OMB No. 0925-0566 Expiration Date: 05-31-2008

## REDS-II LEUKOCYTE ANTIBODIES PREVALENCE (LAP) STUDY QUESTIONNAIRE

TODAY'S DATE:   [QED_QUEXDATE] M		SUBJECT ID # [STUDYID]
Question 1: Have you ever	received someone else's blood?	[QED_EVERTX]
☐ Yes	How many times in your life QED_HOWMANYTX  Once Twice Three or more times  When was your last transfus (best estimate) [QED_LASTTX [QED_LASTTX	ion?   _
For Female Donors Only (	Male Donors skip to end staten	nent):
live births, miscarriages, ter and tubal pregnancies. [DEI ☐ Yes ☐ No SKIP TO END STATE ☐ Don't Know  Question 3: How many time your life? Again, be sure to	rement  es have you been pregnant in include all pregnancies riages, terminated pregnancies, ncies.  M]	□ None  Question 5: How many of your pregnancies resulted in still birth? Again, please count the total pregnancies.  [QED_PREG_STILLBIRTH_NUM]  □ Enter Number of Pregnancies Resulting in Still Birth  □ None □ Don't Know  Question 6: How many of your pregnancies resulted in miscarriages or terminated pregnancies?  [QED_PREG_ABORT_NUM] □ Enter Number of Pregnancies Resulting in Miscarriage/Terminated pregnancy  □ None □ Don't Know
Question 4: How many of your pregnancies resulted in a live birth? Please count the total number of pregnancies which resulted in children. For example, if you had twins or other multiple births, count as a single pregnancy.  [QED_PREG_LIVEBIRTH_NUM]  Enter Number of Pregnancies Resulting in Live Birth		Question 7: The last time you were pregnant, in what month and year did the pregnancy end?             M M Y Y Y Y [QED_PREGEND_MM] [QED_PREGEND_YY] □ Don't Know
□ Don't Know		

## **END STATEMENT**