

Maternal Risk Questionnaire

For questions 37 through 46, please refer to the charts below for a list of countries involved:

Reference Guide for Questions 37 & 40: Countries Considered to be at Risk for Transmission of vCJD				
Albania	France	Netherlands (Holland)	Switzerland	Yugoslavia (Federal Republic of):
Austria	Germany	Norway	United Kingdom:	Kosovo,
Belgium	Greece	Poland	England,	Montenegro,
Bosnia-Herzegovina	Hungary	Portugal	Northern Ireland,	Serbia
Bulgaria	Ireland (Republic of)	Romania	Scotland, Wales,	
Croatia	Italy	Slovak Republic	the Isle of Man,	
Czech Republic	Liechtenstein	Slovenia	the Channel Islands,	
Denmark	Luxembourg	Spain	Gibraltar or	
Finland	Macedonia	Sweden	the Falkland Islands	

37. **Since 1980**, have you ever lived in or traveled to any country considered to be at risk for transmission of vCJD (variant Creutzfeldt-Jakob disease)? (refer to chart)..... Yes No
If yes, answer questions 38 through 40. If no, skip to question 41.
38. **From 1980 through 1996**, did you spend time that adds up to 3 months or more in the United Kingdom (England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands)? Yes No
39. **Since 1980**, have you received a transfusion of blood or blood components while in the UK or France?..... Yes No
40. **Since 1980**, have you spent time that adds up to 5 years or more (including time spent in the UK between 1980 and 1996) in any country considered to be at risk for transmission of vCJD (variant Creutzfeldt-Jakob Disease)? (refer to chart) Yes No
41. **From 1980 through 1996**, were you a member of the U.S. military, a civilian military employee, or a dependent of either a member of the U.S. military or civilian military employee? Yes No
42. **From 1980 through 1990**, did you spend a total of 6 months or more associated with a military base in any of the following countries: United Kingdom, Belgium, Netherlands, or Germany? Yes No
43. **From 1980 through 1996**, did you spend a total of 6 months or more associated with a military base in any of the following countries: Spain, Portugal, Turkey, Italy, or Greece? Yes No

Reference Guide for Questions 44 - 46: African Countries Considered to be at Risk for Transmission of HIV-1 Group O						
Benin	Central African Republic	Congo	Gabon	Niger	Senegal	Zambia
Cameroon	Chad	Equatorial Guinea	Kenya	Nigeria	Togo	

44. **Since 1977**, were you born in, have you lived for longer than one year in, or have you traveled to any African country considered to be at risk for transmission of HIV-1 group O? (refer to chart)..... Yes No
If yes, answer question 45. If no, skip to question 46.
45. While in one of the African countries listed in the chart, did you receive a blood transfusion or any other medical treatment with a product made from blood? Yes No
46. Have you had sexual contact with anyone who was born in or lived in any African country listed in the chart **since 1977**? Yes No
47. At any time during your pregnancy have you:
- 47a. Had a medical diagnosis of Zika virus infection? Yes No
- 47b. Resided in or traveled to a risk area for the Zika virus?..... Yes No
- 47c. Had sexual contact with a person who was diagnosed with a Zika virus infection in the 6 months prior to the sexual contact? Yes No
- 47d. Had sexual contact with a person who traveled to or resided in a risk area for the Zika virus in the 6 months prior to the sexual contact? Yes No

Cord Blood Registration:
 Maternal Risk Questionnaire

Bank Use Only

Place NMDP CBU ID Bar Code Label Here	Place Local CBU ID Bar Code Label Here	
[] [] [] [] - [] [] [] [] - []	[] [] [] [] [] [] [] [] [] [] [] []	
NMDP CBU ID	Local CBU ID	
Place NMDP Maternal ID Bar Code Label Here	Place Local Maternal ID Bar Code Label Here	[M] [M] / [D] [D] / [Y] [Y] [Y] [Y]
[] [] [] [] - [] [] [] [] - []	[] [] [] [] [] [] [] [] [] [] [] []	Today's Date
NMDP Maternal ID	Local Maternal ID	Baby's Mother's Initials [] []

Please read questions carefully and answer to the best of your knowledge.

- Have you ever donated or attempted to donate cord blood using your current, or a different name, to this cord blood bank? Yes No
- Have you, for any reason, been deferred or refused as a blood or cord blood donor, or been told not to donate blood or cord blood? Yes No
If yes, why? _____
- Have you taken any of the following medications
 - Insulin from cows (bovine or beef insulin) since 1980? Yes No
 - Growth hormone from human pituitary glands ever? Yes No
- In the past 8 weeks**, have you had any shots or vaccinations? Yes No
If yes, please describe: _____
- In the past 12 weeks**, have you had contact with someone who has received the smallpox vaccine? (Examples of contact include physical intimacy, touching the vaccination site, touching the bandages or covering of the vaccination site, or handling bedding or clothing that had been in contact with an unbandaged vaccination site.) Yes No
- In the past 4 months**, have you experienced two or more of the following: a fever (>100.5°F or 38.06°C), headache, muscle weakness, skin rash on trunk of the body, or swollen lymph glands? Yes No
If yes, which symptoms and when? _____
- Have you ever had any type of cancer, including leukemia? Yes No
If yes, please describe: _____
- During your pregnancy, have you been diagnosed with West Nile Virus or had a positive test for West Nile Virus? Yes No

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- 9. Have you had a past diagnosis of clinical, symptomatic viral hepatitis after age 11? Yes No
- 10. Have you ever had a parasitic blood disease (for example, Leishmaniasis, Babesiosis, or Chagas disease) or any positive tests for Chagas or T. cruzi, including screening tests? Yes No
- 11. Have you ever been diagnosed with Creutzfeldt-Jakob Disease (CJD), variant CJD, dementia, any degenerative or demyelinating disease of the central nervous system, or other neurological disease where the cause is unknown? Yes No
- 12. Have any of your blood relatives ever been diagnosed with Creutzfeldt-Jakob Disease (CJD), or have you been told that your family has an increased risk for this disease? Yes No
- 13. Have you received a dura mater (brain covering) graft? Yes No
- 14. Have you ever had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal? Yes No
- 15. Have you ever lived with, or had sexual contact with, anyone who had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal? Yes No

- In the past 3 years:**
- 16. Have you had malaria? Yes No
 - 17. Have you been outside the United States or Canada? Yes No
 If yes, please list where, when, and for how long: _____

- 18. In the 12 months prior to collection of the cord blood unit, have you had a blood transfusion? Yes No

- In the past 12 months:**
- 19. Have you had a transplant or tissue graft from someone other than yourself, such as organ, bone marrow, stem cell, cornea, bone, skin, or other tissue? Yes No
 - 20. Have you had a tattoo or ear, skin, or body piercing? Yes No
 If yes, answer question 21. If no, skip to question 22.
 - 21. Were shared or non-sterile inks, needles, instruments, or procedures used for the tattoo or piercing? Yes No
 - 22. Have you had an accidental needle stick or have you come into contact with someone else's blood through an open wound (for example, a cut or sore), non-intact skin, or mucous membrane (for example, into your eye, mouth, etc.)? Yes No
 - 23. Have you had or been treated for a sexually transmitted disease, including syphilis? Yes No
 - 24. Have you given money or drugs to anyone to engage in sex with you? Yes No
 - 25. Have you engaged in sex with anyone who had taken money or drugs for sex in the **past 5 years**? Yes No
 - 26. Have you had sexual contact or lived with a person who has active or chronic viral Hepatitis B or Hepatitis C? Yes No
 - 27. Have you had sex, even once, with anyone who has used a needle to take drugs, steroids, or anything else not prescribed by a doctor in the **past 5 years**? Yes No
 - 28. Have you had sex with a male who has had sex with another male, even once, in the **past 5 years**? Yes No
 - 29. Have you had sex, even once, with anyone who has HIV / AIDS or has had a positive test for the AIDS virus? Yes No
 - 30. Have you been in juvenile detention, lockup, jail, or prison for more than 72 continuous hours? Yes No

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- In the past 5 years:**
- 31. Have you engaged in sex in exchange for money or drugs? Yes No
 - 32. Have you used a needle, even once, to take drugs, steroids, or anything else not prescribed for you by a doctor? Yes No
 - 33. Do you have AIDS or have you ever tested positive for HIV (including screening tests)? Yes No
 - 34. Do you have any of the following:
 - 34a. Unexplained night sweats? Yes No
 - 34b. Blue or purple spots on or under the skin or mucous membranes typical of Kaposi's sarcoma? Yes No
 - 34c. Unexplained weight loss? Yes No
 - 34d. Unexplained persistent diarrhea? Yes No
 - 34e. Unexplained cough or shortness of breath? Yes No
 - 34f. Unexplained temperature higher than 100.5°F (38.06°C) for more than 10 days? Yes No
 - 34g. Unexplained persistent white spots or sores in the mouth? Yes No
 - 34h. Multiple lumps in your neck, armpits, or groin lasting more than one month? Yes No
 - 34i. Any infections during your pregnancy? Yes No
 - 35. Have you ever tested positive for HTLV (Human T-cell Lymphotropic Virus) or had unexplained paraparesis (partial paralysis affecting the lower limbs)? Yes No
 - 36. If a person has the AIDS virus, do you understand that the person can give it to someone else, even though they may feel well and have a negative AIDS test? Yes No

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