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| **Supplementary 1. Donor Health Questionnaire Form** | | | |
| **QUESTİONS** | | **YES** | **NO** |
| 1 | Have you read the information form? |  |  |
| 2 | Are you feeling healthy and well? |  |  |
| 3 | Have you ever been rejected from a blood donation center for any reason? |  |  |
| 4 | Have you taken antibiotics or antipyretics for an infectious disease within last month? |  |  |
| 5 | Have you received dental treatment in the past 12 months? |  |  |
| 6 | Have you ever had a sexual contact in exchange for money or drug? |  |  |
| 7 | Have you ever received a treatment for syphilis and gonorrhea? |  |  |
| 8 | Are you HIV positive or Do you think that you may be HIV positive Do you have AİDS disease or concerns about AIDS disease? |  |  |
| 9 | Have you ever had a sexual contact with an HIV positive person? |  |  |
| 10 | Have you ever had a sexual contact with a patient receiving blood products, undergoing dialysis or hemophilia? |  |  |
| 11 | Have you ever taken drugs such as heroin and cocaine? |  |  |
| 12 | Have you ever taken insulin, growth hormone, immunoglobulin, and tamaxifen? |  |  |
| 13 | Have you ever had a surgical operation or endoscopy within the past 6 months? |  |  |
| 14 | Do you have any cardiovascular, renal, lung, or gastrointestinal diseases? |  |  |
| 15 | Have you ever had a cancer disease or received cancer treatment? |  |  |
| 16 | Do you have history of malaria, tuberculosis, brucellosis, osteomyelitis, or Leishmaniasis? |  |  |
| 17 | Have you ever had homosexual relationship? |  |  |
| 18 | Have you ever been to Cameroon, Chad, Central Africa, Congo, Gabon, Niger, or Nigeria? |  |  |
| 19 | Had you been between 1990 and 1996 years in United Kingdom? |  |  |
| 20 | Have you ever been abroad except above mentioned countries? |  |  |
| 21 | Is there any person with the Cruetzfeldt-Jacop disease in your family? |  |  |
| 22 | Have you ever had corneal or dura mater transplants? |  |  |
| 23 | Have you had blood, tissue, or organ transplants in the past 12 months? |  |  |
| 24 | Have you ever had a contact with someone else’s blood in the past 12 months? |  |  |
| 25 | Did you get tattoo, acupuncture, botox, or hair transplantation in the past 12 months? |  |  |
| 26 | Have you ever taken a rabies vaccine due to an animal bite? |  |  |
| 27 | Have you ever stayed under arrest for more than 3 days in the past 12 months or had sexual contact with a person who stayed under arrest for more than 3 days? |  |  |
| 28 | Are there any important diseases in your family such as malignancy or autoimmune diseases? |  |  |