



Journal Pre-proof

**eDocument 1.** Questionnaire for Healthy Volunteer Study.

- 1) Do you consider yourself to be in good health?
- 2) What is your age?
- 3) What is your gender?
- 4) If you are female, are you or could you be pregnant?
- 5) Do you smoke tobacco?
- 6) What is your ethnicity?
- 7) Do you have any of the following health problems (yes or no)?
  - a. Liver disease
  - b. Heart or vascular disease (e.g. heart attacks, strokes, peripheral vascular disease)
  - c. Lung disease (e.g. COPD or asthma)
  - d. Kidney disease
  - e. Cancer/leukemia
  - f. Diabetes mellitus Type I or II
  - g. Autoimmune/inflammatory disease (e.g. lupus, inflammatory bowel disease, rheumatoid arthritis or gout)
  - h. Bleeding disorder (e.g. hemophilia, von Willebrand's disease)
  - i. Clotting disorder (e.g. factor V Leiden) or history of blood clots
  - j. Other blood disorder (e.g. chronic anemia severe enough to need transfusions, sickle cell trait, hereditary spherocytosis, polycythemia vera)
  - k. High blood pressure
  - l. Morbid obesity
  - m. Are you sick today (cold, flu, stomach/bowel disturbance, any infection)?
- 8) Have you ever had a blood, blood product or clotting factor transfusion? If so, what for and when was the most recent time?
- 9) Have you ever had surgery? If so, what for and when was the most recent time?

10) Have you ever had a traumatic injury (e.g. car crash, broken bones, shot or stabbed)? If so, what injury and when was the most recent time?

11) Are you on regularly or have you taken any of the following medications within in the last month (last week for NSAIDs), yes or no?

- a. Aspirin
- b. Plavix (clopidogrel)
- c. Aggrenox
- d. NSAIDs (e.g.: ibuprofen, naproxen, indomethacin, ketorolac, piroxicam, celecoxib)
- e. Heparin or low molecular weight heparins(e.g.: Fragmin or Lovenox)
- f. Fondaparinux (Arixtra)
- g. Warfarin (Coumadin)
- h. Direct thrombin inhibitors (e.g.: hirudin, lepirudin, bivalrudin, argatroban, dabigatran, Atryn/antithrombin)
- i. Factor Xa inhibitors (e.g. rivaroxaban or apixaban)
- j. ReoPro (abciximab)
- k. Fish oil
- l. Anti-fibrinolytics (e.g Amicar or Cyclokapron)
- m. Oral contraceptives (birth control pill or morning after pill)
- n. Mirena (or any hormone-eluting IUD)
- o. Implanted or vaginal ring birth control device
- p. Steroids (including inhaled) or other anti-inflammatory agents
- q. Any other blood thinners?
- r. Any other drugs for heart problems, peripheral vascular disease or stents?
- s. Any other drugs for pain or arthritis?
- t. Any other drugs to stop bleeding or reduce heavy menstrual periods?

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12) Have you got any other health problems that are significant enough that they currently require daily medication (yes or no, you need not specify)?

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