1. Background information N

In this section, we will ask you a number of questions about your personal situation. For each question, check the box that is (most) applicable to you, or write the answer in the space provided.

1 What is today's day?

☐☐ - ☐☐ - 2 0 ☐☐
day month year

2 What is your date of birth?

☐☐ - ☐☐ - 1 9 ☐☐
day month year

3 Are you a man or woman?

☐ man
☐ woman

4 How tall are you?

☐☐☐ centimeters

5 How much do you weigh?
(Are you pregnant? If so, fill in your pre-pregnancy weight)

☐☐☐ kilograms

6 What is your marital status?

☐ single *(never married)*
☐ married or registered partnership
☐ divorced
☐ widow / widower

7 Which of the following best describes your living situation?

☐ I am a single person
☐ I am a single person with child(ren)
☐ I live with a spouse or partner
☐ I live with a spouse or partner and child(ren)
☐ I live with parents / family / friends
☐ I am a student living in student housing / with roommate(s)
☐ other

8 What is your ethnic background?
(Do you have parents with a different ethnic background? If so, select more than one answer)

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

9 What is the highest level of education you have completed for which you have received a diploma?

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

10 Are you active as volunteer within an organization?
(Volunteer work: work for which you do not receive a salary or payment, though you may receive some compensation for minor expenses)

- ☐ yes
- ☐ no

11 Which of the following applies to you?
(You may select more than one answer)

- ☐ I work (employed, self-employed, freelancer)
- ☐ I am in (early) retirement
- ☐ I am off work due to illness
- ☐ I am unemployed / looking for work
- ☐ I am unfit to work
- ☐ I am a housewife /house husband
- ☐ I am a student / high school student with a part-time job
- ☐ I am a student / high school student with a part-time job
- ☐ other

12 If you are currently employed, how many hours per week do you work, on average?
*(**Not** including commuting time)*

- ☐☐ hours per week
- ☐ not applicable as I am unemployed

13 What is your net monthly income?
(*This is the amount that your employer or welfare agency deposits in your account each month*)

- ☐ less than €500,-
- ☐ €501,- - €1000,-
- ☐ €1001,- - €1500,-
- ☐ €1501,- - €2000,-
- ☐ €2001,- - €2500,-
- ☐ €2501,- - €3000,-
- ☐ more than €3000,-
- ☐ I don't know / I'd rather not say

14 Do you own or rent your home?

- ☐ own
- ☐ rent

15 What is your religion affiliation?

- ☐ Roman Catholic
- ☐ Protestant Christian (Reformed, Dutch Reformed, Lutheran, Baptist, Evangelical, etc.)
- ☐ Islam
- ☐ Judaism
- ☐ Buddhism
- ☐ Hinduism
- ☐ other relegious affiliation
- ☐ none

16 Did you vote in the last parliamentary elections?

- ☐ yes
- ☐ no
- ☐ I can't remember
- ☐ I would prefer not to say

17 Are you an organ donor?

- ☐ yes
- ☐ no
- ☐ I am leaving it up to my next of kin
- ☐ I am leaving it up to a specific person, chosen by me
- ☐ I don't know

2. Donation

The following questions relate to the donation of blood or plasma.

18 Have you ever been deferred from giving blood or plasma due to:

a. too low Hb (Iron level)?
- ☐ yes
- ☐ no

b. Irregular pulse?
- ☐ yes
- ☐ no

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

d. too low blood pressure?
- ☐ yes
- ☐ no

19 Have you ever fainted during or immediately after giving blood?
- ☐ yes
- ☐ no *(go to Question 21)*

20 How bothersome did you find this?
- ☐ not bothersome at all
- ☐ not very bothersome
- ☐ neutral
- ☐ very bothersome
- ☐ very bothersome

21 Did you experience any side effects during or immediately after your **last** donation?
- ☐ yes
- ☐ no *(go to Question 23)*
- ☐ I don't remember *(go to Question 23)*
- ☐ not applicable, I wasn't allowed to donate last time (deferral) *(go to Question 23)*

22 Which side effect(s) did you experience during or immediately after your **last** donation *(You may select more than one answer)*

