|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Are you feeling healthy and well today? |  |  |
| 1. Are you pregnant now? |  |  |
| 1. Have you read the blood donor educational materials today? |  |  |
|  | | |
| In the past **48 hours,** | | |
| 1. Have you taken aspirin or anything that has aspirin in it? |  |  |
|  | | |
| In the past **8 weeks,** have you | | |
| 1. Donated blood, platelets, or plasma? |  |  |
| 1. Had any vaccinations or other shots? |  |  |
| 1. Had contact with someone who was vaccinated for smallpox in the past 8 weeks? |  |  |
|  | | |
| In the past **3 months**, have you | | |
| 1. Taken any medication by mouth (oral) to prevent HIV infection? (i.e., PrEP or PEP) |  |  |
| 1. Had sexual contact with a new partner? (refer to the examples of “new partner” in the Blood Donor Educational Material) |  |  |
| 1. Had sexual contact with more than one partner? |  |  |
| 1. Had sexual contact with anyone who has ever had a positive test for HIV infection? |  |  |
| 1. Received money, drugs, or other payment for sex? |  |  |
| 1. Had sexual contact with anyone who has, in the past 3 months, received money, drugs, or other payment for sex? |  |  |
| 1. Used needles to inject drugs, steroids, or anything not prescribed by your doctor? |  |  |
| 1. Had sexual contact with anyone who has used needles in the past 3 months to inject drugs, steroids, or anything not prescribed by their doctor? |  |  |
| 1. Had sexual contact with a person who has hepatitis? |  |  |
| 1. Lived with a person who has hepatitis? |  |  |
| 1. Had an accidental needle-stick? |  |  |
| 1. Come into contact with someone else’s blood? |  |  |
| 1. Had a tattoo? |  |  |
| 1. Had ear or body piercing? |  |  |
|  | | |
| In the past **16 weeks,** | | |
| 1. Have you donated a double unit of red blood cells using an apheresis machine? |  |  |
|  | | |
| Since your **last donation,** have you | | |
| 1. Received any medication by injection to prevent HIV infection? (i.e., long-acting antiviral PrEP or PEP) |  |  |
| 1. Had any new medical problems or diagnoses? |  |  |
| 1. Had any new medical treatments? |  |  |
| 1. Taken any medications on the Medication Deferral List in the time frames indicated? (Review the Medication Deferral List.) |  |  |
| 1. Been in juvenile detention, lockup, jail, or prison for 72 hours or more consecutively? |  |  |
| 1. Been outside the United States or Canada? |  |  |
| 1. Been pregnant? |  |  |
|  | | |
| Have you **EVER** | | |
| 1. Had a positive test for HIV infection? |  |  |
| 1. Taken any medication to treat HIV infection? |  |  |
|  | | |
| **Additional Questions** | | |
|  |  |  |