

Abbreviated Donor History Questionnaire (aDHQ)

	Yes	No
1. Are you feeling healthy and well today?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you read the educational materials today?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 48 hours,		
3. Have you taken aspirin or anything that has aspirin in it?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 8 weeks, have you		
4. Donated blood, platelets or plasma?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had any vaccinations or other shots?	<input type="checkbox"/>	<input type="checkbox"/>
6. Had contact with someone who was vaccinated for smallpox in the past 8 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 16 weeks,		
7. Have you donated a double unit of red cells using an apheresis machine?	<input type="checkbox"/>	<input type="checkbox"/>
Since your last donation, have you		
8. Female donors: Been pregnant or are you pregnant now?	<input type="checkbox"/>	<input type="checkbox"/>
9. Had any new medical problems or diagnoses?	<input type="checkbox"/>	<input type="checkbox"/>
10. Had any new medical treatments?	<input type="checkbox"/>	<input type="checkbox"/>
11. Taken any medications on the Medication Deferral List in the time frames indicated? (Review the Medication Deferral List.)	<input type="checkbox"/>	<input type="checkbox"/>
12. Been outside the United States or Canada?	<input type="checkbox"/>	<input type="checkbox"/>
13. Come into contact with someone else's blood?	<input type="checkbox"/>	<input type="checkbox"/>
14. Had an accidental needle-stick?	<input type="checkbox"/>	<input type="checkbox"/>
15. 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"/>
16. 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"/>
17. 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"/>
18. Female donors: had sexual contact with a male who had sexual contact with another male in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
19. Had sexual contact with a person who has hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>
20. Lived with a person who has hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>
21. Received money, drugs, or other payment for sex?	<input type="checkbox"/>	<input type="checkbox"/>
22. Male donors: had sexual contact with another male?	<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"/>
25. Been in juvenile detention, lockup, jail, or prison for more than 72 consecutive hours?	<input type="checkbox"/>	<input type="checkbox"/>
26. Used needles to take drugs, steroids, or anything <u>not</u> prescribed by your doctor?	<input type="checkbox"/>	<input type="checkbox"/>
27. Have any of your relatives had Creutzfeldt-Jakob disease?	<input type="checkbox"/>	<input type="checkbox"/>

