REDS-II DONOR IRON STATUS EVALUATION (RISE) STUDY BASELINE QUESTIONNAIRE

As part of the RISE study, sponsored by the National Heart, Lung, and Blood Institute of the National Institutes of Health (NIH), we would like to ask you some questions about your blood donation history, smoking history, diet, use of vitamins and/or supplements, and for women, a few questions about your reproductive history. Your responses will help us better understand iron status in blood donors and contribute valuable information for improving the health of blood donors. Your answers to all questions will be kept confidential and only be used for the purpose of this research.

– Month	 Day	Year
		 Month Day

Sponsored by National Heart, Lung, and Blood Institute National Institutes of Health (NIH)

SECTION A Your blood donation history:

1.	Is this the first time you have EVER donated blood? [RQ1_Ever_Donated] Yes {SKIP TO SECTION B, QUESTION 7} No	4.	Please tell us the total have made in the last 2 y [RQ4_DonationsPast2Y WRITE THE NUMBER	'ears]
	No No			R OF DONATIONS
2.	Including your most recent donation, how many times in your life have you donated blood?		Don't Know	
	[RQ2_Lifetime_Donations]	5.	DIFFERENT blood cente	
	 3 to 5 times 6 to 10 times 11 to 20 times 		[RQ5_Different_Blood_ Yes No	Centers]
	 More than 20 times Don't Know 		Don't Know	
0	Others there is done when some the last time some density d	6.	, ,	heresis donations? (Apheresis:
3.	Other than today, when was the last time you donated		č	ct blood components such as
	blood? [RQ3_PreviousDonationMO] [RQ3_PreviousDonationYR]		[RQ6_Apheresis_Donation	ls, or a combination of these)
	Month Year		☐ Yes → ☐ No	How many of these where apheresis donations? [RQ6_Apheresis_Donations_CNT]
	Don't Know			II NUMBER OF APHERESIS
•	YOUR LAST DONATION WAS MORE THAN 2 RS AGO SKIP TO SECTION B, QUESTION 7}			DONATIONS
				□ Don't Know

SECTION B Your smoking history:

7. Have you smoked at least 100 cigarettes in your entire life? [RQ7_Ever_Smoked]

Yes
No
Don't know

 Did you smoke ANY cigarettes during the last 90 DAYS (3 months)? [RQ8_Smoked_Past_90 days]

Yes

No {SKIP TO SECTION C QUESTION 11}
 Don't know

Thinking about the last 30 DAYS (1 month), on how many of these days did you smoke?
 [RQ9_DaysSmokedLast30]

WRITE THE NUMBER OF DAYS

Don't know

 In the LAST 30 DAYS, on the days that you DID smoke, about how many cigarettes did you usually smoke per day? [RQ10_CigarettesPerDay]

|____| WRITE THE NUMBER OF CIGARETTES

Don't know

SECTION C Your Diet:

11. Over the LAST 12 MONTHS, about how many times per week did you eat the following foods?

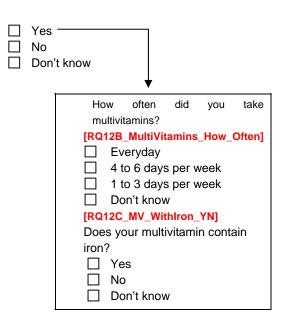
[When thinking about the foods you eat, remember to include soups, stews, sandwiches, lunch meats, casseroles and salads that are made with these food items.]

	Never	Less than once/ week	Once/ week	Twice/week	3-4 times/ week	5-6 times/ week	Once every day	2 or more times/day
Liver (any kind) [RQ11_Liver]								
Beef (including ground Beef) [RQ11_Beef]								
Lamb, Pork, Chicken, Turkey [RQ11_LPCT]								
Clams [RQ11_Clams]								
Oysters, Mussels, Shrimp, Sardines								
Other Fish [RQ11_OtrFish]								
Eggs [RQ11_Eggs]								
Dairy Products (Milk, Yogurt, Cheese) [RQ11_Dairy]								

