

## Full-length Donor History Questionnaire I – 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 use an approved test for antibodies to HIV that detect 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"/>	
<b>Please read the medication list.</b>			
4. Are you now taking or have you ever taken any medications on the medication list?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Please review the Risk Poster</b>			
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"/>	
<b>In the past six weeks</b>			
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
<b>In the past two months</b>			
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"/>	
<b>In the past four months</b>			
11. Have you donated a double unit of red cells using an apheresis machine?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>In the past 12 months, have you</b>			
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"/>	
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"/>	

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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"/>	
<b>From 1980 through 1996</b>			
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"/>	
<b>From 1980 to the present, did you</b>			
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"/>	
<b>From 1977 to the present, have you</b>			
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
<b>Have you EVER</b>			
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. Had any type of cancer, including leukemia?	<input type="checkbox"/>	<input type="checkbox"/>	
40. Had any problem with your heart or lungs?	<input type="checkbox"/>	<input type="checkbox"/>	
41. Had any problem with your liver or kidneys?	<input type="checkbox"/>	<input type="checkbox"/>	
42. Had a bleeding condition or a blood disease?	<input type="checkbox"/>	<input type="checkbox"/>	
43. Have any of your relatives had Creutzfeldt-Jakob disease?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Questions: