

Question	Respuesta	
Illness and Medications		
1. Have you ever donated or attempted to donate cord blood using your current, or a different name, to this cord blood bank?	YES	NO
2. Have you 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?		
3. In the past 12 months, have you received any vaccine or immunized for any reason?	YES	NO
If yes, why?		
4. 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, why?		
5. Have you ever had any type of cancer or received radiotherapy o medicaments to cancer?	YES	NO
6. In the past 5 years , have you had a bleeding problem, such as hemophilia or other clotting factor deficiencies, and received human-derived clotting factor concentrates?	YES	NO
7. Have you suffered some kind of liver disease?	YES	NO
If yes, why?		
8. Have you had a past diagnosis of clinical, symptomatic viral hepatitis after age 11?	YES	NO
9. Have you been diagnosed with or received treatment for Chagas disease?	YES	NO
10. Have you had some kind of neurological disease such as Alzheimer's disease, seizures, periods of confusion or memory loss, history of brain tumor?	YES	NO
If yes, why?		
11. 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
12. 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
If yes, why?		
13. Have you ever been operated?	YES	NO
If yes, why?		
14. Have you had serious or chronic illnesses?	YES	NO
If yes, why?		
15. Have you ever had a history of heart disease, high blood pressure or chest pain?	YES	NO
If yes, why?		
16. Do you take medicines for heart problems or high blood pressure?	YES	NO
If yes, why?		
17. Do you vaccinated against hepatitis B has been?	YES	NO
18. Do you have a history of diabetes?	YES	NO

18.1. You have made treatment with oral medications?	YES	NO
18.2. It has made treatment with insulin injections?	YES	NO
19. Do you take medication regularly?	YES	NO
If yes, why?		
20. In the last two years, apart from pregnancy testing, was you examined by a doctor or been you hospitalized?	YES	NO
If yes, why?		
21. In the past 3 years, have you been outside the country?	YES	NO
Behavior and Exposure Risk		
1. In the past 12 months, have you had a blood transfusion or blood product?	YES	NO
2. In the past 12 months, have you had a transplant or tissue graft from someone other than yourself, such as organ, bone marrow, skin, heart, liver, kidney, or other tissue?	YES	NO
3. In the past 12 months, have you had a tattoo or ear, skin, or body piercing, acupuncture?	YES	NO
4. In the last 12 months, have you suffered, or has been you treated for a sexually transmitted disease such as syphilis, gonorrhoea, herpes, chlamydia, trichomoniasis or genital warts?	YES	NO
If yes, why?		
5. In the last 12 months, have you paid money or drugs to anyone to have sex?	YES	NO
6. In the last 12 months, have you been in contact with people diagnosed with viral hepatitis?	YES	NO
7. In the past 12 months, have you engaged in sex with anyone who had taken money or drugs for sex?	YES	NO
8. In the past 12 months, have you had sex with anyone who has viral hepatitis or has VIH infected?	YES	NO
9. In the last 12 months, have you been used exposed to blood known or suspected to be infected with viral hepatitis or HIV through accidental puncture needle syringe or through direct contact with an open wound, non-intact skin or membranes mucus?	YES	NO
10. In the last 12 months, have you had sex with people who have used a needle to take drugs, steroids or any other substance not prescribed by a doctor in the last 5 years?	YES	NO
11. In the last 12 months, have you been in jail?	YES	NO
12. In the last 5 years, have you kept you exchanged sex for money or drugs?	YES	NO
13. Do you use regularly drugs or other substances such as cocaine, marijuana, steroids, inhalants?	YES	NO
14. Do you or your partner have injected drugs via skin or veins?	YES	NO
15. Have you had any infection during pregnancy?	YES	NO
16. Have you received you ever tested positive for HIV (human immunodeficiency virus) or has been diagnosed with AIDS?	YES	NO
17. Have you ever done an HIV test?	YES	NO
If yes, when?		
18. If a person has the AIDS virus, do you understand that that person can infect another even though you feel well and negative on an AIDS test?	YES	NO

Family & Medical History		
1. Is there a case of premature death before age 10 years, a member of your family?	YES	NO
If yes, what was the cause?		
2. Do you were or/and the baby's father adopted in childhood?	YES	NO
If yes, do you know and / or the baby's father's family medical history?		
3. Do you and the father of the baby have link to apart of the marriage? (For example cousins)	YES	NO
4. Had you ever an abnormal result on a prenatal test (amniocentesis, for example, blood tests, ultrasound)?	YES	NO
If yes, wich test was abnormal?		
5. Have you ever had an unborn child?	YES	NO
If yes, what was the reason?		
6. Do you know of the existence of family or hereditary genetic diseases, their family or the baby's father?	YES	NO
If yes, why?		
7. Do you know the existence of cancer or leukemia in your family and / or the baby's father?	YES	NO
If yes, why?		
8. Do you know the existence of blood diseases in your family and / or the baby's father?	YES	NO
If yes, why?		
9. Do you have a history of congenital anemia in your family and / or the baby's father (thalassemia, favismo, sickle cell anemia, spherocytosis)?	YES	NO
If yes, why?		
10. Do you know the existence of autoimmune diseases in your family and / or the baby's father?	YES	NO
If yes, why?		
11. A member of your family and / or the baby's father received blood transfusions chronically?	YES	NO
If yes, why?		
12. In answering these questions, have you answered for both your family and the baby's father's family?	YES	NO