|  |  |  |
| --- | --- | --- |
|  | **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** |
|  |  |  |