Standard Form to be used for each donor

Base-Line Study (Thailand) (Groups I to VI)

Name	Sample #
Birthdate or Age	Sex: Male (circle) Female
Residence (address or the like)	
General Health Information General appearance	
Any health problems encountered in last 12 months: Yes/No If yes, what type of problems?	
Any hospital stay in last 12 months.: Yes/No If yes, for what reason?	
Any other comments?	
Date:	Name/Signature