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

TGLN Donor Risk Assessment Interview
Birth Mother

CSF-9-263

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."

The DRAI Birth Mother must be completed in the following scenarios:

a) ≤10 year old donors who have been breastfed within the last 12 months
b) Donors who are ≤18 months old
c) Pediatric donors who never left the hospital since birth. See Question #27

❑ Only Birth Mother DRAI completed ❑ Additional DRAI Completed

SECTION A: Person Interviewed

A1. Is the person being interviewed the potential donor's birth mother?	❑No ❑Yes	A1a. *If no,* What is the birth mother's name? _____
A2. Do you know the potential donor's birth mother well enough to be able to answer questions about her 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: _____

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		A2c. Phone Number:
SECTION B: Infection & Communicable Illness		
B1. In the past **12 months**, have you (has she*) been investigated, diagnosed or treated for any type of infection?	❑No ❑Yes	B1a. What type of infection? B1b. Date and duration? B1c. Treatment?
B2. Have you (has she*) **EVER** been 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. Have you (has she*) **EVER** had 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: Donor Risk Assessment Interview Birth Mother		
1. Where were you (was she*) born?		
2a. Did you (she*) have a family physician or a specialist?	❑No ❑Yes	2a(i). When was your (her*) last visit? 2a(ii). Why? 2a(iii). Provide any contact information (e.g., name, group, facility, phone number, etc.):
2b. Did you (she*) use a medical facility such as a clinic or urgent care center?	❑No ❑Yes	2b(i). When was your (her*) last visit? 2b(ii). Why? 2b(iii). Provide any contact information (e.g., name, group, facility, phone number, etc.):

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3. Did you (she*) recently have any symptoms such as:		*If any answer in question 3. is "yes", ask "when" this occurred <u>and</u> "describe symptoms and reasons", if known.*
3a. a fever?	❑No ❑Yes	3a(i). When? 3a(ii). Describe the fever and reason(s):
3b. cough?	❑No ❑Yes	3b(i). When? 3b(ii). Describe the cough and reason(s):
3c. diarrhea?	❑No ❑Yes	3c(i). When? 3c(ii). Describe the diarrhea and reason(s):
3d. swollen lymph nodes or glands in the neck, armpits or groin?	❑No ❑Yes	3d(i). When? 3d(ii). Describe swollen the lymph nodes or glands and reason(s):
3e. weight loss?	❑No ❑Yes	3e(i). When? 3e(ii). Describe how much weight loss and reason(s):
3f. a rash?	❑No ❑Yes	3f(i). When? 3f(ii). Describe the rash and reason(s):
3g. sores in the mouth or on the skin?	❑No ❑Yes	3g(i). When? 3g(ii). Describe the sores and reason(s):
3h. night sweats?	❑No ❑Yes	3h(i). When? 3h(ii). Describe night sweats and reason(s):

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4. Were you (was she*) **EVER** in a youth correctional facility, jail, lockup, or prison? ?	❑No ❑Yes	4a. When? 4b. Where? 4c. For how long? 4d. Why?
5. Did you (Did she*) **EVER** experience homelessness or live in a homeless shelter?	❑No ❑Yes	5a. When? 5b. How long?
6. In the past **12 months** were you (was she*) bitten or scratched by any pet, stray, farm, or wild animal?	❑No ❑Yes	6a. What kind of animal? 6b. When? 6c. Did you (she*) receive any medical treatment? ❑No ❑Yes 6c(i). *If yes,* By whom? 6d. Was the animal suspected of having rabies? ❑No ❑Yes 6e. Was the animal quarantined or tested? ❑No ❑Yes 6e(i). Which one? ❑Quarantined ❑Tested 6e(ii). *If yes to tested,* What was the result?

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7. In the past **12 months** were you (was she*) told by a healthcare professional that you (she*) had a West Nile virus infection?	❑No ❑Yes	7a. When were you (was she*) diagnosed? *Did this occur within the past 4 months?* ❑No ❑Yes 7a(i). *If this occurred within the past 4 months ask:* What was the name of the doctor/clinic?
8. In the past **12 months** did you (she*) have any shots or immunizations, such as for the flu, MMR, yellow fever, hepatitis B, etc.?	❑No ❑Yes	8a. When? 8b. What kind was it? *Was smallpox/vaccinia named?* ❑No ❑Yes *<u>If smallpox/vaccinia was named</u>, ask:* 8b(i). Did you/she* experience any symptoms or complications such as a rash, fever, muscle aches, headaches, nausea, or eye involvement? ❑No ❑Yes 8b(i)a. *If yes,* When did these symptoms resolve? 8b(ii). Did the scab <u>fall off</u> or was it <u>picked off</u>? ❑Fell off ❑Picked off 8b(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."		
9. In the past **12 months** did you (she*) get a tattoo, touch up of an old tattoo, or permanent makeup?	❑No ❑Yes	9a. Were shared or non-sterile instruments, needles or ink used? ❑No ❑Yes 9b. Was the procedure performed outside of the United States or Canada? ❑No ❑Yes 9b(i). *If yes,* Where?

