Dear donor,

Please read this questionnaire survey and answer the questions. In addition, by submitting the questionnaire, you will be considered to have consented to participate in this study. You will suffer no drawbacks related to your participation in this study, and you can withdraw your consent to participate at any time.

Please answer the following questions 1 to 10 by circling the applicable number(s).

Q1. When did you first learn about HTLV-1? (Multiple answers allowed)
   I learned about it 1. just now, for the first time
   2. after being notified at a previous blood donation
   3. in maternity examination and pre-mom classes
   4. I have heard the virus but am unsure of what I do
   5. from media sources, such as TV and newspapers
   6. from acquaintances and relatives

Q2. Please tell us your feelings about receiving the HTLV-1 test result notification after blood donation.
   I reacted to the notification 1. favorably
   2. anxiously
   3. with discomfort
   4. feeling it was unnecessary
   5. without care
   Please elaborate on your answer if you feel you are up to it.

Q3. Please give us your frank impression of the enclosed booklet “Information of HAD”.
   The booklet was 1. easy to understand
   2. difficult to understand but still comprehensible
   3. incomprehensible
   4. useful
   5. unnecessary (It made me feel uncomfortable)

Q4. Would you like to visit a medical institution with the notification?
   1. I will (or I did) visit a medical institution. (to Q5, 6)
   2. No, I will not visit a medical institution. (to Q7)
   3. I want to see a medical institution, but I don’t know an available institution

Q5. Please tell us about the medical institution you will (or did) visit.
   1. Home doctor
   2. Local hospitals
   3. University hospital
   4. Specialized outpatient
   5. Relative’s family doctor

Q6. Please tell us about the department you will (or did) visit.
   1. Internal medicine
   2. General medical department
   3. Orthopedics
   4. Hematology
   5. Neurology
   6. Obstetrics
   7. Surgery
   8. unknown

Q7. Please tell us why you do not go to a clinic.
   1. I’m not interested.
   2. I don’t feel the need.
   3. I’m not sick or worried.
   4. I cannot take a day off.
   5. other

Q8. What information do you feel you need to visit a medical institution?
   1. Name of available institution
   2. Specialist information
   3. Medical information provision form from blood center director
   4. Experiences of other HTLV-1 carriers
   5. Experiences of other examinees
   6. Procedures and costs for consultation

(continued)
Q9. What resources do you use to get information about HTLV-1?
1. Books (Technical books)  
2. Internet search engines  
3. Acquaintances and relatives  
4. Blood centers  
5. Internet bulletin boards (unspecified persons)  
6. Medical institution and/or doctors

Q10. What do you want to know about HTLV-1? (Multiple answers allowed)
1. Details about the virus  
2. Details about associated diseases  
3. Familial infection and preventive measures  
4. Relation to transfusion  
5. Reasons for refusing blood donation  
6. Available medical institutions and specialized doctors  
7. Experiences of other HTLV-1 carriers  
8. Others

In addition please feel free to enter your impressions when you received the notification of test results in the frame below.

Thank you very much for your cooperation.

Please put this completed form in the provided envelope and submit it by mail (no stamps required).

The information provided may be used as a reference for future notification efforts, but your personal information will not be used for any other purpose.

Supplementary file 1