- ☐ fatigue
- ☐ bleeding at the puncture site
- ☐ bruising
- ☐ a painful arm
- ☐ tingling in the arm
- ☐ dizziness/lightheadedness
- ☐ headache
- ☐ nausea
- ☐ sweating
- ☐ hyperventilation
- ☐ fainting
- ☐ other

23 **In general**, how bothersome do you find side effects?
- ☐ not bothersome at all
- ☐ not bothersome
- ☐ neutral
- ☐ bothersome
- ☐ very bothersome
- ☐ not applicable, I have never experienced a side effect

24 You receive a reminder to donate or have made an appointment to donate. Does it ever happen, in spite of this, that you do not end up donation?

- ☐ yes
- ☐ no *(go to Question 26)*

25 What is usually the reason for this?
(You may select more than one answer)

- ☐ work or study
- ☐ physical aliments / illness
- ☐ vacation / stay abroad
- ☐ sports / hobby
- ☐ forgot
- ☐ no time / (too) busy
- ☐ didn't feel like it
- ☐ no transportation to donation location
- ☐ negative donor experience(s)
- ☐ opening times not extensive enough
- ☐ wait times at the donation location
- ☐ not feeling physically fit after a donation
- ☐ would rather donate with partner
- ☐ other

26 Below are six rows (a to f) with an extreme concept on either side. Cross off one of the five boxes per row. Cross off the box that is most applicable to you.

I find giving blood / plasma:

a.	negative	☐☐☐☐☐	positive
b.	good	☐☐☐☐☐	bad
c.	pointless	☐☐☐☐☐	meaningful
d.	pleasant	☐☐☐☐☐	unpleasant
e.	bothersome	☐☐☐☐☐	nice
f.	unappealing	☐☐☐☐☐	appealing

27 Please indicate the extent to which you agree or disagree with the following statements?

1=totally disagree; 2=disagree; 3=neutral; 4=agree; 5=totally agree

		totally disagree 1	2	3	4	totally agree 5
a.	My partner thinks that I should continue to give blood / plasma as long as my health allows it.	☐	☐	☐	☐	☐
		☐ I don't have a partner				
b.	I find it quite difficult to keep giving blood / plasma.	☐	☐	☐	☐	☐
c.	I feel a moral obligation to give blood / plasma.	☐	☐	☐	☐	☐
d.	Being a blood / plasma donor is an important part of who I am.	☐	☐	☐	☐	☐
e.	If I wanted to, I would be able to keep giving blood / plasma as long as my health allows it.	☐	☐	☐	☐	☐
f.	If I receive a reminder or have an appointment to give blood, it goes without saying that I will go.	☐	☐	☐	☐	☐
g.	I would be disappointed if I could not give blood / plasma anymore.	☐	☐	☐	☐	☐
h.	My family and friends think that I should continue to give blood / plasma as long as my health allows it.	☐	☐	☐	☐	☐
i.	I plan to continue giving blood as long as my health allows it.	☐	☐	☐	☐	☐
j.	Being a blood / plasma donor means more to me than just giving blood / plasma.	☐	☐	☐	☐	☐
k.	I will remain a blood / plasma donor until I am no longer allowed to donate.	☐	☐	☐	☐	☐
l.	I would feel guilty if I did not give blood / plasma.	☐	☐	☐	☐	☐
m.	Not giving blood / plasma is actually against my principles.	☐	☐	☐	☐	☐
n.	If I receive a reminder or have an appointment to give blood / plasma, I go.	☐	☐	☐	☐	☐
o.	I consider myself able to continue to give blood / plasma as long as my health allows it.	☐	☐	☐	☐	☐

3. Lifestyle

28 How often do you use the following food products each week?

	food product	never	less than 1 day per week	1-2 days a week	3-5 days a week	(almost) every day
a.	dairy products *(*e.g. milk, yoghurt, custard, cheese, quark*)*	☐	☐	☐	☐	☐
b.	fruit	☐	☐	☐	☐	☐
c.	vegetables	☐	☐	☐	☐	☐
d.	whole-grain products *(e.g. whole-wheat bread, muesli, cornflakes)*	☐	☐	☐	☐	☐
e.	meat, meat products	☐	☐	☐	☐	☐
f.	fish	☐	☐	☐	☐	☐