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10. In the past **12 months** did you (she*) have acupuncture, ear or body piercing?	❑No ❑Yes	10a. Were shared or non-sterile instruments or needles used? ❑No ❑Yes 10b. Was the procedure performed outside of the United States or Canada? ❑No ❑Yes 10b(i). *If yes,* Where?
11. In the past **12 months** did you (she*) live or have close contact with a person who has hepatitis?	❑No ❑Yes	11a. What type of hepatitis did **that person** have? 11b. 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
12. In the past **12 months** did you (she*) come into contact with someone else's blood?	❑No ❑Yes	12a. Describe what happened and when: 12b. Was the other person involved known to have had, or suspected of having, HIV or hepatitis? ❑No ❑Yes
13. In the past **12 months** did you (she*) have an accidental needle-stick?	❑No ❑Yes	13a. Describe what happened and when: 13b. 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 questions about sexual history.		
14. In the past **12 months** did you (she*) have a sexually transmitted infection such as syphilis, gonorrhea, chlamydia, or genital ulcers, herpes, or genital warts?	❑No ❑Yes	14a. What was it?
For the next part, sexual activity and sex refer to any method of sexual contact including vaginal, anal, and oral. I will read each question and you should answer to the best of your knowledge with a "Yes" or "No."		
15. The following questions relate to the past **5 years**:		

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15a. Did you (she*) have sex in exchange for money or drugs?	❑No ❑Yes	15a(i). When?
15b. Did you (she*) have sex with a person who has had sex in exchange for money or drugs?	❑No ❑Yes	15b(i). When?
15c. Did you (she*) have sex with a male who had sex with another male?	❑No ❑Yes	15c(i). When?
15d. Did you (she*) have sex with a person who used a needle to inject drugs that were not prescribed by their own doctor?	❑No ❑Yes	15d(i). When?
15e. Did you (she*) have sex with a person who has received medication for a bleeding disorder such as hemophilia?	❑No ❑Yes	15e(i). Do you know the name of the medication? ❑No ❑Yes 15e(i)a. *If yes,* What was it? 15e(ii). Was the medication human derived? ❑No ❑Yes 15e(iii) When was it used?
15f. Did you (she*) have sex with a person who had a positive test for, or was suspected of having, Hepatitis B, Hepatitis C, or HIV?	❑No ❑Yes	15f(i). Which virus and when? 15f(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
16. In the past **5 years**, did you (she*) receive medication for a bleeding disorder such as hemophilia?	❑No ❑Yes	16a. When? 16b. What was the reason?

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		16c. Do you know the name of the medication? ❑No ❑Yes 16c(i). *If yes,* What was it? 16d. Was the medication human derived? ❑No ❑Yes
17. Did you (she*) **EVER** use or take drugs, such as steroids, cocaine, heroin, amphetamines, or anything **NOT** prescribed by your/her* doctor?	❑No ❑Yes	17a. What was it? 17b. How often and how long was it used? 17c. When was it last used? 17d. Were needles used? ❑No ❑Yes 17d(i). *If no,* How was it taken?
18a. Did you/she* **EVER** have a transplant or medical procedure that involved being exposed to <u>live</u> cells, tissues or organs from an animal?	❑No ❑Yes	18a(i). Explain:
18b. Did you/she* **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	18b(i). Explain:

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19. Were you (was she*) **EVER** refused as a blood donor or told not to donate?	❑No ❑Yes	19a. What was the reason?
20. Did you (she*) **EVER** travel or live outside of the United States or Canada?	❑No ❑Yes	20a. Where? 20b. When and for how long? *If international travel or residency is extensive, be aware of query regarding vaccinations or other shots (within the past **12 months**) at question #7.*
21. Did you (she*) **EVER** have a positive or reactive test for:		21a(i). Explain:
21a. the HIV/AIDS virus?	❑No ❑Yes	
21b. hepatitis?	❑No ❑Yes	21b(i). Explain:
21c. HTLV-I or HTLV-II?	❑No ❑Yes	21c(i). Explain:
21d. *T. cruzi* or told you have (she* has) Chagas' disease?	❑No ❑Yes	21d(i). Explain:

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22. Did you (she*) **EVER** have a positive skin or blood test for tuberculosis?	❑No ❑Yes	22a. What test was positive and when? 22b. Did she/he* receive treatment? ❑No ❑Yes *If yes,* 22b(i). When? 22b(ii). How long?
23. Did you (she*) **EVER** have liver disease or hepatitis?	❑No ❑Yes	23a. What kind? 23b. When?
24. Did you (she*) **EVER** have malaria?	❑No ❑Yes	24a. When? 24b. Where were you (was she*) treated?
25. Were you (was she*) **EVER** treated with dialysis?	❑No ❑Yes	25a. If treated with dialysis, was it peritoneal dialysis or hemodialysis? ❑Peritoneal Dialysis ❑Hemodialysis 25b. When?
Final Questions		
26. Do you (Does she)* have other medical conditions that we have not discussed?	❑No ❑Yes	26a. Describe:
27. Regarding these questions about you (her*), are there other people, including healthcare professionals, who may provide additional information?	❑No ❑Yes	27a. Name(s) and contact information:
28. Do you have any questions about these questions?	❑No ❑Yes	28a. Document:

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Note to interviewer: *Question 29 must be asked if the child donor has not left the hospital since birth and a "TGLN DRAI Child donor ≤10 years old" will not be completed.*

❑ *Question 29 skipped* ❑ *Question 29 NOT skipped*

29. Did **any** of your child's relatives have any prion-related disease, such Creutzfeldt-Jakob disease, which is also called CJD, or any form of mad cow disease?	❑No ❑Yes	29a. Who did? 29a(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 29a(i)a. *If yes,* Which blood relative? 29b. Is there a physician, relative, or other person who can provide more information? *(document discussion)*

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).

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