

Part 3. Medical histories

MH1 Have you ever received a blood transfusion? ☐ NO ☐ Yes ☐ Do not know

MH2 If yes, how many times? _____

MH3a Date of first transfusion _____

MH3b Reason (from List below) _____

*Reason list 1. Accident 2. Anemia 3. Leukemia 4. After surgery
5. After childbirth 6. Other (specify) _____*

MH4a Date for last transfusion _____

MH4b Reason (from list) _____

*Reason list 1. Accident 2. Anemia 3. Leukemia 4. After surgery
5. After childbirth 6. Other (specify) _____*

MH5 Have you been diagnosed with any of the following diseases (if yes, give year and hospital):

☐ NO ☐ Yes ☐ Do not know

MH61 1 Cancer (any type – specify if known):

Cancer _____ Year of diagnosis _____ Hospital _____

MH 62 Diseases of the Blood System

Check if yes	Diseases	Year of diagnosis	Hospital
	Leukemia (specify type if known)		
	Acute Myeloid Leukemia		
	Chronic Myeloid Leukemia		
	Acute Lymphocytic Leukemia		
	Chronic Lymphocytic Leukemia		
	Other leukemia, not known		
	Aplastic anemia		
	Anemia (other than aplastic)		
	Myelodysplastic syndromes		
	"Low blood count" If yes, type _____		
	Non-Hodgkin's lymphoma		
	Multiple myeloma		
	Other blood disease, not known		

MH I Other Diseases

Check if yes	Disease	Year of diagnosis	Hospital
	Tuberculosis		
	Hepatitis (circle type HAV, HBV, HCV)		
	Arthritis		
	Rheumatic fever		
	Infectious mononeucleosis		
	Diabetes		
	HIV		