29 Do you ever drink coffee?
(Do not include decaffeinated coffee)

☐ yes
☐ no *(go to Question 31)*

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

☐ 1 - 2 cups of coffee
☐ 3 - 4 cups of coffee
☐ 5 - 6 cups of coffee
☐ 7 of more cups of coffee

31 Do you ever drink alcoholic beverages?

☐ yes
☐ no *(go to Question 35)*

32 How often do you generally drink alcoholic beverages?

☐ less than 1 day per week (*go to Question 35*)
☐ 1 - 2 days a week
☐ 3 - 5 days a week
☐ (almost) every day

33 How many glasses of alcoholic beverages do you drink on average **during the week (Monday to Thursday)**?

In total ☐☐ glasses, of which:

☐☐ glasses of beer
☐☐ glasses of white wine
☐☐ glasses of red wine
☐☐ glasses of rosé
☐☐ glasses port, sherry, vermouth
☐☐ glasses hard liquor (*e.g. whisky, vodka, rum*)

34 How many glasses of alcoholic beverages do you drink on average **on the weekend (Friday to Sunday)**?

In total ☐☐ glasses, of which:

☐☐ glasses of beer
☐☐ glasses of white wine
☐☐ glasses of red wine
☐☐ glasses of rosé
☐☐ glasses of port, sherry, vermouth
☐☐ glasses of hard liquor *(e.g. whisky, vodka, rum)*

35 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 39*)

36 What do (did) you smoke?

☐ cigarettes or tobacco only
☐ cigars and / or a pipe only (*go to Question 39*)
☐ both

37 How many cigarettes do (did) you smoke on average **per day**?

☐☐
☐ I smoke(d) less than one cigarette per day

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

☐☐ years in total

39 How often are you physically active **during your work or in your daily life**?

☐ rarely
☐ sometimes
☐ regularly
☐ often

40 How often are you physically active in your **free time**?

☐ rarely
☐ sometimes
☐ regularly
☐ often

41 How often do you ride a bike?
(*This question is about biking to and from work, school, stores, etc. as well as recreational biking. **Do not** include cycling for sport, i.e. competitive cycling or mountain biking. You will fill these activities in for Question 39*)

- ☐ never *(go to Question 43)*
- ☐ less than once a week (*go to Question 43*)
- ☐ 1 - 2 times a week
- ☐ 3 - 4 times a week
- ☐ 5 - 6 times a week
- ☐ every day

42 How many hours **per week** do you bike, on average?

☐☐ hours ☐☐ minutes

43 How often do you walk in your **free time**?

- ☐ never *(go to Question 45)*
- ☐ less than once a week *(go to Question 45)*
- ☐ 1 - 2 times a week
- ☐ 3 - 4 times a week
- ☐ 5 - 6 times a week
- ☐ every day

44 How many hours do you walk **per week**, on average?

☐☐ hours ☐☐ minutes

45 How often do you work out or play sports?
(***Do not** include: recreational biking, walking and activities like chess, checkers, fishing and playing cards. **Do** include: competitive cycling and mountain biking*)

- ☐ Less than once a week *(go to Question 47)*
- ☐ 1 - 2 times per week
- ☐ 3 - 4 times per week
- ☐ 5 - 6 times per week
- ☐ every day

46 How many hours **per** week do you work out or play sports, on average?

☐☐ hours ☐☐ minutes

47 Have you been in a country or area **outside of the Netherlands** in the past year?

- ☐ yes
- ☐ no *(go to Question 52)*

48 Have you been in **a European country** in the last year?
(Please note: Turkey is <u>also</u> considered to be a European country. You may select more than one answer)

☐ yes, to:

- ☐ Belgium, Luxembourg
- ☐ Germany
- ☐ France
- ☐ Greece
- ☐ Ireland
- ☐ Italy
- ☐ Croatia
- ☐ Austria
- ☐ Poland
- ☐ Portugal
- ☐ Scandinavia (Norway, Sweden, Denmark, Finland, Iceland
- ☐ Spain
- ☐ Turkey
- ☐ United Kingdom (England, Scotland, Wales, Northern Ireland)
- ☐ Switzerland
- ☐ other, please specify:

.....

