

Abbreviated Blood Donor History Questionnaire (aDHQ) v4.0

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