

Donor Health Questionnaire

	Yes	No		Yes	No
Are you			In the past 12 months have you		
1. Feeling healthy and well today?	<input type="checkbox"/>	<input type="checkbox"/>	25. Had or been treated for syphilis or gonorrhea?	<input type="checkbox"/>	<input type="checkbox"/>
2. Currently taking an antibiotic?	<input type="checkbox"/>	<input type="checkbox"/>	26. Been in juvenile detention, lockup, jail, or prison for more than 72 consecutive hours?	<input type="checkbox"/>	<input type="checkbox"/>
3. Currently taking any other medication for an infection?	<input type="checkbox"/>	<input type="checkbox"/>	In the past three years have you		
Please read the Medication Deferral List.			27. Been outside the United States or Canada?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you taken any medications on the Medication Deferral List in the time frames indicated?	<input type="checkbox"/>	<input type="checkbox"/>	From 1980 through 1996,		
5. Have you read the educational materials today?	<input type="checkbox"/>	<input type="checkbox"/>	28. Did you spend time that adds up to 3 months or more in the United Kingdom? (Review list of countries in the UK.)	<input type="checkbox"/>	<input type="checkbox"/>
In the past 48 hours			29. 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"/>
6. Have you taken aspirin or anything that has aspirin in it?	<input type="checkbox"/>	<input type="checkbox"/>	From 1980 to the present did you		
In the past 8 weeks have you			30. Spend time that adds up to 5 years or more in Europe? (Review list of countries in Europe.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Donated blood, platelets or plasma?	<input type="checkbox"/>	<input type="checkbox"/>	31. Receive a blood transfusion in the United Kingdom or France? (Review country lists.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Had any vaccinations or other shots?	<input type="checkbox"/>	<input type="checkbox"/>	Have you EVER		
9. Had contact with someone who was vaccinated for smallpox in the past 8 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	32. <i>Female donors:</i> Been pregnant or are you pregnant now? (Males: check "N/A")	<input type="checkbox"/>	<input type="checkbox"/>
In the past 16 weeks			33. Had a positive test for the HIV/AIDS virus?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you donated a double unit of red cells using an apheresis machine?	<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"/>
In the past 12 months have you			35. Received money, drugs, or other payment for sex?	<input type="checkbox"/>	<input type="checkbox"/>
11. Had a blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>	36. Had malaria?	<input type="checkbox"/>	<input type="checkbox"/>
12. Had a transplant such as organ, tissue, or bone marrow?	<input type="checkbox"/>	<input type="checkbox"/>	37. Had Chagas disease?	<input type="checkbox"/>	<input type="checkbox"/>
13. Had a graft such as bone or skin?	<input type="checkbox"/>	<input type="checkbox"/>	38. Had babesiosis?	<input type="checkbox"/>	<input type="checkbox"/>
14. Come into contact with someone else's blood?	<input type="checkbox"/>	<input type="checkbox"/>	39. Received a dura mater (or brain covering) graft or xenotransplantation product?	<input type="checkbox"/>	<input type="checkbox"/>
15. Had an accidental needle-stick?	<input type="checkbox"/>	<input type="checkbox"/>	40. Had any type of cancer, including leukemia?	<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"/>	41. Had any problems with your heart or lungs?	<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"/>	42. Had a bleeding condition or a blood disease?	<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"/>	43. Have any of your relatives had Creutzfeldt-Jakob disease?	<input type="checkbox"/>	<input type="checkbox"/>
19. <i>Male donors:</i> Had sexual contact with another male? (Females: check "N/A")	<input type="checkbox"/>	<input type="checkbox"/>	44. Are you of African descent and interested in joining or continuing enrollment in our Sickle Cell Program?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	N/A			
20. <i>Female donors:</i> Had sexual contact with a male who had sexual contact with another male in the past 12 months? (Males: check "N/A")	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	N/A			
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. Had a tattoo?	<input type="checkbox"/>	<input type="checkbox"/>			
24. Had ear or body piercing?	<input type="checkbox"/>	<input type="checkbox"/>			

Comments (staff use only)
