

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

Thank you for your continued participation in the RISE study sponsored by the National Heart, Lung, and Blood Institute of the National Institutes of Health (NIH). Your continued participation is extremely important and will help us better understand iron status in blood donors. This follow-up survey will ask you questions about any changes in your smoking history, vitamins and supplements that you take and if you are a woman, a few questions about your reproductive history. New questions regarding sleeping and eating symptoms have been added. Your answers to all questions will be kept confidential and only be used for the purpose of this research.

*Public reporting burden for this collection of information is estimated to average 22 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0581). Do not return the completed form to this address.*



Today's Date:    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
                          Month                    Day                    Year

Blood Center ID: \_\_\_\_\_

Blood unit ID (BUI): \_\_\_\_\_



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AFFIX LABEL WITH ID HERE



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**SECTION A**

**Your smoking history:**

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1. SINCE YOU ENROLLED IN THIS STUDY, have you started smoking, stopped smoking, continued to smoke, or still do not smoke? PLEASE CHECK ONE BOX

[RFQ1\_Smoking\_Status]

- I started smoking
- I stopped smoking
- I have continued to smoke
- I still do not smoke

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

|\_|\_|\_| [RFQ1\_NumberOfDays]  
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?

|\_|\_|\_| [RFQ1\_NumberOfCigarettes]  
NUMBER OF CIGARETTES

Don't know

2. ARE YOU CURRENTLY TAKING 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)?

[RFQ2\_MultiVitamins\_YN]

- Yes
- No
- Don't know

When did you start?

|\_|\_|\_|\_|\_|\_|\_| [RFQ2\_MultiVitamins\_Month]  
|\_|\_|\_|\_|\_|\_|\_| [RFQ2\_MultiVitamins\_Year]  
Month Year

How often do you take multivitamins?

- Everyday
- 4 to 6 days per week
- 1 to 3 days per week
- Don't know

[RFQ2\_MultiVitamins\_How\_Often]

Does your multivitamin contain iron?

- Yes
- No
- Don't Know

[RFQ2\_MV\_With\_Iron\_YN]

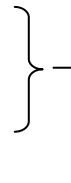


**SECTION C**  
**FOR FEMALE DONORS ONLY**  
**Your reproductive history:**

5. Which of these statements best describes your current menstrual status?

[RFQ5\_Menstrual\_Status]

- I am still having periods and am NOT going through menopause
- I am still having periods, but am possibly going through menopause
  
- My periods have stopped completely because I have gone through menopause
- I had an operation which stopped my periods
- I am taking a medication that has stopped my periods completely
- My periods have stopped because of other reasons



When did you stop having your menstrual period?  
[RFQ5\_PeriodStopped\_Month]  
|\_|\_|\_|\_| |\_|\_|\_|\_|  
Month Year ENTER THE DATE OF YOUR LAST PERIOD AND SKIP TO QUESTION 8  
[RFQ5\_PeriodStopped\_Year]

6. What was the date when your last menstrual period started?

[RFQ6\_LastPeriod\_Month]

|\_|\_|\_|\_| |\_|\_|\_|\_|  
Month Year

ENTER THE DATE OF YOUR LAST PERIOD

- I am having my period now

7. How would you describe your MOST RECENT menstrual flow or bleeding?

[RFQ7\_Menstrual\_Flow]

- 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)



12. Does the urge to move your legs begin, or do the unpleasant sensations begin or worsen, during periods of rest or inactivity such as when sitting or lying down?

[RFQ12\_SensationsWorsenInactive]

- Yes
- No
- Don't know

13. At what times is the urge to move your legs or the unpleasant sensations most bothersome?

[RFQ13\_TimeMostBothersome]

(Select a single answer)

- In the morning (before noon)
- In the afternoon (before supper)
- In the evening (after supper)
- At night while sleeping
- No difference by the time of day

14. Do you ever crave and regularly eat or chew non-nutritional substances, such as ice, clay, dirt, starch, raw pastas, chalk or coal?

[RFQ14\_CraveNonFood]

- Yes
- No (if No, Stop and Skip to END STATEMENT)

15. Which non-nutritional substances do you consume (check all applicable)?

- Ice [RFQ15\_ConsumeIce\_YN]
- Clay/Dirt [RFQ15\_ConsumeClay\_YN]
- Starch [RFQ15\_ConsumeStarch\_YN]
- Raw Pasta [RFQ15\_ConsumeRawPasta\_YN]
- Chalk [RFQ15\_ConsumeChalk\_YN]
- Coal (charcoal) [RFQ15\_ConsumeCoal\_YN]
- Other \_\_\_\_\_ [RFQ15\_ConsumeOther]

16. How often do you consume one or more of the above substance(s)?

[RFQ16\_Consume NonFood\_HowOften]

- Daily
- Weekly
- Monthly

17. How does blood donation impact these cravings?

[RFQ17\_BloodDonationImpact]

- Has no impact
- Cravings increase after each blood donation
- Cravings decrease after each blood donation

18. How long do your cravings last?

[RFQ18\_Craving\_Length]

- Less than 1 week
- 1 to 3 weeks
- 1 month or more
- Continual Cravings

19. Are you currently experiencing this type of craving?

[RFQ19\_Currently\_Craving]

- Yes
- No

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**END STATEMENT**

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

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