.....

.....

☐ no

49 Have you been in **a non-European country** in the past year?
(Please note: fill in Turkey for Question 48.You may select more than one answer)

☐ yes, to:

- ☐ Australia
- ☐ Aruba / Curaçao
- ☐ Canada
- ☐ China / Hong Kong
- ☐ Egypt
- ☐ Indonesia
- ☐ Morocco
- ☐ Mexico
- ☐ Thailand
- ☐ United States (America)
- ☐ South Africa
- ☐ other, please specify:

.....

.....

.....

☐ no

50 Did you get vaccinated before you left?
(Vaccination against hepatitis, yellow fever, etc.)

☐ yes *(go to Question 52)*

☐ no

☐ I don't remember *(go to Question 52)*

51 Why didn't you get vaccinated?
(You may select more than one answer)

☐ I didn't think it was necessary

☐ it was not necessary, given the destination

☐ an earlier vaccination still offered protection

☐ I didn't have time

☐ I didn't think about it

☐ for another reason not listed here

52 Please indicate the extent to which you agree or disagree with the following statements?

1=totally disagree; 2=disagree; 3=neutral; 4=agree; 5=totally agree

		totally disagree				totally agree
		1	2	3	4	5
a.	In general, most people are worthy of trust	☐	☐	☐	☐	☐
b.	You cannot be too cautious in your interactions with other people	☐	☐	☐	☐	☐
c.	I'd rather work for my own well being than for that of others	☐	☐	☐	☐	☐
d.	I strive to work toward the well being of society as a whole	☐	☐	☐	☐	☐
e.	I have little left to help other people	☐	☐	☐	☐	☐
f.	I think it is important to do things for others	☐	☐	☐	☐	☐
g.	I think it is important to help the poor and others that need it	☐	☐	☐	☐	☐

4. Health and illness

53 Please indicate what your response is to the following statements?

1=totally incorrect; 2=mostly incorrect; 3=I don't know; 4=mostly correct; 5=totally correct

		totally incorrect				totally incorrect
		1	2	3	4	5
a.	I seem to get sick more easily than other people	☐	☐	☐	☐	☐
b.	I'm just as healthy as the other people I know	☐	☐	☐	☐	☐
c.	I expect that my health will decline in the next few years	☐	☐	☐	☐	☐
d.	I am in excellent health	☐	☐	☐	☐	☐

54 Have you been in touch with your doctor in the last **3 months** about a health issue you have had?

☐ yes
☐ no

55 Have you received medical treatment from a specialist in the last **12 months**? *(outpatient or inpatient)*

☐ yes
☐ no

56 Have you ever had a blood transfusion? *(Blood transfusion: the receipt of blood products such as red blood cells, plasma or blood platelets during surgery or a birth, for example)*

☐ yes ☐☐ times
☐ no *(go to Question 58)*
☐ I don't remember *(go to Question 58)*

57 What year was this? *(Use the year of the last blood transfusion)*

☐☐☐☐

58 Which medicines and / or vitamins do you take **now** or have you taken in the past regularly for a period of **at least six months**?

	Medicines / vitamins	**yes, now**	**yes, but not any longer**	**no, never**
a.	medicine for cardiovascular illness *(e.g. for chest pain)*	☐	☐	☐
b.	diuretics	☐	☐	☐
c.	anti-coagulants (blood thinners)	☐	☐	☐
d.	medicine for high blood pressure	☐	☐	☐
e.	medicine for high cholesterol	☐	☐	☐
f.	medicines for diabetes	☐	☐	☐
g.	sleeping pills	☐	☐	☐
h.	sedatives	☐	☐	☐
i.	antidepressants	☐	☐	☐
j.	medicine for asthma/ chronic bronchitis	☐	☐	☐
k.	medicine for rheumatic diseases	☐	☐	☐
l.	painkillers	☐	☐	☐
m.	vitamins	☐	☐	☐
n.	folic acid	☐	☐	☐
o.	fish oil	☐	☐	☐
p.	iron supplements	☐	☐	☐
q.	calcium	☐	☐	☐

59 Which of the following illnesses or conditions have you **ever** been diagnosed with by a doctor? Indicate how old you were when a doctor first made this diagnosis.

	Condition	yes	no	age when diagnosed
a.	cancer	☐	☐	☐☐
	If yes, in which organ? *(Was it more than one organ? If so, specify the organ in which it began)*	☐ lung(s) ☐ bladder ☐ colon ☐ breast(s) ☐ prostate ☐ skin ☐ cervix ☐ other		
b.	heart attack / myocardial infarction	☐	☐	☐☐
c.	stroke (cerebral infarction / cerebral hemorrhage)	☐	☐	☐☐
d.	thrombosis	☐	☐	☐☐
e.	pulmonary embolism	☐	☐	☐☐
f.	aneurism (dilation of blood vessels)	☐	☐	☐☐
g.	claudication	☐	☐	☐☐
h.	high blood pressure	☐	☐	☐☐
i.	high cholesterol	☐	☐	☐☐
j.	diabetes	☐	☐	☐☐
k.	osteoporosis	☐	☐	☐☐
l.	rheumatic diseases	☐	☐	☐☐
m.	enlarged prostate	☐	☐	☐☐
n.	thyroid abnormality	☐	☐	☐☐
o.	liver disease	☐	☐	☐☐
p.	kidney disease	☐	☐	☐☐
q.	asthma	☐	☐	☐☐
r.	bronchitis	☐	☐	☐☐
s.	COPD	☐	☐	☐☐
t.	venereal disease	☐	☐	☐☐
u.	fertility disorders	☐	☐	☐☐
v.	anemia (iron deficiency)	☐	☐	☐☐
w.	hemochromatosis (iron storage disease)	☐	☐	☐☐
x.	skin disorders (e.g. psoriasis, eczema)	☐	☐	☐☐

5. Family composition and medical history of direct family members

The following questions are about your family members and about the medical history of your direct family members. By direct family members, we mean: ***parents, brothers, sisters and children****. Is a question not applicable to you? Then select the option 'not applicable, I…' for the relevant question.*

60 Could you indicate the birthdates and, if applicable, dates of death for your **father and your mother**?

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

61 If you have **brothers and/or sisters**, please indicate when they were born and whether or not they have died.

☐ *not applicable, I do not have brothers or sisters*

		date of birth			deceased	age at time of death
		day	months	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	☐☐☐

62 If you have **children**, please indicate when they were born and whether or not they have died

☐ ***not applicable, I do not have children***

		date of birth			deceased	age at time of 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	☐☐☐

63 Which, if any, of your **direct family members** (parents, brothers, sisters, children) **currently** have cancer of have had cancer? *Specify the birth year of these family members and indicate the organ in which the cancer first appeared.*

Family member with cancer	**birthday**	**in which organ?** *(Was it more than one organ? Indicate the organ in which the cancer first appeared)*
☐ father	☐☐☐☐	☐ lung(s) ☐ bladder ☐ colon ☐ breast(s) ☐ prostate ☐ other
☐ mother	☐☐☐☐	☐ lung(s) ☐ bladder ☐ colon ☐ breast(s) ☐ prostate ☐ cervix ☐ other
☐ brother ☐ sister	☐☐☐☐	☐ lung(s) ☐ bladder ☐ colon ☐ breast(s) ☐ prostate ☐ cervix ☐ other
☐ brother ☐ sister	☐☐☐☐	☐ lung(s) ☐ bladder ☐ colon ☐ breast(s) ☐ prostate ☐ cervix ☐ other
☐ brother ☐ sister	☐☐☐☐	☐ lung(s) ☐ bladder ☐ colon ☐ breast(s) ☐ prostate ☐ cervix ☐ other
☐ brother ☐ sister	☐☐☐☐	☐ lung(s) ☐ bladder ☐ colon ☐ breast(s) ☐ prostate ☐ cervix ☐ other
☐ brother ☐ sister	☐☐☐☐	☐ lung(s) ☐ bladder ☐ colon ☐ breast(s) ☐ prostate ☐ cervix ☐ other
☐ child	☐☐☐☐	☐ lung(s) ☐ bladder ☐ colon ☐ breast(s) ☐ prostate ☐ cervix ☐ other
☐ child	☐☐☐☐	☐ lung(s) ☐ bladder ☐ colon ☐ breast(s) ☐ prostate ☐ cervix ☐ other
☐ child	☐☐☐☐	☐ lung(s) ☐ bladder ☐ colon ☐ breast(s) ☐ prostate ☐ cervix ☐ other

