Trillium Gift of Life Network

TGLN Donor Risk Assessment Interview (Donor >10 years old)

Trillium Gift of Life Network
483 Bay Street South Tower, 4th Floor Toronto Ontario M5G2C9

CSF-9-261

Donor Name: _____ **Donor Date of Birth:** __/__/____
First Middle Last DD/MM/YYYY

Place of Interview: ☐ Phone ☐ Hospital ☐ Other _____ **Date-Time Interviewed:** __/__/____ - __:__ EDT
DD/MM/YYYY hh:mm

Person Conducting Interview and Completing Form:

_____ _____ __/__/____ - __:__ EDT
Name (First and Last) Signature DD/MM/YYYY hh:mm

Person Interviewed: _____ _____
Name (First and Last) Relationship

Contact Information: _____ Canada
Address City Province Postal Code Country

__(____)_____ Phone Type: ☐ Home ☐ Cell ☐ Work
Phone

Complete this section if an additional person was interviewed ☐ N/A

Person Interviewed: _____ _____
Name (First and Last) Relationship

Contact Information: _____ Canada
Address City Province Postal Code Country

(____)_____ Phone Type: ☐ Home ☐ Cell ☐ Work
Phone

I want to advise you of the sensitive and personal nature of some of these questions. They are similar to those asked when someone donates blood. We ask these questions for the health of those who may receive her/his* gift of donation. I will read each question and you will need to answer to the best of your knowledge with a "Yes" or "No."

SECTION A: Person Interviewed

A1. How long have you known her/him*?		
A2. Do you know her/him* well enough to be able to answer questions about her/his medical history or social and relationship lifestyle?	☐ No ☐ Yes	*If no, please provide the following information of the best person(s) to contact:* A2a. Name: A2b. Relationship: A2c. Phone Number:

SECTION B: Infection & Communicable Illness

B1. In the past **12 months**, was she/he* investigated, diagnosed or treated for any type of infection?	☐ No ☐ Yes	B1a. What type of infection? B1b. Date and duration?

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		B1c. Treatment?
B2. Was she/he* **EVER** quarantined, investigated, diagnosed, or treated for an emerging infectious disease (e.g. Tuberculosis, Zika, MERS, Ebola, Monkeypox or COVID-19)?	☐ No ☐ Yes	B2a. Please explain and include date(s): B2b. Treatment?
B3. Did he/she* **EVER** have direct contact or exposure to a place or person who is known or suspected to have an emerging infectious disease (e.g. Tuberculosis, Zika, MERS, Ebola, Monkeypox or COVID-19)?	☐ No ☐ Yes	B3a. Please explain:
SECTION C: Other Illness		
C1. Did she/he* **EVER** receive an organ or tissue transplant, such as a kidney, dura mater, cornea, bone skin or heart valve?	☐ No ☐ Yes	C1a. Type of tissue or organ transplant? C1b. Date? C1c. Any complications?
C2. Did she/he* have any bone or joint disease such as osteoporosis?	☐ No ☐ Yes	C2a. Please explain: C2b. Treatment?
C3. Did she/he* have a colonoscopy or any history of digestive or intestinal problems such as: ulcerative colitis, bloody stools or Crohn's disease?	☐ No ☐ Yes	C3a. Please specify which problem and explain:
SECTION D: Donor Risk Assessment Interview (Donor > 10 yrs old)		
1. Where was she/he* born?		
2. What was her/his* occupation?		
3. Did she/he* have any health problems due to exposure to toxic substances such as pesticides, lead, mercury, gold, asbestos, agent orange, etc.?	☐ No ☐ Yes	3a. Describe toxic substance and treatment:

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4a. Did she/he* have a family physician or a specialist?	☐ No ☐ Yes	4a(i). When was her/his* last visit? 4a(ii). Why? 4a(iii). Provide any contact information (e.g., name, group, facility, phone number, etc.):
4b. Did she/he* use a medical facility such as a clinic or urgent care center?	☐ No ☐ Yes	4b(i). When was her/his* last visit? 4b(ii). Why? 4b(iii). Provide any contact information (e.g., name, group, facility, phone number, etc.):
5a. Did she/he* take any prescription medication recently or on a regular basis?	☐ No ☐ Yes	5a(i). What was it and/or what was it used for? *Was a steroid, such as prednisone named?* ☐ No ☐ Yes *If a steroid, such as prednisone was named, ask:* 5a(ii). How long? 5a(ii). What was the dose?
5b. Did she/he* take any non-prescribed medication or dietary supplements?	☐ No ☐ Yes	5b(i). What was it and/or what was it used for?

