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☐ brother ☐ sister		☒ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:

family member with cancer	**year of birth**	**in which organ?** (If more than one organ, please give the organ in which the cancer started)
☐ father		☐ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☐ mother		☐ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☐ brother ☐ sister		☐ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☐ brother ☐ sister		☐ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☐ brother ☐ sister		☐ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☐ brother ☐ sister		☐ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☐ brother ☐ sister		☐ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☐ child		☐ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☐ child		☐ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:
☐ child		☐ lung ☐ bladder ☐ large bowel ☐ breast ☐ prostate ☐ other:

71 Please indicate which **family members** have had **a heart attack** (myocardial infarction).
Include the year of birth and the age at which that family member had his or her first heart attack.

☐ ***does not apply, none of my family members has ever had a heart attack***

family member who has had a heart attack	**year of birth**	**age at 1st heart attack**
☐ father		
☐ mother		
☐ brother ☐ sister		
☐ brother ☐ sister		
☐ brother ☐ sister		
☐ brother ☐ sister		
☐ brother ☐ sister		
☐ child		
☐ child		
☐ child		

72 Please indicate which **family members** have had a **stroke** (cerebral infarction or cerebral haemorrhage).
Include the year of birth and the age at which that family member had his or her first stroke.

☐ ***does not apply, none of my family members has ever had a stroke***

family member who has had a stroke	**year of birth**	**age at 1st stroke**
☐ father		
☐ mother		
☐ brother ☐ sister		
☐ brother ☐ sister		
☐ brother ☐ sister		
☐ brother ☐ sister		
☐ brother ☐ sister		
☐ child		
☐ child		
☐ child		

73 Please indicate which of your **family members** is a blood donor or has donated blood in the past. Include the year of birth of any of these family members.

☐ ***does not apply, none of my family members is now or has in the past been a donor***

family member	year of birth	now donor	donor in the past
☐ father		☐	☐
☐ mother		☐	☐
☐ brother ☐ sister		☐	☐
☐ brother ☐ sister		☐	☐
☐ brother ☐ sister		☐	☐
☐ brother ☐ sister		☐	☐
☐ brother ☐ sister		☐	☐
☐ child		☐	☐
☐ child		☐	☐
☐ child		☐	☐

74 Please indicate which of your **family members** has ever had a **blood transfusion**. Include the year of birth of these family members.

☐ ***does not apply, none of my family members has ever had a blood transfusion***

family member	year of birth
☐ father	
☐ mother	
☐ brother ☐ sister	
☐ brother ☐ sister	
☐ brother ☐ sister	
☐ brother ☐ sister	
☐ brother ☐ sister	
☐ child	
☐ child	
☐ child	

6. Menstruation, menopause and pregnancy

This section is for women only. Men continue from question 95.

75 How old were you when you had your first period? ☐☐ years old

76 Do you still have regular periods?

- ☐ yes
- ☐ no, I am pregnant
- ☐ no, I have been through the menopause
- ☐ no, for other reasons

I was ☐☐ years old when I had my last period

Questions 77, 78 and 79 ask you about your menstrual pattern.
If you are using the contraceptive pill, please give the pattern you had before you started taking the pill.
If you no longer menstruate, please give the pattern you had when you still had periods.

77 What is, or was, your menstrual pattern like?

- ☐ regular; rarely more than two days too early or too late
- ☐ irregular; often three to seven days too early or too late
- ☐ unpredictable (*go to question 79*)

78 How many days are, or were, there between the first day of one period and the first day of the next period? ☐☐ days
(*What is meant here is the average lenght of your cycle, for example, 28 days*)

79 How many days do, or did, your periods last on average? ☐☐ days
(*What is meant here is the lenght of your menstruation: this is the amount of time from the beginning of bleeding to when it has completely stopped, for example, 5 days*)

80 Have you ever been on the contraceptive pill?

- ☐ yes, I am presently on the pill
- ☐ yes, I have been on the pill
  I stopped when I was ☐☐ years old
- ☐ no (*go to question 83*)

81 How long have you been on the contraceptive pill in total? ☐☐ years **and** ☐☐ months
(*Do not include any periods of time during which you were not on the pill*)

82 What type of contraceptive pill do, or did, you take? _
(*Only give the most recent type of pill*)

83 Have you ever suffered from any of the symptoms of menopause?
(Hot flashes, heart palpitations, etc.)

- ☐ yes
- ☐ no
- ☐ this question does not apply to me, I have not yet entered menopause
  (*go to question 88*)

84 Have you ever taken hormones or used hormone plasters during or after menopause?

- ☐ yes, I am now taking hormones or using hormone plasters
- ☐ yes, I have taken hormones or used hormone plasters
  I stopped when I was ☐☐ years of age
- ☐ no (*go to question 88*)

85 What type of hormones do, or did, you take?
(*Only give the most recent type of hormone*)

_ _

86 What are, or were, the reasons for taking these hormones or using these hormone plasters?
(*Indicate any of these that apply to you*)

- ☐ for the symptoms of menopause
- ☐ to prevent or treat osteoporosis
- ☐ to protect against heart and cardiovascular diseases
- ☐ other: _

