

Questions to ask about iron

A page to take with you | Global Blood Health Survey | worldanemiaawareness.com



Thank you for taking part. This page exists because the survey asked what was explained to you, and for many people the answer is not much. These are questions worth asking. Take the page with you, or write the answers down during the appointment.

If you have symptoms and have not been tested

- 1 **Could these symptoms be related to iron?**
Tiredness, breathlessness, dizziness, hair thinning, restless legs and difficulty concentrating can all have other causes, and iron is one worth ruling in or out.
- 2 **Can we check my iron levels, and not only my hemoglobin?**
A full blood count measures hemoglobin. It does not measure how much iron is stored in the body.
- 3 **Will the test include ferritin?**
Ferritin reflects iron stores. It is often the first measure to fall, and it can be low while other results look normal.

If you have been tested and told the results were normal

- 1 **Which measures were included in that test?**
Normal usually refers to the results that were run. It is reasonable to ask which ones those were.
- 2 **Was ferritin among them, and what was the number?**
Asking for the figure rather than the word normal is useful, because reference ranges differ between laboratories and countries, and newer guidance uses higher thresholds than many laboratories.
- 3 **If my symptoms continue, what would the next step be?**
A plan for what happens next is as important as the result itself.

If you have been told you are anemic or iron deficient

- 1 **Is this anemia, iron deficiency, or both?**
They are related but not the same, and iron can be low before anemia appears.
- 2 **Do we know what is causing it?**
Treating low iron without understanding the cause can mean the same situation returns.
- 3 **How long should treatment last, and how will we know it has worked?**
Iron stores take time to rebuild, often longer than symptoms take to improve.
- 4 **When should I be tested again?**
A follow-up test is how you find out whether levels actually recovered.

Situations worth mentioning

- 1 **If you menstruate: could my periods be affecting my iron?**
Regular blood loss is a common reason for iron to fall. Heavy bleeding is common, which is not the same as something you have to accept.
- 2 **If you donate blood: should my iron be checked?**
Each donation draws on iron stores, for anyone who gives regularly.
- 3 **If you live with a long-term condition: could it be affecting my iron or my results?**
Conditions such as kidney, heart or bowel disease can lower iron and raise ferritin at the same time.
- 4 **If you are planning surgery or a pregnancy: should my iron be checked beforehand?**
These are times when low iron matters most, and there is time to act.

A note on being taken seriously

If you have raised these symptoms before and nothing followed, it is reasonable to say so plainly, and to ask for the reasoning to be written in your notes. You are not being difficult. You are asking for a record.

Making sense of your results

Plain language, no numbers to memorize | Global Blood Health Survey



Blood test results are usually printed with abbreviations and a reference range, which is not the same as an explanation. Here is what the main measures describe. Your own results should always be interpreted by a clinician who knows your history.

Hemoglobin HB OR HGB	The protein in red blood cells that carries oxygen around the body. When it falls below the expected range, that is what anemia means. Hemoglobin can stay within range while iron stores are already low.
Ferritin IRON STORES	How much iron is stored in the body. It is usually the first measure to fall, so it can be low while hemoglobin still looks normal. Ferritin also rises during infection or inflammation, which can make a low level appear higher than it is.
Transferrin saturation TSAT	How much of the body's iron transport capacity is actually carrying iron. Read alongside ferritin, it helps tell genuinely low stores from a result affected by inflammation.
Mean cell volume MCV	The average size of red blood cells. Cells smaller than expected can point toward iron deficiency, though this appears later rather than early.
C-reactive protein CRP	A general marker of inflammation, sometimes measured alongside ferritin because inflammation can raise a ferritin result and hide low iron stores.

What the latest guidance says

In 2026, the American Society of Hematology published its first guideline on diagnosing iron deficiency. For most adults, including people who menstruate or are pregnant, it suggests that a ferritin of 30 or lower points to iron deficiency. For young children the figure is 20 or lower. When inflammation is present, it suggests looking at ferritin below 100 or transferrin saturation below 20%. For people with symptoms, heavy periods, upcoming surgery or plans for pregnancy, it suggests a ferritin of 50 or lower may be used. Many laboratories still flag only lower values, and guidance in your country may differ, so talk it through with your clinician. Ferritin is reported in ng/mL or µg/L, which give the same number.

Read the guideline: doi.org/10.1182/bloodadvances.2025015950

Three things worth knowing

Iron deficiency and anemia are not the same.

Iron stores can be depleted long before hemoglobin falls, and still be felt.

Reference ranges vary.

This is why asking for the number is more useful than being told it was normal.

Rebuilding iron takes time.

Symptoms often improve before stores refill, which is why retesting matters.

My results

MEASURE	RESULT	DATE
Hemoglobin		
Ferritin		
Transferrin saturation		

Notes from my appointment

What happens next with the survey

Responses are collected until 31 December 2026. Findings are published on 13 February 2027, World Anemia Awareness Day, openly and at no cost. Only combined figures are published. The survey runs again each year, so change can be measured rather than assumed. Know someone whose story should be counted? Pass the survey on.