

DF3

ANNUAL DONOR ASSESSMENT POST STEM CELL DONATION

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DONOR DATA	
Donor name:	
Donor ID:	
GRID number:	
Date of birth: (YYYY-MM-DD)	Date(s) of stem cell collection: (YYYY-MM-DD)
Type of donation:	<input type="checkbox"/> Bone marrow <input type="checkbox"/> PBSC
	<input type="checkbox"/> 1 st donation <input type="checkbox"/> 2 nd donation

Follow up at _____ year(s) post donation

How do you feel physically?	<input type="checkbox"/> better than usual	<input type="checkbox"/> normal	<input type="checkbox"/> worse than usual	<input type="checkbox"/> much worse than usual
If worse than usual, please specify:				
How do you feel emotionally?	<input type="checkbox"/> better than usual	<input type="checkbox"/> normal	<input type="checkbox"/> worse than usual	<input type="checkbox"/> much worse than usual
If worse than usual, please specify:				

Are you regularly followed by a doctor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, ask for further details:		
Are you taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, ask for further details:		
Have you had any contacts with the health care system? <i>If yes, please ask for a copy.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What was the most positive aspect of the whole donation experience for you?		
What was the least positive aspect of the whole donation experience for you?		
Do you have any suggestions as to how we can improve the care of future donors?		

Person completing form:	Date: (YYYY-MM-DD)	Signature:
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