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6. Did she/he* recently have any symptoms such as:		*If any answer in question 6. is "yes", ask "when" this occurred <u>and</u> "describe symptoms and reasons", if known.*
6a. a fever?	☐ No ☐ Yes	6a(i). When? 6a(ii). Describe the fever and reason(s):
6b. cough?	☐ No ☐ Yes	6b(i). When? 6b(ii). Describe the cough and reason(s):
6c. diarrhea?	☐ No ☐ Yes	6c(i). When? 6c(ii). Describe the diarrhea and reason(s):
6d. swollen lymph nodes or glands in the neck, armpits or groin?	☐ No ☐ Yes	6d(i). When? 6d(ii). Describe the swollen lymph nodes or glands and reason(s):
6e. weight loss?	☐ No ☐ Yes	6e(i). When? 6e(ii). Describe how much weight loss and reason(s):
6f. a rash?	☐ No ☐ Yes	6f(i). When? 6f(ii). Describe the rash and reason(s):

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6g. sores in the mouth or on the skin?	☐ No ☐ Yes	6g(i). When? 6g(ii). Describe the sores and reason(s):
6h. night sweats?	☐ No ☐ Yes	6h(i). When? 6h(ii). Describe night sweats and reason(s):
6i. severe headache?	☐ No ☐ Yes	6i(i). When? 6i(ii). Describe the severe headache and reason(s):
6j. rapid decline in mental ability?	☐ No ☐ Yes	6j(i). When? 6j(ii). Describe rapid decline in mental ability and reason(s):
6k. seizures?	☐ No ☐ Yes	6k(i). When? 6k(ii). Describe seizures and reason(s):
6l. tremors?	☐ No ☐ Yes	6l(i). When? 6l(ii). Describe tremors and reason(s):
6m. difficulty walking?	☐ No ☐ Yes	6m(i). When? 6m(ii). Describe difficulty walking and reason(s):
7. Did she/he* have any allergies?	☐ No ☐ Yes	7a. What was she/he* allergic to? 7b. Describe reaction:

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8. Did she/he* know anyone who had a smallpox vaccination?	☐ No ☐ Yes	8a. Was **that person** vaccinated within the past two months? ☐ No ☐ Yes 8a(i). *If yes,* Did she/he* have contact with this person which includes touching the vaccination site, handling bandages that cover it, or handling bedding, clothing, or any other material that came in contact with the vaccination site? ☐ No ☐ Yes 8a(i)a. *If yes,* Did she/he* experience any symptoms or complications such as a rash, fever, muscle aches, headaches, nausea, or eye involvement? ☐ No ☐ Yes 8a(i)a(i). *If yes,* Explain:
9. Was she/he* **EVER** in a youth correctional facility, jail, lockup, or prison?	☐ No ☐ Yes	9a. How long? 9b. When? 9c. Where? 9d. Why?
10. Did she/he* **EVER** experience homelessness or live in a homeless shelter?	☐ No ☐ Yes	10a. When? 10b. How long?

