

Participant Questionnaire Form

Study Title: Dysregulation of miR-181a-5p, TNFAIP3, MIF and CXCR4 in Chronic Myeloid Leukemia Patients

Principal Investigator:

Name: _____

Affiliation: _____

Phone / Email: _____

Participant Code (ID): _____

Section 1: Demographic Information

Age: ☐ 20–30 ☐ 31–40 ☐ 41–50 ☐ >50

Gender: ☐ Male ☐ Female

Residence: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Educational Level: ☐ Primary ☐ Secondary ☐ Diploma ☐ Bachelor ☐ Higher Education

Section 2: Medical History

Do you have Chronic Myeloid Leukemia (CML)? ☐ Yes ☐ No

Year of diagnosis: _____

Current phase: ☐ Chronic ☐ Accelerated ☐ Blast crisis ☐ Not applicable

Currently receiving treatment? ☐ Yes ☐ No

Type of treatment: ☐ Imatinib ☐ Dasatinib ☐ Nilotinib ☐ Hydroxyurea ☐ Other: _____

Previous TKI discontinuation? ☐ Yes ☐ No If yes, reason: _____

Section 3: Symptoms and Clinical Information

Symptoms (check all that apply):

☐ Fatigue ☐ Weight loss ☐ Night sweats ☐ Fever ☐ Bone pain ☐ Abdominal fullness ☐ Easy bruising ☐ None

Chronic diseases: ☐ Diabetes ☐ Hypertension ☐ Thyroid disorder ☐ Autoimmune disease ☐ None ☐ Other: _____

Section 4: Laboratory / Sample Information

Was a blood sample collected? ☐ Yes ☐ No

Date of sample collection: _____

Fasting state: ☐ Yes ☐ No

Blood transfusion in last 3 months? ☐ Yes ☐ No

Infection last month? ☐ Yes ☐ No

Section 5: Consent Confirmation

Did you read and understand the information sheet? ☐ Yes ☐ No

Do you voluntarily agree to participate? ☐ Yes ☐ No

Permission to use your sample for ELISA/RT-PCR: ☐ Yes ☐ No

Participant Signature: _____

Date: _____

Researcher Signature: _____

Date: _____