

## Full-Length Donor History Questionnaire

Addressed on aDHQ Not Applicable (\*)Wording identical to aDHQ (♦)Wording identical to aDHQ except for Prefix  
 Number listed in Red is number of question on aDHQ that covers this item

	Yes	No	
Are you			
1. *Feeling healthy and well today?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Currently taking an antibiotic? <span style="float: right; color: red;">10</span>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Currently taking any other medication for an infection? <span style="float: right; color: red;">10</span>	<input type="checkbox"/>	<input type="checkbox"/>	
Please read the Medication Deferral List.			
4. *Are you now taking or have you ever taken any medications on the Medication Deferral List?	<input type="checkbox"/>	<input type="checkbox"/>	
5. *Have you read the educational materials and had your questions answered?	<input type="checkbox"/>	<input type="checkbox"/>	
In the past <b>48 hours</b>			
6. *Have you taken aspirin or anything that has aspirin in it?	<input type="checkbox"/>	<input type="checkbox"/>	
In the past <b>6 weeks</b>			
7. *Female donors: Have you been pregnant or are you pregnant now? (Males: check "I am male.")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I am male
In the past <b>8 weeks have you</b>			
8. *Donated blood, platelets or plasma?	<input type="checkbox"/>	<input type="checkbox"/>	
9. *Had any vaccinations or other shots?	<input type="checkbox"/>	<input type="checkbox"/>	
10. *Had close contact with the smallpox vaccination site of someone else?	<input type="checkbox"/>	<input type="checkbox"/>	
In the past <b>16 weeks</b>			
11. *Have you donated a double unit of red cells using an apheresis machine?	<input type="checkbox"/>	<input type="checkbox"/>	
In the past <b>12 months have you</b>			
12. Had a blood transfusion? <span style="float: right; color: red;">10</span>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Had a transplant such as organ, tissue, or bone marrow? <span style="float: right; color: red;">10</span>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Had a graft such as bone or skin? <span style="float: right; color: red;">10</span>	<input type="checkbox"/>	<input type="checkbox"/>	
15. ♦Come into contact with someone else's blood?	<input type="checkbox"/>	<input type="checkbox"/>	
16. ♦Had an accidental needle-stick?	<input type="checkbox"/>	<input type="checkbox"/>	
17. ♦Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?	<input type="checkbox"/>	<input type="checkbox"/>	
18. ♦Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?	<input type="checkbox"/>	<input type="checkbox"/>	
19. ♦Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything <u>not</u> prescribed by their doctor?	<input type="checkbox"/>	<input type="checkbox"/>	
20. ♦Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates?	<input type="checkbox"/>	<input type="checkbox"/>	
21. ♦Female donors: Had sexual contact with a male who has ever had sexual contact with another male? (Males: check "I am male.")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I am male

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	Yes	No
22. ♦ Had sexual contact with a person who has hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>
23. ♦ Lived with a person who has hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>
24. ♦ Had a tattoo?	<input type="checkbox"/>	<input type="checkbox"/>
25. ♦ Had ear or body piercing?	<input type="checkbox"/>	<input type="checkbox"/>
26. Had or been treated for syphilis or gonorrhea? <span style="float: right;"><b>9/10</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
27. ♦ Been in juvenile detention, lockup, jail, or prison for more than 72 hours?	<input type="checkbox"/>	<input type="checkbox"/>
In the past <b>three years</b> have you		
28. ♦ Been outside the United States or Canada?	<input type="checkbox"/>	<input type="checkbox"/>
From <b>1980 through 1996</b> , <span style="float: right;"><b>Not Applicable!!!</b></span>		
29. Did you spend time that adds up to three (3) months or more in the United Kingdom? (Review list of countries in the UK)	<input type="checkbox"/>	<input type="checkbox"/>
30. Were you a member of the U.S. military, a civilian military employee, or a dependent of a member of the U.S. military?	<input type="checkbox"/>	<input type="checkbox"/>
From <b>1980 to the present</b> , did you		
31. Spend time that adds up to five (5) years or more in Europe? (Review list of countries in Europe.) <span style="float: right;"><b>12</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
32. Receive a blood transfusion in the United Kingdom ? (Review list of countries in the UK.) <span style="float: right;"><b>10</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
From <b>1977 to the present</b> , have you		
33. ♦ Received money, drugs, or other payment for sex?	<input type="checkbox"/>	<input type="checkbox"/>
34. ♦ Male donors: had sexual contact with another male, even once? (Females: check "I am female.")	<input type="checkbox"/>	<input type="checkbox"/>
Have you <b>EVER</b>		
35. Had a positive test for the HIV/AIDS virus? <span style="float: right;"><b>9</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
36. ♦ Used needles to take drugs, steroids, or anything <u>not</u> prescribed by your doctor?	<input type="checkbox"/>	<input type="checkbox"/>
37. Used clotting factor concentrates? <span style="float: right;"><b>9/10</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
38. Had hepatitis? <span style="float: right;"><b>9/10</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
39. Had malaria? <span style="float: right;"><b>9/10</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
40. Had Chagas' disease? <span style="float: right;"><b>9/10</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
41. Had babesiosis? <span style="float: right;"><b>9/10</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
42. Received a dura mater (or brain covering) graft? <span style="float: right;"><b>9/10</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
43. Had any type of cancer, including leukemia? <span style="float: right;"><b>9/10</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
44. Had any problems with your heart or lungs? <span style="float: right;"><b>9/10</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
45. Had a bleeding condition or a blood disease? <span style="float: right;"><b>9/10</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
46. ♦ Had sexual contact with anyone who was born in or lived in Africa?	<input type="checkbox"/>	<input type="checkbox"/>
47. Been in Africa? <span style="float: right;"><b>12</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
48. ♦ Have any of your relatives had Creutzfeldt-Jakob disease?	<input type="checkbox"/>	<input type="checkbox"/>

I am female