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11. In the past **12 months** was she/he* bitten or scratched by any pet, stray, farm, or wild animal?	☐ No ☐ Yes	11a. What kind of animal? 11b. When? 11c. Did she/he* receive any medical treatment? ☐ No ☐ Yes 11c(i). *If yes,* By whom? 11d. Was the animal suspected of having rabies? ☐ No ☐ Yes 11e. Was the animal quarantined or tested? ☐ No ☐ Yes 11e(i). Which one? ☐ Quarantined ☐ Tested 11e(i)a. *If yes to tested,* What was the result?
12. In the past **12 months** was she/he* told by a healthcare professional that they had a West Nile virus infection?	☐ No ☐ Yes	12a. When was she/he* diagnosed? *Did this occur within the past 4 months?* ☐ No ☐ Yes 12a(i). *If this occurred within the past 4 months ask:* What was the name of the doctor/clinic?
13. In the past **12 months** did she/he* have any shots or immunizations, such as for the flu, MMR, yellow fever, hepatitis B, etc.?	☐ No ☐ Yes	13a. When? 13b. What kind was it? *Was smallpox/vaccinia named?* ☐ No ☐ Yes *<u>If smallpox/vaccinia was named</u>, ask:*

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		13b(i). Did she/he* experience any symptoms or complications such as a rash, fever, muscle aches, headaches, nausea, or eye involvement? ☐ No ☐ Yes 13b(i)a. *If yes,* When did these symptoms resolve? 13b(ii). Did the scab fall off or was it picked off? ☐ Fell off ☐ Picked off 13b(ii)a. When?
This is a reminder that these are standard questions we ask in every interview. Please answer to the best of your knowledge with a "Yes" or "No."		
14. In the past **12 months** did she/he* get a tattoo, touch up of an old tattoo, or permanent makeup?	☐ No ☐ Yes	14a. Were shared or non-sterile instruments, needles or ink used? ☐ No ☐ Yes 14b. Was the procedure performed outside of the United States or Canada? ☐ No ☐ Yes 14b(i). *If yes,* Where?
15. In the past **12 months** did she/he* have acupuncture, ear or body piercing?	☐ No ☐ Yes	15a. Were shared or non-sterile instruments or needles used? ☐ No ☐ Yes 15b. Was the procedure performed outside of the United States or Canada? ☐ No ☐ Yes 15b(i). *If yes,* Where?

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16a. In the past **12 months** did she/he* live or have close contact with a person who has hepatitis?	☐ No ☐ Yes	16a(i). What type of hepatitis did **that person** have? 16a(ii). Was that person sick from the virus during that time, such as having abdominal pain, joint pain, exhaustion, fever, nausea, vomiting, diarrhea, or yellowing of the eyes or skin? ☐ No ☐ Yes
16b. In the past **12 months** did she/he* live with a person who has tuberculosis?	☐ No ☐ Yes	16b(i). Describe what happened and when:
17. In the past **12 months** did she/he* come into contact with someone else's blood?	☐ No ☐ Yes	17a. Describe what happened and when: 17b. Was the other person involved known to have had, or suspected of having, HIV or hepatitis? ☐ No ☐ Yes
18. In the past **12 months** did she/he* have an accidental needle-stick?	☐ No ☐ Yes	18a. Describe what happened and when: 18b. Was the needle contaminated with blood from someone known to have had, or suspected of having, HIV or hepatitis? ☐ No ☐ Yes

As I described before, I want to remind you of the sensitive and personal nature of some of these questions. For medical and health reasons, we are required to ask these questions about all potential donors. Next, I will ask you about her/his* sexual history.

19. In the past **12 months** did she/he* have a sexually transmitted infection such as syphilis, gonorrhea, chlamydia, or genital ulcers, herpes, or genital warts?	☐ No ☐ Yes	19a. What was it?

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For the next part, sexual activity and sex refer to any method of sexual contact including vaginal, anal, and oral.

Please answer each question to the best of your knowledge with a "Yes" or "No."

20. In the past **5 years** was she/he* sexually active, even once?

☐ No

☐ Yes

If yes, complete questions 20a. to 20g.