87 What is the total amount of time that you took these hormones or used these hormone plasters?
(*Do not include any periods during which you were not on these hormones*)

☐☐ years **and** ☐☐ months

88 Have you had a hysterectomy or other operation that included removing your uterus?

- ☐ yes
- ☐ no (*go to question 90*)

89 How old were you when your uterus was removed?

☐☐ years old

90 Have you had an operation whereby one or both ovaries were removed?

- ☐ yes
- ☐ no (*go to question 92*)

91 How old were you when one or both your ovaries were removed?

- ☐ ovary 1 ☐☐ years old
- ☐ ovary 2 ☐☐ years old
- ☐ both ovaries at the same time ☐☐ years old

92 Have you ever been pregnant?
(*Please include pregnancies that ended in miscarriage or that were terminated. If you are currently pregnant, include this pregnancy.*)

- ☐ yes ☐☐ times
- ☐ no (*go to question 95*)

93 When was your most recent pregnancy?

From ☐☐ (month) - ☐☐☐☐ (year) tot ☐☐ (month) - ☐☐☐☐ (year)

94 Did you breastfeed for longer than three months after your last pregnancy?

- ☐ yes
- ☐ no

7. Donorship

95 Are you satisfied with the number of times a year that you are invited to donate?

- ☐ yes
- ☐ no, I would like to be invited more often
- ☐ no, I would like to be invited less often
- ☐ no opinion, I have just become a donor

96 What made you decide to become a donor?
(*Indicate any of these that apply to you*)

- ☐ own initiative
- ☐ blood bank brochure
- ☐ blood bank canvass for new donors
- ☐ the newspaper
- ☐ the internet
- ☐ my family
- ☐ my friends or acquaintances
- ☐ other: _____

97 How often do you speak with people in your circle of acquaintances about blood donation?

- ☐ never
- ☐ occasionally
- ☐ regularly
- ☐ often

98 Have you ever encouraged someone to become a donor?

- ☐ yes
- ☐ no

99 Are there people among your direct acquaintances who are blood donors?
(*Indicate any of these that apply to you*)

- ☐ yes, partner
- ☐ yes, family member(s)
- ☐ yes, friends or acquaintances
- ☐ no

100 Would you like to have more information about the patients for whom the blood is intended?

- ☐ yes
- ☐ no

101 Would you like to have more information about the processing and the testing of the blood?

- ☐ yes
- ☐ no

The following statements are about the donation of blood or plasma. If you have recently become a donor and have not yet given blood, skip this question and go to question 103.

102 Please indicate how much you agree with the following statements.
1=completely disagree; 2=disagree; 3=neither agree nor disagree; 4=agree; 5=completely agree

		completely disagree				completely agree
		1	2	3	4	5
a.	My blood is needed.	☐	☐	☐	☐	☐
b.	I have the feeling that it would not matter if I gave blood.	☐	☐	☐	☐	☐
c.	I think the blood bank is a an organization that is quite professional.	☐	☐	☐	☐	☐
d.	It is easy to reach the blood bank by telephone.	☐	☐	☐	☐	☐
e.	There is enough opportunity to ask questions at the blood bank.	☐	☐	☐	☐	☐
f.	I am confident that the blood bank deals with my data with great care.	☐	☐	☐	☐	☐
g.	I feel like just another number when I go to give blood.	☐	☐	☐	☐	☐
h.	I am approached in a personal way at the blood bank.	☐	☐	☐	☐	☐
i.	I give blood so that I can keep an eye on my health.	☐	☐	☐	☐	☐
j.	It is easy for me to plan giving blood in my life.	☐	☐	☐	☐	☐
k.	I think that I am deferred too often.	☐	☐	☐	☐	☐
l.	I understand that there have to be rules about exclusion and deferral.	☐	☐	☐	☐	☐

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8. Comments and additions

103 If you have any comments on or additions to one or more questions, you may give these below.

We wish to emphasize that this is not the place to tell us about issues having to do with giving blood, such as changing or cancelling appointments, or to pass on information that is important for donating blood. For these matters, it is best to contact the donor administration of your blood bank.

Draft

Informed Consent

Finally, we would like you to fill in the questions below regarding consent and to sign the form. Once you have done this, your participation in the study will be official.

1. Do you consider yourself to be sufficiently informed about the aims and the content of the study, and do you grant permission for the (scientific) use of the data by Sanquin?

☐ yes

☐ no

2. Are you prepared to allow a blood sample to be taken in the future?

☐ yes

☐ no

3. Do you grant permission for Sanquin Blood Bank to request data on you from other databases and other health registers, in collaboration with other organizations than Sanquin Blood Bank?

☐ yes

☐ no

If you answered yes, what is the name and address of your GP?

Name: _____

_____

Address:

4. We may wish to approach you again in the future to take part in scientific research. You can decide at that point whether or not you wish to take part in the follow-up study. May we approach you for future research?

☐ yes

☐ no

Last name: _____ Initials: _____

Date of birth: ☐☐ ☐☐ 19☐☐

day month year

Signature:

MANY THANKS FOR FILLING IN THIS QUESTIONNAIRE!