#### 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:		Day	Year
Blood Center ID:	<u> </u>		
Blood unit ID (BUI):	·		

AFFIX LABEL WITH ID HERE

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

# SECTION A Your smoking history:

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] Thinking about the last 30 DAYS (1 month), on I started smoking ► how many of these days did you smoke? I stopped smoking I have continued to smoke-► [RFQ1\_NumberOfDays] I still do not smoke 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

 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]

Ye <del>s ►</del> 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 Don't know [RFQ2_MultiVitamins_How_Often] Does your multivitamin contain iron? Yes No Don't Know [RFQ2_MV_With_Iron_YN]

3. ARE YOU CURRENTLY TAKING any iron supplements other than your multivitamins on a regular basis (at least once a week)?

[RFQ3_IronSupplements]	When did you start?	
☐ Yes →	[RFQ3_IronSupplements_Month]	
☐ No	[[RFQ3_IronSupplements_Year]	
☐ Don't know	Month Year	
	How often do you take iron supplements? [RFQ3_IronSupplements_How_Often] Everyday 4 to 6 days per week 1 to 3 days per week Don't know	

# SECTION B

Your use of vitamin pills, supplements and aspirin:

4.	Do you currently take Aspirin or Aspirin containing pain relievers daily or nearly everyday? [RFQ4_Aspirin_YN]		
	<ul> <li>Yes</li> <li>No</li> <li>Don't know</li> </ul>	Why? [RFQ4_WhyAspirin] For heart or cardiac health For pain relief For both	

# {MALE DONORS SKIP SECTION C AND GO TO SECTION D}

# SECTION C FOR FEMALE DONORS ONLY Your reproductive history:

5.	Whic	ch of these statements best describes your current m	enstrual status?	
	[RF	Q5_Menstrual_Status]		
		I am still having periods and am NOT going throug	h menopause	
		I am still having periods, but am possibly going three	ough menopause	
		My periods have stopped completely because I ha	ve gone through menopaus	ر se
		I had an operation which stopped my periods		
		I am taking a medication that has stopped my period	ods completely	2
		My periods have stopped because of other reason	S	
				- <b>+</b>
			When did you stop	
			having your menstrual pe	eriod?
			[RFQ5_PeriodStopped_Mor	nth]
				ENTER THE DATE OF
			Month Year	YOUR LAST PERIOD
				AND SKIP TO QUESTION 8
			[RFQ5_PeriodStopped_Ye	ar]

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

		[RFQ6_LastPeriod_Month]
		[RFQ6_LastPeriod_Year]
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)

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8. SINCE YOU ENROLLED IN THIS STUDY, have you given birth to a baby?

[RFQ8	_Given_	_Birth]
	Yes —	

	No
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►	When was this baby born?
	[RFQ8_LastBabyBorn_Month]
	Month Year
	[RFQ8_LastBabyBorn_Year]

#### SECTION D

These are additional questions regarding sleeping and eating symptoms:

9. When you try to relax in the evening or sleep at night, how often do you have unpleasant, restless feelings in your legs that can be relieved by walking or movement?

[RFQ9\_RestlessRelief\_HowOften]

Never

Rarely (once a month or less)

Sometimes (2 to 4 times a month)

Often (5 to 15 times a month)

□Very Often (16 or more times a month)

10. How often do you experience a strong urge to move your legs usually accompanied or caused by unpleasant sensations in your legs - for example, restlessness, creepy-crawly, or tingly feelings?

[RFQ10\_Sensation\_How\_Often]

Never

Rarely (once a month or less)

Sometimes (2 to 4 times a month)

Often (5 to 15 times a month)

□Very Often (16 or more times a month)

## IF ANSWERS TO BOTH QUESTIONS 9 AND 10 ARE "NEVER" THEN SKIP TO 14

11. Is the urge to move your legs or are the unpleasant sensations partially or totally relieved by movement, such as walking or stretching?

[RFQ11\_MovementRelief]

□Yes

□No

Don't know

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\_SensationsWorseInactive]

□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

 $\Box$ 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)?

□lce	[RFQ15_Consumelce_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	;?
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[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

## 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!