☐ ***not applicable, I don't have any direct family members that currently have cancer or have had cancer***

64 Which, if any, of you **direct family** member (parents, brothers, sisters, children) have had a **heart attack** (myocardial infarction)?
Indicate the birth year of these family members and their age at the time of the heart attack. Have they had more than one heart attack? Specify their age at the time of their first heart attack.

family member that had a heart	**birth year**	**age at time of heart attack**
☐ father		☐☐
☐ mother		☐☐
☐ brother ☐ sister	☐☐☐☐	☐☐
☐ brother ☐ sister	☐☐☐☐	☐☐
☐ brother ☐ sister	☐☐☐☐	☐☐
☐ brother ☐ sister	☐☐☐☐	☐☐
☐ brother ☐ sister	☐☐☐☐	☐☐
☐ child	☐☐☐☐	☐☐
☐ child	☐☐☐☐	☐☐
☐ child	☐☐☐☐	☐☐

☐ ***not applicable, I don't have any direct family members that have had a heart attack***

65 Which, if any of you **direct family** members(parents, brothers, sisters children) have had a **stroke** (cerebral infarction or cerebral hemorrhage)?
Indicate the birth year of these family members and their age the time of the stroke. Have they had more than one stroke? Specify their age at the time of their <u>first</u> stroke.

family member that had a stroke	birth year	age at time of stroke
☐ father		
☐ mother		
☐ brother ☐ sister		
☐ brother ☐ sister		
☐ brother ☐ sister		
☐ brother ☐ sister		
☐ brother ☐ sister		
☐ child		
☐ child		
☐ child		

☐ ***not applicable, I don't have any direct family members that have had a stroke***

66 Which, if any, of your **direct family members** (parents, brothers, sisters, children) have had a **blood transfusion**?
Indicate the birth year of these family members.
(Blood transfusion: the receipt of blood products such as red blood cells, plasma or blood platelets during surgery or a birth, for example)

family member that had a blood transfusion	birth year
☐ father	
☐ mother	
☐ brother ☐ sister	
☐ brother ☐ sister	
☐ brother ☐ sister	
☐ brother ☐ sister	
☐ brother ☐ sister	
☐ child	
☐ child	
☐ child	

☐ ***not applicable, I don't have any direct family members that have had a blood transfusion***

67 Which of your **direct family members** (parents, brothers, sisters, children) is currently or has ever been a blood or plasma donor?

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

☐ ***not applicable, I don't have any direct family members that are blood / plasma donors now or have ever been blood / plasma donors***

6. Menstruation, menopause and pregnancy

Only for women. Men may go to Question 89.

68 How old were you when you first got your period? ☐☐ years old

69 Have you had your period in the last 6 months?

- ☐ yes (go to Question 71)
- ☐ no, I am (was) pregnant
- ☐ no, due to menopause
- ☐ no, for another reason

70 I was ☐☐ Years old when I <u>last</u> got my period

Questions 71 up to and including 73 are about your menstrual cycle. Have you stopped menstruating? Then we mean what your menstruation cycle used to be like. Do you use hormone-based birth control (e.g. the pill)? Then we mean what your menstrual cycle was like before you started using this method of birth control.

