This document is one component of the donor history questionnaire documents (Version No. 1.1, dated June 2005), prepared by the AABB Donor History Task Force. FDA's "Guidance for Industry: Implementation of Acceptable Full-Length Donor History Questionnaire and Accompanying Materials for Use in Screening Donors of Blood and Blood Components," dated October 2006, references this document.

Full-Length Donor History Questionnaire

	Yes	No	
Are you			
1. Feeling healthy and well today?	❑	❑	
2. Currently taking an antibiotic?	❑	❑	
3. Currently taking any other medication for an infection?	❑	❑	
Please read the Medication Deferral List.			
4. Are you now taking or have you ever taken any medications on the Medication Deferral List?	❑	❑	
5. Have you read the educational materials?	❑	❑	
In the past **48 hours**			
6. Have you taken aspirin or anything that has aspirin in it?	❑	❑	
In the past **6 weeks**			
7. Female donors: Have you been pregnant or are you pregnant now? (Males: check "I am male.")	❑	❑	❑ I am male
In the past **8 weeks have you**			
8. Donated blood, platelets or plasma?	❑	❑	
9. Had any vaccinations or other shots?	❑	❑	
10. Had contact with someone who had a smallpox vaccination?	❑	❑	
In the past **16 weeks**			
11. Have you donated a double unit of red cells using an apheresis machine?	❑	❑	
In the past **12 months have you**			
12. Had a blood transfusion?	❑	❑	
13. Had a transplant such as organ, tissue, or bone marrow?	❑	❑	
14. Had a graft such as bone or skin?	❑	❑	
15. Come into contact with someone else's blood?	❑	❑	
16. Had an accidental needle-stick?	❑	❑	
17. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?	❑	❑	
18. Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?	❑	❑	
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?	❑	❑	
20. Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates?	❑	❑	
21. Female donors: Had sexual contact with a male who has ever had sexual contact with another male? (Males: check "I am male.")	❑	❑	❑ I am male
22. Had sexual contact with a person who has hepatitis?	❑	❑	
23. Lived with a person who has hepatitis?	❑	❑	
24. Had a tattoo?	❑	❑	
25. Had ear or body piercing?	❑	❑	

Full-Length Donor History Questionnaire

	Yes	No	
26. Had or been treated for syphilis or gonorrhea?	❑	❑	
27. Been in juvenile detention, lockup, jail, or prison for more than 72 hours?	❑	❑	
In the past **three years** have you			
28. Been outside the United States or Canada?	❑	❑	
From **1980 through 1996**,			
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)	❑	❑	
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?	❑	❑	
From **1980 to the present**, did you			
31. Spend time that adds up to five (5) years or more in Europe? (Review list of countries in Europe.)	❑	❑	
32. Receive a blood transfusion in the United Kingdom ? (Review list of countries in the UK.)	❑	❑	
From **1977 to the present**, have you			
33. Received money, drugs, or other payment for sex?	❑	❑	
34. Male donors: had sexual contact with another male, even once? (Females: check "I am female.")	❑	❑	❑ I am female
Have you **EVER**			
35. Had a positive test for the HIV/AIDS virus?	❑	❑	
36. Used needles to take drugs, steroids, or anything <u>not</u> prescribed by your doctor?	❑	❑	
37. Used clotting factor concentrates?	❑	❑	
38. Had hepatitis?	❑	❑	
39. Had malaria?	❑	❑	
40. Had Chagas' disease?	❑	❑	
41. Had babesiosis?	❑	❑	
42. Received a dura mater (or brain covering) graft?	❑	❑	
43. Had any type of cancer, including leukemia?	❑	❑	
44. Had any problems with your heart or lungs?	❑	❑	
45. Had a bleeding condition or a blood disease?	❑	❑	
46. Had sexual contact with anyone who was born in or lived in Africa?	❑	❑	
47. Been in Africa?	❑	❑	
48. Have any of your relatives had Creutzfeldt-Jakob disease?	❑	❑	

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Use this area for additional questions	Yes	No