

## Blood Donor's Questionnaire

### About Subsequent Occurrence of Undesirable Reaction to the Blood Collection

The collection of blood or its components may produce an undesirable reaction occurring after some hours or even days. Please, fill in this questionnaire, if you have observed any of the reaction as stated below. You will so help us to gain a better survey of the blood collection influence on your health. On the basis of your suggestions, we will seek for effective precautions for decreasing of blood donors' undesirable reactions to the blood collection.

Name:	Surname:
PIN/Day of birth:	Day of the blood collection:
<u>Type or extent &amp; appear of the reaction:</u>	
<u>Yes</u>	
Haematoma (haemorrhage, contusion, bruise) – diameter in centimetres:	
- up to 3 cm	<input type="checkbox"/>
- up to 8 cm	<input type="checkbox"/>
- more than 8 cm	<input type="checkbox"/>
Consequent haemorrhage in the place of puncture	
- within 1 hour	<input type="checkbox"/>
- within 12 hours	<input type="checkbox"/>
- within 24 hours	<input type="checkbox"/>
Arm ache after the blood collection	<input type="checkbox"/>
Sickness without consciousness lose	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Sickness with consciousness lose	<input type="checkbox"/>
- duration of unconsciousness	
Dermal allergic symptoms	<input type="checkbox"/>
- local affliction, where:.....	
- general appearance, what kind thereof:	
Vein inflammation in the place of puncture (it may possibly occur after some days)	<input type="checkbox"/>
Thrombosis (it may possibly occur after three weeks)	<input type="checkbox"/>
- where (organ, limb): .....	
<b>This is to confirm my subsequent undesirable reaction to the blood collection.</b>	
Date: <i>by sending automatically</i>	Time: <i>by sending automatically</i>

**SEND**