

Full-length Donor History Questionnaire II – Source Plasma Industry

This document is one component of the full-length PPTA donor history questionnaire documents to be used by source plasma organizations that do not use an approved test for antibodies to HIV that detects HIV-1 group O. The full-length PPTA donor history questionnaire documents must be used collectively.

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| | Yes | No | |
|--|--------------------------|--------------------------|------------------------------------|
| Are you | | | |
| 1. Feeling healthy and well today? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Currently taking an antibiotic or other medication for infection? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Currently taking any other medications? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Please read the medication list. | | | |
| 4. Are you now taking or have you ever taken any medications on the medication list? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Please review the Risk Poster | | | |
| 5. Did you review the Risk Poster? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Do you have any questions about anything mentioned on the Risk Poster? | <input type="checkbox"/> | <input type="checkbox"/> | |
| In the past six weeks | | | |
| 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 two months | | | |
| 8. Have you had any vaccinations or other shots? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Have you had contact with someone who had a smallpox vaccination? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Have you donated whole blood, platelets or plasma at another center? | <input type="checkbox"/> | <input type="checkbox"/> | |
| In the past four months | | | |
| 11. Have you donated a double unit of red cells using an apheresis machine? | <input type="checkbox"/> | <input type="checkbox"/> | |
| In the past 12 months, have you | | | |
| 12. Had a blood transfusion? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Received during surgery bone, tissue or skin? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. Come into contact with someone else's blood? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. Had an accidental needle-stick? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. 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"/> | |
| 17. 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"/> | |
| 18. 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"/> | |
| 19. Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates? | <input type="checkbox"/> | <input type="checkbox"/> | |



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|--|--------------------------|--------------------------|--------------------------------------|
| 20. 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 |
| 21. Had sexual contact with a person who has hepatitis? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 22. Lived with a person who has hepatitis? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23. Gotten a tattoo or had one touched-up? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 24. Had an ear or body piercing? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25. Had or been treated for syphilis or gonorrhea? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 26. Been in juvenile detention, lockup, jail, or prison for more than 72 hours? | <input type="checkbox"/> | <input type="checkbox"/> | |
| From 1980 through 1996 | | | |
| 27. Did you spend time that adds up to three months or more in the United Kingdom? (Review map of UK Countries) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 28. 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 1980 to the present, did you | | | |
| 29. Spend time that adds up to four years or more in France? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 30. Receive a blood transfusion in the United Kingdom or France? (Review map of UK Countries) | <input type="checkbox"/> | <input type="checkbox"/> | |
| From 1977 to the present, have you | | | |
| 31. Received money, drugs, or other payment for sex? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 32. Male donors: had sexual contact with another male, even once? (Females: check "I am female.") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> I am female |
| Have you EVER | | | |
| 33. Had a positive test for the HIV/AIDS virus? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 34. Used needles to take drugs, steroids, or anything <u>not</u> prescribed by your doctor? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 35. Used clotting factor concentrates? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 36. Had hepatitis? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 37. Had a transplant such as organ or bone marrow? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 38. Received a dura mater (or brain covering) graft? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39. Have you ever had sexual contact with anyone who was born in or lived in Africa? (review map of Africa) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 40. Have you ever been in Africa? (review map of Africa) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 41. Had any type of cancer, including leukemia? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 42. Had any problem with your heart or lungs? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43. Had any problem with your liver or kidneys? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 44. Had a bleeding condition or a blood disease? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 45. Have any of your relatives had Creutzfeldt-Jakob disease? | <input type="checkbox"/> | <input type="checkbox"/> | |

Additional Questions:

