

**Donor History Questionnaire**

	Yes	No
<b>ARE YOU</b>		
1. Feeling healthy and well today?		
2. Currently taking an antibiotic?		
3. Currently taking any other medication for an infection?		
<b>Please read the Medication Deferral List</b>		
4. Are you now taking or have you ever taken any of the medications on the Medication Deferral List?		
5. Have you read the educational materials?		
<b>IN THE PAST 48 HOURS</b>		
6. Have you taken aspirin or anything that has aspirin in it?		
<b>IN THE PAST 6 WEEKS</b>		
7. <b>Female donors:</b> Have you been pregnant or are you pregnant now? <b>(MALES: CHECK "I AM MALE")</b>		<b>I am male</b>
<b>IN THE PAST 8 WEEKS HAVE YOU</b>		
8. Donated blood, platelets or plasma?		
9. Had any vaccinations or other shots?		
10. Had contact with someone who had a smallpox vaccination?		
<b>IN THE PAST 16 WEEKS</b>		
11. Have you donated a double unit of red blood cells using an apheresis machine?		
<b>IN THE PAST 12 MONTHS HAVE YOU</b>		
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. <b>Female donors:</b> Had sexual contact with a male who has ever had sexual contact with another male: <b>(MALES: CHECK "I AM MALE")</b>		<b>I am male</b>
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?		
26. Had or been treated for syphilis or gonorrhoea?		
27. Been in juvenile detention, lockup, jail or prison for more than 72 hours?		

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	Yes	No
<b>IN THE PAST 3 YEARS have you</b>		
28. Been outside the United States or Canada?		
<b>FROM 1980 THROUGH 1996</b>		
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 dependant of a member of the U.S. military?		
<b>FROM 1980 TO THE PRESENT, DID YOU</b>		
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 or France? (Review list of countries in the U.K.)		
<b>FROM 1977 TO THE PRESENT, HAVE YOU</b>		
33. Received money, drugs or other payment for sex?		
34. <b>Male donors:</b> had sexual contact with another male, even once? <b>(FEMALES: CHECK "I AM FEMALE")</b>		I am female
<b>HAVE YOU EVER</b>		
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. Have you or any of your blood relatives had Creutzfeldt-Jakob disease?		