For the following set of questions, please think about the past 5 years:

20a. Did she/he* have sex in exchange for money or drugs?
- ☐ No
- ☐ Yes

20a(i). *If yes,* When? _____

20b. Did she/he* have sex with a person who has had sex in exchange for money or drugs?
- ☐ No
- ☐ Yes

20b(i). *If yes,* When? _____

20c. **MALE DONOR only:** Did he have sex with another male?
- ☐ (N/A) Donor is Female
- ☐ No
- ☐ Yes

20c(i). *If yes,* When? _____

20d. **FEMALE DONOR only:** Did she have sex with a male who had sex with another male?
- ☐ (N/A) Donor is Male
- ☐ No
- ☐ Yes

20d(i). *If yes,* When? _____

20e. Did she/he* have sex with a person who used a needle to inject drugs that were not prescribed by their own doctor?
- ☐ No
- ☐ Yes

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		20e(i). *If yes,* When? ☐ 20f. Did she/he* have sex with a person who has received medication for a bleeding disorder such as hemophilia? ☐ No ☐ Yes *If yes,* 20f(i). Do you know the name of the medication? ☐ No ☐ Yes 20f(i)a. *If yes,* What was it? ☐ 20f(ii). Was the medication human derived? ☐ No ☐ Yes 20f(iii) When was it used? ☐ 20g. Did she/he* have sex with a person who had a positive test for, or was suspected of having, Hepatitis B, Hepatitis C, or HIV? ☐ No ☐ Yes *If yes,* 20g(i). Which virus and when? ☐ 20g(ii). Was that person sick from the virus during that time, such as having abdominal pain, joint pain, exhaustion, fever, nausea, vomiting, diarrhea, or yellowing of the eyes or skin? ☐ No ☐ Yes
21. In the past **5 years**, did she/he* receive medication for a bleeding disorder such as hemophilia?	☐ No ☐ Yes	21a. When? ☐ 21b. What was the reason? ☐ 21c. Do you know the name of the medication? ☐ No ☐ Yes 21c(i). *If yes,* What was it? ☐ 21d. Was the medication human derived? ☐ No

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		☐ Yes
22. Did she/he* **EVER** use or take drugs, such as steroids, cocaine, heroin, amphetamines, or anything **NOT** prescribed by her/his* doctor?	☐ No ☐ Yes	22a. What was it? 22b. How often and how long was it used? 22c. When was it last used? 22d. Were needles used? ☐ No ☐ Yes 22d(i). *If no,* How was it taken?
23a. Did she/he* **EVER** have a transplant or medical procedure that involved being exposed to <u>live</u> cells, tissues or organs from an animal?	☐ No ☐ Yes	23a(i). Explain:
23b. Did she/he* **EVER** live with, or have sex with, a person who had a transplant or medical procedure that involved being exposed to <u>live</u> cells, tissues or organs from an animal?	☐ No ☐ Yes	23b(i). Explain:
24. Was she/he* **EVER** told by a physician that she/he* had a disease of the brain or a neurological disease such as Alzheimer's, Parkinson's, multiple sclerosis, or epilepsy?	☐ No ☐ Yes	24a. What was she/he* told by a physician?

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25. Was she/he* **EVER** refused as a blood donor or told not to donate?	☐ No ☐ Yes	25a. What was the reason?
26. Did she/he* **EVER** have any kind of surgery?	☐ No ☐ Yes	26a. What kind? 26b. Where? 26c. When?
27. Did she/he* **EVER** travel or live outside of the United States or Canada?	☐ No ☐ Yes	27a. Where? 27b. When and for how long? 27c. Did she/he* **EVER** receive a blood transfusion or other medical treatment outside of the United States or Canada? ☐ No ☐ Yes *If yes,* 27c(i). What occurred (which one)? 27c(ii). Describe where and when: *If international travel or residency is extensive, be aware of query regarding vaccinations or other shots (within the past 12 months) at question #12.*

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28. Was she/he* **EVER** a U.S. military member, a civilian military employee, or a dependent of either?	☐ No ☐ Yes	28a. Did she/he* ever live or work on a U.S. military base outside the United States? ☐ No ☐ Yes *If yes,* 28a(i). In which country or countries? 28a(ii). When? *Did this occur between 1980 and 1996 in Europe?* ☐ No ☐ Yes 28a(ii)a. *If yes,* How long? *(estimate total time)* *If in the military in the past 12 months, be aware of query regarding vaccinations or other shots at question #12.*
29. Did she/he* **EVER** use or take human derived pituitary growth hormone?	☐ No ☐ Yes	29a. When was it used? 29b. What kind was it? 29c. In which country or countries did the treatment take place?

