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 **week**			
7. Have you had a headache and fever at the same time?	❑	❑	
In the past **6 weeks**			
8. 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**			
9. Donated blood, platelets or plasma?	❑	❑	
10. Had any vaccinations or other shots?	❑	❑	
11. Had contact with someone who had a smallpox vaccination?	❑	❑	
In the past **16 weeks**			
12. Have you donated a double unit of red cells using an apheresis machine?	❑	❑	
In the past **12 months have you**			
13. Had a blood transfusion?	❑	❑	
14. Had a transplant such as organ, tissue, or bone marrow?	❑	❑	
15. Had a graft such as bone or skin?	❑	❑	
16. Come into contact with someone else's blood?	❑	❑	
17. Had an accidental needle-stick?	❑	❑	
18. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?	❑	❑	
19. Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?	❑	❑	
20. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?	❑	❑	
21. Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates?	❑	❑	
22. 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

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

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Use this area for additional questions	Yes	No