

Abbreviated Donor History Questionnaire For Frequent Plasma Donors

This document is one component of the PPTA donor history questionnaire documents to be used by source plasma organizations. The PPTA abbreviated donor history questionnaire documents must be used collectively.

**Abbreviated Donor History Questionnaire
For Frequent Plasma Donors**

Current Health

Yes No

1. Are you feeling healthy and well today?
2. In the past six weeks, have you been pregnant or are you pregnant now? I am male

Please Read the Medication List

3. Are you now taking or have you ever taken any medications on the medication list?

Changes in health

Since you last donated plasma:

Yes No

4. Have you had any new medical problems or diagnoses?
5. Have you had any new medical treatments, vaccinations or medications?
6. Have you had contact with someone who had a smallpox vaccination?
7. Have you donated whole blood, platelets or plasma at another center?

Risk Activities

Please review our Risk Poster

Yes No

8. Did you review the Risk Poster?
9. Do you have any questions about anything mentioned on the Risk Poster?
10. Since you last donated plasma, does anything on the Risk Poster apply to you?

Since you last donated plasma:

Yes No

11. Have you gotten a tattoo or had one touched up?
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12. Have you had an ear or body piercing?

Additional Questions: