

## LIVING DONOR QUESTIONNAIRE

The University of Chicago Medicine appreciates your interest in potentially becoming a living donor. Once completed you can submit the living donor questionnaire in the following manner:

- Telephone: 773-702-0620
- Email: [living.donor@uchospitals.edu](mailto:living.donor@uchospitals.edu)

*Please be aware that when you send communications from your email to the University of Chicago Medicine, the information contained in the body of the email and any attachments may not be secure. This means that your email could be intercepted, read and/or forwarded by an unauthorized third party. By initiating contact with the University of Chicago Medicine through email, you are acknowledging and assuming this risk.*

- Fax: 773-834-0732
- Drop off in person at DCAM 5D Clinic front desk: Please ask the representative to place your documents in the “Living Donor” box inside of clinic.

A member of our team will be in contact with you 24-48 business hours after receiving your information. If you have questions during the completion of the questionnaire, please call **Eliza Tucker, Project Coordinator** at 773-702-0620.

What type of organ would you like to donate?

- a. KIDNEY
- b. LIVER

Who would you like to donate to?

Relationship to the recipient?

Demographic Information:

NAME:

Social Security Number:

Date of Birth:

Age:

Gender:

Race:

Height:

Weight:

Home Address:

Email:

Are you a citizen of the United States?

- a. No
- b. Yes

What is your primary language?

What is your occupation?

Do you work full time or part time?

- a. No
- b. Yes

Explain: Full Time      Part Time

What is your highest level of education?

Do you have health insurance?

- a. No
- b. Yes

What type?

Who is your Primary Care Physician (PCP)?

Medical History:

Do you have allergies?

- a. No
- b. Yes:

Please list all allergies:

Liver Disease?

- a. No
- b. Yes:  
Type:  
When:

Gastrointestinal disease?

- a. No
- b. Yes:  
Type:  
When:

Have you ever had surgery on your abdomen?

- a. No
- b. Yes:

Do you have Diabetes?

- a. No
- b. Yes

Do you have a history of depression?

- a. No
- b. Yes

Does anyone in your family have Diabetes?

- a. No
- b. Yes

Have you ever had cancer?

- a. No
- b. Yes  
Type:  
When?

Does anyone in your family have a history of cancer?

- a. No
- b. Yes

Do you have a history of high blood pressure?

- a. No
- b. Yes

Do you have heart problems?

- a. No
- b. Yes

Do you have any lung/pulmonary disease?

- a. No
- b. Yes

Do you have HIV?

- a. No
- b. Yes

Do you have a history of psychiatric illness?

- a. No
- b. Yes

Do you have any other medical history that was not mentioned above? If yes, please explain:

Do you have any other surgical history that was not mentioned above? If yes, please explain:

Please list any current medications and doses:

Social History

What is your marital status?

- a. Single
- b. Married
- c. Divorced

Do you have children?

- a. No
- b. Yes

What are their ages?

Do you have social support to help you after surgery?

- a. No
- b. Yes

Do/have you taken any illicit drugs?

- a. No
- b. Yes

Do you have a history of smoking cigarettes/tobacco?

- a. No
- b. Yes

When did you quit smoking?

How many years did you smoke?

Do you use marijuana?

- a. No
- b. Yes

Do you drink alcohol?

- a. No
- b. Yes

Quantity:

Do you smoke cigarettes/tobacco?

- a. No
  - b. Yes
- How much?

Is it ok to send a notification letter to the intended recipient informing them that a donor has come forward (it will not state your name or any of your information)?

- a. No
- b. Yes