71 What is or was your menstrual cycle like?

- ☐ regular, usually not more than two days too early or too late
- ☐ irregular, usually three to seven days to early or too late
- ☐ unpredictable *(go to Question 73)*

72 How many days are there or were there between the first day of your menstruation and the first day of your next menstruation? (*By this we mean your cycle, e.g. 28 days*) ☐☐ days

73 How many days does or did your menstruation usually last? *(By this we mean the time between the start of the flow of blood to when it stops completely, e.g. 5 days)* ☐☐ days

74 Have you ever used hormone-based birth control (e.g. the pill)?

- ☐ yes
- ☐ no *(go to Question 77)*

75 Which of the following **hormone-based** means of birth control do you use **now** or have you **ever** used? Indicate the <u>total</u> number of years that you (have) used this means of birth control. (*You may select more than one answer*)

means of birth control	yes	now, yes	used for how many years in total
☐ the pill	☐	☐	☐☐ years in total
☐ birth control shot/implant birth	☐	☐	☐☐ years in total
☐ control patch	☐	☐	☐☐ years in total
☐ IUD with hormones (*Mirena*)	☐	☐	☐☐ years in total
☐ contraception ring *(Nuvaring)*	☐	☐	☐☐ years in total
☐ other	☐	☐	☐☐ years in total

☐ I'd rather not say

76 At what age did you definitively stop using hormone-based birth control?
(Have you used more than one method? Indicate your age when you stopped using the last method you used)

☐☐ years old (age)

☐ not applicable, I still use hormone-based birth control

77 Have you ever experienced symptoms of menopause?
(e.g. hot flashes, heart palpitations, etc)

☐ yes

☐ no *(go to Question 81)*

78 Have you **ever** used estrogen (hormones) for **symptoms of menopause**?

☐ yes

☐ no (*go to Question 81)*

79 Which of the following forms of estrogen (hormones) do you use now or have you ever used for symptoms of menopause? Indicate the total number of years you used this product. *(You may select more than one answer)*

estrogen	yes,now	yes, in the past	how many years in total?
☐ Dagynil	☐	☐	☐☐ years in total
☐ Livial (*Tibolon*)	☐	☐	☐☐ years in total
☐ intranasal estradiol (*Aerodiol*)	☐	☐	☐☐ years in total
☐ estradiol patch (*Climara, Systen, Estracomb*)	☐	☐	☐☐ years in total
☐ estradiol implant (*Meno-Implant*)	☐	☐	☐☐ years in total
☐ estradiol pill *(Estrofem, Progynova, Zumenon)*	☐	☐	☐☐ years in total
☐ estriol pill *(Synapause-E3)*	☐	☐	☐☐ years in total
☐ ethinyl estradiol (*Lynoral)*	☐	☐	☐☐ years in total
☐ other	☐	☐	☐☐ years in total

☐ I'd rather not say

80 At what age did you definitively stop using estrogen (hormones) for symptoms of menopause? *(Have you used more than one method? Indicate your age when you stopped using the last method you used)*

☐☐ year (age)

☐ not applicable, I still use estrogen for symptoms of menopause

81 Have you ever had surgery to remove your uterus?

☐ yes

☐ no *(go to Question 83)*

☐ I don't know (go to Question *83)*

82 At what age was your uterus removed?

☐☐ year old (age)

83 Have you ever had surgery on your ovaries?

- ☐ yes
- ☐ no *(go to Question 86)*
- ☐ I don't know (*go to Question86)*

84 What kind of surgery (or surgeries) did you have?

- ☐ one ovary was completely removed
- ☐ both ovaries were completely removed
- ☐ a part of one ovary was removed
- ☐ a part of both ovaries was removed
- ☐ one ovary was completely removed and one was partially removed

85 At what age did you have this surgery (these surgeries)?

- ☐ left overy: ☐☐ years old (age)
- ☐ right overay: ☐☐ years old (age)

86 Have you ever been pregnant?
(Please include all pregnancies including those that resulted in miscarriage, ubal pregnancy, etc.)

- ☐ yes ☐☐ times
- ☐ no (go to Question *89)*

87 How many weeks did your pregnancy (pregnancies) last? *(Please include all pregnancies including those that resulted in miscarriage, tubal pregnancy, etc)*

pregnancy	**duration of pregnancy**	
1st	☐☐ weeks	☐ cannot say, I'm still pregnant now
2nd	☐☐ weeks	☐ cannot say, I'm still pregnant now
3rd	☐☐ weeks	☐ cannot say, I'm still pregnant now
4th	☐☐ weeks	☐ cannot say, I'm still pregnant now
5th	☐☐ weeks	☐ cannot say, I'm still pregnant now
6th	☐☐ weeks	☐ cannot say, I'm still pregnant now
7th	☐☐ weeks	☐ cannot say, I'm still pregnant now
8th	☐☐ weeks	☐ cannot say, I'm still pregnant now
9th	☐☐ weeks	☐ cannot say, I'm still pregnant now
10th	☐☐ weeks	☐ cannot say, I'm still pregnant now