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30. Did she/he* **EVER** have a positive or reactive test for:		
30a. the HIV/AIDS virus?	☐ No ☐ Yes	30a(i). Explain:
30b. hepatitis?	☐ No ☐ Yes	30b(i). Explain:
30c. HTLV-I or HTLV-II?	☐ No ☐ Yes	30c(i). Explain:
30d. *T. cruzi* or told she/he* has Chagas' disease?	☐ No ☐ Yes	30d(i). Explain:
31. Did she/he* **EVER** have liver disease or hepatitis?	☐ No ☐ Yes	31a. What kind? 31b. When?
32. Did she/he* **EVER** have malaria?	☐ No ☐ Yes	32a. When? 32b. Where was she/he* treated?
33. Did she/he* **EVER** have cancer?	☐ No ☐ Yes	33a. What type? *Was skin cancer named?* ☐ No ☐ Yes 33a(i). *If skin cancer:* What kind? 33b. When was it diagnosed? 33c. Describe when and where surgery, radiation, or chemotherapy occurred:

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		33d. Was the cancer considered cured? ☐ No ☐ Yes 33d(i). *If yes,* When?
34. Did she/he* **EVER** smoke?	☐ No ☐ Yes	34a. What was it? *Was cigarettes named?* ☐ No ☐ Yes 34a(i). *If cigarettes:* How many packs per day? 34b. How many years? 34c. Did she/he* quit? ☐ No ☐ Yes 34c(i). *If yes,* When?
35a. Did she/he* **EVER** have lung disease such as asthma, COPD, or emphysema? **35b.** Did she/he* **EVER** have tuberculosis, or a positive skin or blood test for tuberculosis?	☐ No ☐ Yes ☐ No ☐ Yes	35a(i). Explain: 35b(i). Did she/he* receive treatment? ☐ No ☐ Yes *If yes,* 35b(i)a. When? 35b(i)b. How long?
36. Did she/he* **EVER** drink alcohol?	☐ No ☐ Yes	36a. What type? 36b. How often? 36c. How much? 36d. How long?

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37a. Did she/he* **EVER** have diabetes?	☐ No ☐ Yes	37a(i). For how many years? 37a(ii). Was it treated? ☐ No ☐ Yes 37a(ii)a. *If yes,* How?
37b. Did she/he* **EVER** have complications from diabetes?	☐ No ☐ Yes	*If yes, complete questions 37b(i). to 37b(vi).* 37b(i). Diabetic nerve pain or numbness in the feet, legs or hands? ☐ No ☐ Yes *If yes,* 37b(i)a. When? 37b(i)b. How long in duration? 37b(i)c. Was it treated? 37b(i)c(i). *If yes,* How? 37b(ii). Circulation problems in the feet, legs or hands? ☐ No ☐ Yes *If yes,* 37b(ii)a. When? 37b(ii)b. How long in duration? 37b(ii)c. Was it treated? 37b(ii)c(i). *If yes,* How? 37b(iii). Diabetes related amputation? ☐ No ☐ Yes *If yes,* 37b(iii)a. When? 37b(iii)b. How long in duration? 37b(iii)c. Was it treated? 37b(iii)c(i). *If yes,* How? 37b(iv). Diabetic kidney disease? ☐ No ☐ Yes *If yes,* 37b(iv)a. When? 37b(iv)b. How long in duration?

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		37b(iv)c. Was it treated? ☐ 37b(iv)c(i). *If yes,* How? ☐ 37b(v). Vision problems from diabetes? ☐ No ☐ Yes *If yes,* 37c(v)a. When? ☐ 37c(v)b. How long in duration? ☐ 37c(v)c. Was it treated? ☐ 37c(v)c(i). *If yes,* How? ☐ 37b(vi). Other complications from diabetes? ☐ No ☐ Yes *If yes,* 37b(vi)a. When? ☐ 37b(vi)b. How long in duration? ☐ 37b(vi)c. Was it treated? ☐ 37b(vi)c(i). *If yes,* How? ☐
38a. Did she/he* **EVER** have kidney disease, kidney stones, or frequent kidney infections?	☐ No ☐ Yes	38a(i). What did she/he* have? ☐ 38a(ii). When? ☐
38b. Was she/he* **EVER** treated with dialysis?	☐ No ☐ Yes	38b(i). Was it peritoneal dialysis or hemodialysis? ☐ Peritoneal Dialysis ☐ Hemodialysis 38b(ii). When? ☐
39. Did he/she* **EVER** have high blood pressure or high cholesterol?	☐ No ☐ Yes	39a. Which one (or both)? ☐ 39b. For how many years? ☐

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40. Did she/he* **EVER** have a heart attack or heart disease, such as a weak heart, a heart valve problem or an infection involving the heart?	☐ No ☐ Yes	40a. Explain: 40b. How was it treated?
41. Did she/he* **EVER** have circulation problems of the legs, such as varicose veins, blood clots, leg ulcers, or skin discoloration of the feet or ankles?	☐ No ☐ Yes	41a. Explain:
42. Did she/he* **EVER** have an autoimmune disease such as systemic lupus erythematosus, rheumatoid arthritis, sarcoidosis, etc.?	☐ No ☐ Yes	42a. What was it? 42b. Did she/he* take steroids? ☐ No ☐ Yes *If yes, complete 5a(ii) and 5a(iii).*
43. Did she/he* **EVER** have any eye problems, procedures, or surgery?	☐ No ☐ Yes	43a. *If yes to eye problems:* What kind of eye problems? 43b. *If yes to eye surgery or procedures:* What kind of surgery or procedure was performed and why? 43c. Which eye(s)? ☐ left ☐ right ☐ both ☐ unknown 43d. What is the name and/or phone number of her/his* eye doctor or eye clinic?
44. Did she/he* or **any** of her/his* relatives have any prion-related disease, such as Creutzfeldt-Jakob disease, which is also called CJD or variant CJD, or any form of mad cow disease?	☐ No ☐ Yes	44a. Who did? 44a(i). *If a relative,* Is this person a blood relative? *(Note: The definition of blood relative is a person who is related through a common ancestor and not by marriage or adoption)* ☐ No ☐ Yes

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		44a(i)a. *If yes,* Which blood relative? 44b. Is there a physician, relative, or other person who can provide more information? *(document discussion)*
45a. Did her/his* family have a history of diabetes?	☐ No ☐ Yes	45a(i). Describe type of relative, such as mother, father, sister, brother, etc.:
45b. Did her/his* family have a history of coronary artery disease, which is a buildup of plaque in the heart's arteries?	☐ No ☐ Yes	45b(i). Describe type of relative, such as mother, father, sister, brother, etc.:
Final Questions		
46. Are there other medical conditions you are aware of that we have not discussed?	☐ No ☐ Yes	46a. Describe:
47. Do you now have any concerns that her/his* donation should not proceed?	☐ No ☐ Yes	47a. Can you share your concerns?
48. Regarding these questions, are there other people, including healthcare professionals, who may provide additional information?	☐ No ☐ Yes	48a. Name(s) and contact information:
49. Do you have any questions about these questions?	☐ No ☐ Yes	49a. Document:
SECTION E: Funeral Arrangements		
E1. Have funeral or final resting place arrangements been made?	☐ No ☐ Yes	E1a. Which funeral home (or equivalent) did you make the arrangements with? E1b. Name(s) and contact information:

* The interviewer should mix the appropriate pronoun with other terms with which the historian can relate: the donor's given name; their nickname; inserting "your" father, mother, husband, wife, sister, brother, daughter, son, or child (as indicated).

TGLN Donor Risk Assessment Interview (Donor >10 yrs old)

		E1c. May we contact the funeral home to notify them of the donation and recovery timelines if required?

Additional Notes

* The interviewer should mix the appropriate pronoun with other terms with which the historian can relate: the donor's given name; their nickname; inserting "your" father, mother, husband, wife, sister, brother, daughter, son, or child (as indicated).