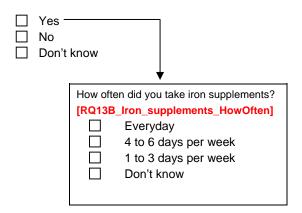
SECTION D

Your use of vitamin pills, supplements and aspirin:

 Over the LAST 12 MONTHS, did you take any multivitamins such as One-A-Day, Theragran, or Centrum type multivitamins (as pills, liquids, or packets) on a regular basis (at least once a week)?
 [RQ12A_MultiVitamins_YN]



 Over the LAST 12 MONTHS, did you take any iron supplements other than multivitamins on a regular basis (at least once a week)?[RQ13A_Iron_supplements_YN]



14.	Do you currently take Aspirin or Aspirin containing pain			
	relievers daily or nearly everyday? [RQ14A_AspirinQ]	Why? [RQ14B_Why_Aspirin]		
	 Yes No Don't Know 	 For heart or cardiac health For pain relief For both 		

{MALE DONORS SKIP SECTION E AND GO TO END STATEMENT}

SECTION E FOR FEMALE DONORS ONLY Your reproductive history:

. . .

- 15. Which of these statements best describes your current 16. What was the date when your last menstrual period menstrual status? started? [RQ16_LastPeriodMO] [RQ15_Menstrual_Status] [RQ16_LastPeriodYR] I am still having periods and am NOT going |____| through menopause Month Year I am still having periods, but am possibly going WRITE THE DATE OF YOUR LAST PERIOD through menopause My periods have stopped completely because I am having my period now I have gone through menopause {SKIP TO [RQ16_PeriodNow] QUESTION 19} I had an operation which stopped my periods 17. About how many periods did you have in the last year (12 **{SKIP TO QUESTION 19}** Months)? I am taking a medication that has stopped my [RQ17_NumberOfPeriods] periods completely {SKIP TO QUESTION 19} |____| My periods have stopped because of other WRITE THE NUMBER OF PERIODS reasons {SKIP TO QUESTION 19} 18. How would you describe your menstrual flow or bleeding?
- [RQ18_MenstrualFlow]

Spotting, a drop or two of blood, not even requiring sanitary protection though you
may prefer to use some.
Very light bleeding (you would need to change the least absorbent tampon or pad
one or two times per day, though you may prefer to change more frequently)
Light bleeding (you would need to change a low or regular absorbency tampon or
pad two or three times per day, though you may prefer to change more frequently)
Moderate bleeding (you would need to change a regular absorbency tampon or pad
every 3 to 4 hours, though you may prefer to change more frequently)
Heavy bleeding (you would need to change a high absorbency tampon or pad every
3 to 4 hours, though you may prefer to change more frequently)
Very heavy bleeding or gushing (protection hardly works at all; you would need to
change the highest absorbency tampon or pad every hour or two)

The next few questions are about your pregnancy history. This information is very important to this study because it will help improve the health of all women. So please take whatever time you need to answer them as accurately and completely as possible.

- 19. Have you ever been pregnant? Please include live births, miscarriages, still births, tubal pregnancies and abortions.
 - [RQ19_Ever_Pregnant]
 - □ No {SKIP TO END STATEMENT}
 - Don't know
- 20. How many times have you been pregnant in your life? Again, be sure to include live births, miscarriages, still births, tubal pregnancies and abortions.

[RQ20_NumberOfPregnancies]

|___| WRITE THE NUMBER OF PREGNANCIES

Don't know

 How many of your pregnancies resulted in a live birth? Please count the number of pregnancies, not number of live-born children. For example, if you had twins or other multiple births, count as a single pregnancy.

[RQ21_NumberOfLiveBirths] |____| WRITE THE NUMBER OF PREGNANCIES RESULTING IN LIVE BIRTHS

- No live births **{SKIP TO END STATEMENT}**
- 22. When was your last baby born?

[RQ22_LastBabyBornMO]

______ [RQ22_LastBabyBornYR] Month Year

END STATEMENT

The survey is now complete. We appreciate you taking the time to complete this survey. Your responses have provided us with valuable information.