88 After your **last** pregnancy, did you breastfeed for more than 3 months?

- ☐ yes
- ☐ no
- ☐ not applicable, I'm pregnant now
- ☐ not applicable, my last pregnancy did not result in a live birth

7. Donation

89 Are you satisfied with the number of times per year that you receive an invitation to donate or are able to make an appointment to donate?

- ☐ yes
- ☐ no, I would like to receive an invitation / make an appointment more often
- ☐ no, I would like to receive an invitation / make an appointment less often
- ☐ no opinion / not applicable

90 What made you decide to become a donor?
(You may select more than one answer)

- ☐ own idea
- ☐ brochure from the blood bank
- ☐ recruitment activities of the blood bank
- ☐ newspaper
- ☐ internet
- ☐ partner
- ☐ familiy
- ☐ friends or acquaintances
- ☐ other

91 How often do you talk to the people around you about blood / plasma donation?

- ☐ never
- ☐ sometimes
- ☐ regulary
- ☐ often

92 Are there people in your immediate surroundings that are blood / plasma donors?
(You may select more than one answer)

- ☐ yes, partner
- ☐ yes, family
- ☐ yes, friends or acquaintances
- ☐ no

93 Below are a number of statements about the donation of blood or plasma. Please indicate the extent to which you agree or disagree with the statements.

1=totally disagree; 2=disagree; 3=neutral; 4=agree; 5=totally agree

		totally disagree				totally agree
		1	2	3	4	5
a.	My blood / plasma is needed	☐	☐	☐	☐	☐
b.	I feel like Sanquin doesn't really need my blood / plasma	☐	☐	☐	☐	☐
c.	I think the blood bank is a professional organization	☐	☐	☐	☐	☐
d.	There is sufficient opportunity to ask questions at the blood bank	☐	☐	☐	☐	☐
e.	I am convinced that the blood bank is treats my personal information with care	☐	☐	☐	☐	☐
f.	I feel like a number when I give blood / plasma	☐	☐	☐	☐	☐
g.	I am approached personally at the blood bank	☐	☐	☐	☐	☐
h.	I give blood / plasma to monitor my own health	☐	☐	☐	☐	☐
i.	I can fit giving blood / plasma easily into my life	☐	☐	☐	☐	☐
j.	I understand the rules pertaining to exclusion and deferral	☐	☐	☐	☐	☐

8. Comments and additional information

Do you have any remarks or additions with regard to one or more of the questions? If so, you can include them below.

We would like to ask that you ensure that your remarks, comments and questions be focused on Donor InSight. Do you have questions, comments or complaints about your donor status, donation, invitation or appointment? If so, we kindly ask you to contact Sanquin Blood Supply's donor administration. You can contact them by phone at: 0800-256-332-265 or via the website: www.sanquin.nl/donate-blood.

Permission questions

Finally, we ask that you please answer the following permission-related questions. **Only after doing so will you officially be taking part in this research.**

1. Do you give permission for Sanquin to use the information you provided in this questionnaire to conduct scientific research?

☐ yes

☐ no

2. Would you be prepared to give a small amount of extra blood in the future?

☐ yes

☐ no

3. Do you give us permission to request your information from disease registries, such as GP records, the Central Bureau for Statistics or the National Cancer Registry?

☐ yes

☐ no

If so, what is your place of birth and the name and address of your GP?

Your place of birth: .....

Name GP: .....

Adress GP: .....

Location (city or town GP): .....

4. It is possible that we would like to contact you again for future scientific research. Of course you can decide then whether or not you would like to participate in the follow-up study. Would you mind if we contact you for future research?

☐ yes

☐ no

Last name: ..... Initials: .....

Date of birth: ☐☐ - ☐☐ - 1 9 ☐☐

day month year

Signature:

THANK YOU VERY MUCH FOR FILLING OUT THIS QUESTIONNAIRE!